

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

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 press star 1 on your phone to ask a question. I would like to inform all parties that today's conference is being recorded. If you have any objections you may disconnect at this time. I would now like to turn the conference over to Melissa Gordon. Thank you. 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: Thanks Melissa. Good afternoon everybody. Just want to kind of give a snapshot of where we are. We talked last week about the reality of weather really slowing us up and how that was going to push a lot of vaccine into this week.

And so now what we're seeing is large amounts of vaccination happening around the state. Over the last 24-hour period we logged the highest number of entries, 71,000 entries that were added yesterday. So still yet to be seen if that was all in one day but a huge addition of vaccination. We're already above 50,000 per day for that - for the - February 24. And I expect those numbers as data comes rolling in will continue to increase so that's really exciting.

Vaccination is going really well. Now that we've kind of cleared this weather, we got a lot of vaccine on hand from the Moderna that was pushed into this week so there are lots of opportunities and health departments, health systems, pharmacies, and other providers are all just churning it out.

So and this isn't just a one-off. I mean there is a lot of vaccine kind of Wednesday on this week because of those shipment delays.

But we also have seen our allocations steadily increase in other areas as well. And so now our Moderna and Pfizer first dose allocation has jumped up to about 180,000 doses for the state for next week. And you all will remember just four or five weeks ago we were down around 100,000 so a really nice progression there in Moderna and Pfizer. We've also seen the Federal Retail Pharmacy Program bring more and more vaccine in. That doubled this past week from 26,000 doses that were going to CVS to another 26,000 doses coming to 8 different pharmacy chains.

And so and as we look forward to next week we have about 180,000 first doses, 130,000 second doses, and then 52,000 through the Retail Pharmacy Program.

Still waiting on confirmation and numbers for the Federal Qualified Health Center Program, we know that there are three FQHCs that have been identified up in Northern Virginia NeighborhoodWorks, the Greater Prince William Health Center, and then down past, down in the Pennsylvania County and Danville area. So hoping next week we will be able to onboard those through a federal allocation and we'll know exactly how many doses are coming in through those three networks of clinics.

And then in addition to all of that is the Johnson & Johnson vaccine so obviously the great news coming a day or two out, the initial reports from the FDA showing that the efficacy and safety data looked really positive. FDA is meeting today and if it hasn't happened already then by the end of the day we should hear a decision from the FDA.

And that will basically be do they get their Emergency Use Authorization or not. Now the committee, the Federal Committee, the Advisory Committee on Immunization Practice that really looks at that data, you know, and a neutral set of experts looking at that data they will meet on Sunday. And then likely early next week provide their report on how, you know, who the Johnson & Johnson vaccine ought to be prioritized for.

And so we will continue to look forward to the ACIP recommendation around that as well. But in the meantime, are making our plans for how we allocate and deploy what looks to be about 69,000 doses of Johnson & Johnson that will be coming to us next week so really exciting increase in the vaccine for Virginia.

Now this won't be sustained because Johnson & Johnson has a lot of product right now, about 2 million doses that they can distribute around the state. So that will be kind of a one-time bolus and then there'll be a drop-off for the next couple weeks of March while their production ramped up.

So I would expect that we'll see the 69,000 doses next week if all goes well today. And then not much for weeks two and three of March but then by week four of March start to see that level or close to it of production again.

Other news today the Pfizer, the HHS put out new guidance around Pfizer. You all know that Pfizer has - one of the challenges of Pfizer has been the requirement to do - to store it at ultra-cold temperatures, at negative 90 degrees. And HHS issued new guidance today saying that Pfizer can be stored at normal freezer temps.

So what that means is that logistically we're going to be able to use Pfizer in more locations than we have historically. You know we really have had to prioritize Pfizer for the communities that have that capacity for ultra-cold storage. Now we'll be able to use it more far and wide throughout the state so that is exciting as well.

So let me pause there and see what questions that leads to for this group.

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. 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 portion of today's call, Operator.

Coordinator: Thank you. We will now begin the question-and-answer session. If you would like to ask a question, please press star 1, unmute your phone, and record your name clearly. Your name is required to introduce your question. If you need to withdraw your question, press star 2. Again, to ask a question, please press star 1.

Our first question comes from Brendan Ponton from WTKR-TV.

Brendan Ponton: Hello. Yes, Dr. Avula, one of the things that was talked about on Wednesday during the governor's Press Conference was mass vaccination clinics with Walmart. Do you know the timetable on when that's going to start and any more details on how it's going to work?

Dr. Danny Avula: Yes. So Walmart is actually one of the eight partners we have on-boarded through the Federal Retail Pharmacy Program. In addition to Walmart, Walgreen's, Albertsons which covers Safeway out of the RBS Group which covers Giant's and a couple of other grocery stores, Food City. May be missing, oh and then - and Network of Independent Pharmacies.

So those are the - and all told between those eight networks or among those eight networks that accounts for over 100 different physical pharmacies where vaccine is now being distributed to.

All of those pharmacies except for Walmart are actually doing their vaccinations through their physical pharmacies, through their actual clinics. Walmart in this initial phase has chosen to do community-based vaccination sites.

And so this week in four different locations, Norfolk, Virginia Beach, Chesterfield, and it'll come to me in a second but one more location, oh, Roanoke. This week Walmart started doing about a total of 1200 doses split over 3 days. They have chosen to and been very willing to work with us and work off of our preregistration lists. So we used our preregistration lists sorted for 65 and up and have had our Call Center doing outbound calls to populate those clinics and it's been - I think those started yesterday but have maxed out every day so far so super excited to have Walmart as a partner.

I don't know how long that will be the case. I mean they will clearly be a partner moving forward. I don't know what their plans are for potentially transitioning back into their store locations versus doing these rotating community-based clinics. We really - we could use it all. They're fantastic partners and obviously are reaching areas where we need additional vaccination capacity.

Brendan Ponton: And the 1200 doses you said that's split over 3 days, is that at each location or...

Dr. Danny Avula: Yes.

Brendan Ponton: ...split amongst the four? Okay.

Dr. Danny Avula: No. Each Walmart receive or Walmart in total received four trays of Pfizer. And this is again through the Federal Retail Pharmacy Program so they're getting their allocation directly from the federal government and they - and each tray of Pfizer accounts for 1170 doses so they take those 1170 doses, 4 different locations, split them over 3 days and that's where you get to about 400 a day.

Brendan Ponton: Got it. Okay, thank you.

Coordinator: Our next caller comes from Brett Hall, (Wavy)-TV 10.

Brett Hall: Hey Dr. Avula. I'm going to follow-up on my fellow (Tripp)'s question on the pharmacies. I know we were waiting to hear more concrete information on the preregistration lists and how it would work. I know of people that are not 65 and older that have successfully received shots from Walgreen's even today.

So is that level of cooperation between the pharmacies, is that still trying to occur?

Dr. Danny Avula: Yes, absolutely Brett. So with Walgreen's, so all of those Pharmacy Networks minus Albertsons were very willing to work off of our preregistration lists; it did take us a couple of days to figure out exactly how that will work logistically, right. Like how do you pull the list, make sure it's cleaned and sorted for the right population? How do you safely get it from, you know, the Health Department to a participating provider? And then who actually does the calling and registering?

So all of those details are what we've been working out over the last few days. In the meantime, we did not want people to, you'd be sitting on vaccine or hold off on vaccinating communities while they have this vaccine. So we said go ahead and use whatever process you all want for the first few days and we'd like you to keep it to 65 and up but it's better that it goes to somebody than nobody.

And so we said go ahead and schedule out your next few days. I can't remember what day we told them to schedule until but then after that specific day they will work off of our list.

And so I think there are eight Walgreen stores around the state. So many of those probably just filled up their lists to make sure they could use the vaccine but as of next week will be working off of our preregistration lists.

Brett Hall: Okay. So you believe that mid-next week, I mean next week there will be a more formal process. Do you think this is - I know you hinted last week that this may be something where a person doesn't go on the Retail Pharmacy's portal to sign up, the - they're more contacted. Is that how you think it's going to work?

Do you have any - does - I don't know if you or the Pharmacy Director have any better idea to just explain to people because a lot of people have expressed confusion.

Dr. Danny Avula: Yes, right. So for all of the pharmacies who are participating with our lists those will happen one of three ways. The lists of people who are on our preregistered lists will be sorted by district and by age. So we'll really focus on the 65 and up population.

And then they will either be scheduled by the pharmacy themselves. The pharmacy will get that list and they'll just call down that list and schedule appointments; or they will be scheduled by the local Health Department who will call that down list, give - and use the pharmacy scheduler tool and log them that way; or three, they will be called by our outbound call - our Call Center who just gets the list loaded up and then auto dialer and leads to outbound calling.

So I think the take home message is if you're on a preregistration list answer phone number and even if you don't know where it's coming from. The ones that are coming from our Call Center will come from that 1-800-VAX-IN VA number but that it may come from local Health Departments or it may come from pharmacies themselves.

So I do think the top line message for all of your viewers is make sure you answer your phone this week if - or and in coming weeks if you're on a preregistration list.

Brett Hall: All right. And the mass friend deal over signing up online might not be needed, all right, great, thank you.

Dr. Danny Avula: Yes. I mean one more thing on that, Brett. I mean CVS is still using the access to online, right. So the only way to get CVS appointments is to go to the CVS web site and to register through that portal.

But the other pharmacy providers are working off of our preregistration list starting next week.

Brett Hall: Got you. Thanks.

Coordinator: Our next question comes from Julie Carey from NBC4.

Dr. Danny Avula: Julie, you're muted again. She did it last week.

Julie Carey: Oh, I did do that last week. You know next week, third time will be a charm next week. Sorry about that. I want to return to a question about the mass vaccination clinics and why Northern Virginia is not included with one of those Walmart sites right now.

And particularly thinking of Prince William County where there's a high risk population and their vaccination rate, you know, is not keeping pace with some of the other jurisdictions in Northern Virginia. And how soon might we see Walmart doing this in Northern Virginia.

Dr. Danny Avula: Yes. Love it when you toss me the softball. So our Walmart rep is actually onsite, in Prince William County, as we speak. So their - Prince William will be one of the sites next week.

Julie Carey: Oh and anybody besides Prince William in Northern Virginia.

Dr. Danny Avula: No. Northern Virginia for now, just Prince William for next week, we are also really driving towards communities that do have lower vaccination rates since the Crater Health District, I don't know exactly where that location will be but somewhere between, you know, Petersburg and Emporia. We'll do another round at Norfolk. And the other location next week, I'll have to get back to you on that one; can't remember.

And so...

Julie Carey: And...

Dr. Danny Avula: ...what we'll do they - what Walmart has agreed to do is kind of just go where they're needed based on overall vaccination rates. And so we will look at the data from week to week, make recommendations for where we'd like them to set up. They will work with the local Health Districts, identify sites, and set up their footprint.

And one thing that might happen is that the Federal Retail Pharmacy might actually increase their allocations. So, you know, while that's four places per week right now that could increase. And so we'll keep you all posted as they wait to hear what they're going to get from the federal government.

Julie Carey: And do you know that site yet in Prince William, the specific site?

Dr. Danny Avula: I - no, I don't. I don't.

Julie Carey: Okay. Okay.

Dr. Danny Avula: I think, you know, (Victoria) is working through that just right now. And then once we do, like once, because they're not doing them onsite at Walmart's. They're doing them, so for example (unintelligible).

((Crosstalk))

Julie Carey: Right. Oh I understand. Yes, I understand that.

Dr. Danny Avula: Yes. Okay, got it.

Julie Carey: I just wondered if you knew what that location was. Okay.

Dr. Danny Avula: Yes. Sorry, not yet.

Julie Carey: Thank you.

Coordinator: Our next question comes from Elisha Sauers from The Virginian-Pilot.

Elisha Sauers: Can you hear me now?

Dr. Danny Avula: Hi Elisha. Yes.

Elisha Sauers: Sorry about that. So I have a couple of questions. But the first one is could you give more specifics? Where are those mass vaccination sites for Walmart in Norfolk and Virginia Beach?

Dr. Danny Avula: Today in Norfolk they're at the - some STEM Learning Academy. You might know that one better than I do. In Virginia Beach, right, let me see. (Stephanie) is actually off this afternoon. She would know all of these locations. Let me see if I can find that for you while we're on the phone here.

In Chesterfield it is at John Tyler Community College. And where is the fourth location? Roanoke, yes, I don't actually know the site in the Roanoke either. Let me see if I can find that and then email.

But again, these aren't walk-up sites, right. They're registering off of our preregistration lists. Our Call Center is doing outbound calling and loading up those appointments and then calling off of a wait list if they have any additional vaccine.

Elisha Sauers: Okay. And then so in terms of the specific location that Virginia Beach is using, is that something you guys can follow-up with me on in like an email?

Dr. Danny Avula: Yes. I'll shoot a text in a bit.

Elisha Sauers: Okay. And then the second question I had was we've seen that UVA had an outbreak on campus. The B117 variant was among that outbreak.

And so I'm just wondering obviously, younger people are farther down on the list in terms of priority group for vaccine.

But are there any plans afoot for, you know mass vaccination efforts on college campuses given the fact that they are prone to having outbreaks and they are sort of congregate settings?

Dr. Danny Avula: Yes. Nothing, I mean I clearly will continue to activate our mass vaccination work, right. Mass vaccination is happening all over. We can certainly ship those to college campuses just as, you know, Walmart stood up something like within a couple days of planning, not even at John Tyler Community College.

So I think it's not very difficult to set up a mass vaccination site when you just look at a large space. And we've got all of the plans in place and the staffing models.

So really when we get to that 1C and Phase 2, it's a pretty easy shift to move that operation onsite at the college campus.

So I, you know, I think that we'll really be working through 1B for the month of April. And then May we will really start to shift towards, you know, younger populations, general populations and certainly that'll be an area of focus at that point. But couple months away.

Elisha Sauers: But there's no thought about perhaps moving them up in terms of having vaccine sooner for college campuses in light of these outbreak concerns.

Dr. Danny Avula: No. Because, you know, if college kids get it, the concern is that they'll spread it to vulnerable people. And as long as we're vaccinating vulnerable people then we're in pretty good shape, right.

So obviously, we want college kids to continue to socially distance and wear masks and anybody who is in a more vulnerable state and a 1B, will be eligible and will get vaccinated sooner.

So yes, I think as long as we're really focused on the most important things which are to minimize death and hospitalization like that's appropriate. And that's where we need to be prioritizing our vaccine right now.

Elisha Sauers: Thank you.

Coordinator: Our next question comes from Amie Knowles from the Dogwood.

Amie Knowles: Hi Dr. Avula. Thanks for taking our questions again today. I know that several of the local health departments throughout the state have had to limit their regular clinic hours and services due to hosting COVID-19 vaccination clinics.

I was just wondering if you could provide some insight into what kind of consideration goes into some of those either/or situations, and then what guidance or support you guys might be able to offer for some of the smaller communities who are really struggling to manage both.

Dr. Danny Avula: Sorry Amie. I think - so who has to change their hours because of mass vaccinations?

Amie Knowles: I know that Martinsville in Henry County - specifically they had to change some of their offerings. I know that Fairfax had closed down four out of their five locations - their clinic locations to do vaccinations instead of, you know, offer the regular services to the public...

Dr. Danny Avula: I see what you're saying now. Got it.

Amie Knowles: ...and just situations like that. Yes.

Dr. Danny Avula: Yes. I've got it. So - and we've been in that mode for about a year, right. Health departments have all had to really scale back on the rest of our services because we've had to focus on the COVID response.

And so whether that was pulling folks off of other projects to lead case investigation and contact tracing or to limit our normal clinical operations to really focus on our testing operations, you know, we - probably in Richmond and Henrico over the last year and certainly for most of you there has been a 50% and even at some point dropped down to about 33% of our overall operation.

When do I think that's going to get better? I mean, I really think it's going to be when we get out of this acute phase of mass vaccination and the - and when the health departments, you know, when the demand starts to shift and the supply increases and we can move to more of a sort of steady state of vaccination that's happening through Dr. (Ivankis)' pharmacies and other outlets, I think that's when health departments will start to return back to some of their core services.

If I had to guess it would be the fall although the interesting question about child vaccination will come up and it'll just sort of depend. Like can the pediatric offices manage that volume or will we need to continue doing some degree of mass vaccination in the fall?

But I think it's going to be at least then until health departments really get to return back to some of their core services.

Amie Knowles: All right. Thank you so much.

Dr. Danny Avula: Yes.

Coordinator: Our next question comes from Cameron Thompson from WTVR CBS 6.

Dr. Danny Avula: Hi Dr. Avula. Thanks again for holding these. Just wondering - I don't know if you can speak to this as you're more the vaccine focus but just talking about the - preventing deaths and I know people have been seeing these increased number of deaths being reported for this holiday catch-up.

Can you just sort of speak to what people are seeing and how much longer you anticipate seeing these elevated numbers as you all are playing catch-up?

Dr. Danny Avula: Yes. You know, I mean some of it is just the reality that death is a lagging indicator that we see those, you know, two to three to four weeks after our peaks.

So our peak I think was the first week of January so the - I think the numbers should be tailing off now. But as you're accurately stating there has needed to be a catch-up period because during the month of January when we were

seeing cases left and right, we did not have the case investigation capacity to keep up with all of the cases that were happening during December and January.

Usually case investigation is a trigger or a pathway for us to have deaths reported in a much more timely manner because - so when the case investigator is actually working through that investigation they find out that, you know, somebody - they - they've got the list of people who did contract COVID and they're able to track that information down and it gets in the system sooner.

In absence of that it has all had to be death certificate review and so the process of reviewing those death certificates, figuring out, you know, was there a COVID diagnosis and how did it relate temporally to the deaths so it's a longer and more difficult process.

I don't know when that - when we can expect that to be done. I mean, I would guess it'll be in the next couple of weeks but I don't actually know. That happens on the Division of Surveillance - Disease Surveillance side.

Cameron Thompson: Got you. Thank you very much.

Coordinator: Our next question comes from Ariane Datil, WUSA9.

Ariane Datil: Hey there. It's Ariane. I am asking about questions from our viewers today and this one is about having to sign affidavit before receiving the COVID vaccine; wondering if it is required in Virginia and if so, who is holding people accountable for the information that they write in that affidavit and if it is inaccurate what's the penalty for that?

Dr. Danny Avula: Ariane, could you be more specific? Like an affidavit for an underlying condition or place of residence or I'm - I'd - the answer is probably no...

((Crosstalk))

Dr. Danny Avula: ...to both but I'm curious what you're hearing.

Ariane Datil: No. This is an affidavit that confirms that the person that's receiving the vaccine actually meets the eligibility requirements for that time period.

Dr. Danny Avula: Got it. Well, through the - certainly through the local health departments and any kind of state-run process we're not requiring any of that kind of information.

We - both because we want to optimize vaccination flow. We don't want to slow people up by, you know, having them require any documentation of an underlying condition or of employment.

Like we recognize that those are things - just as we've looked at how this has been done in other states we - those are the things that do restrict access to vulnerable populations and make it more difficult to move through vaccine in a really efficient way.

So I do know -- and I'm not sure about affidavits per se -- there were a couple of pharmacies because they - pharmacies can bill for this - that were asking for insurance information, which I think if we hear about those what we're doing is saying, "Hey, let's remember that this is free to the public regardless of their insurance status."

And while - we just need to work on our messaging, right. Like if a pharmacy is doing that then they should make it very clear that insurance is not required, but if you have insurance we can bill your insurance for the administration fee.

So I think the main message we want the public to know is that insurance or citizenship or anything like that is not at all a requirement to get vaccinated, although they - insurance is - or sorry, providers can bill insurance for an administration fee so they may ask for that information. It just won't - it won't be a requirement or a barrier to get vaccinated.

Ariane Datil: I think the real core of the question here is about people that are concerned about line jumpers and holding those people accountable. And I'm wondering if there's any mechanism for doing that - holding them accountable within Virginia.

Dr. Danny Avula: Yes. Not really. I mean, so on the essential worker side we are really, you know, we're working primarily through employers, right, so there's a mechanism to ensure that people who meet a certain eligibility criteria - that that's happening, you know, through the employers that we're setting up clinic pods for.

Age is an easy one because you can just provide, you know, some sort of ID that says you're 65 and over. But the underlying condition is a more challenging one and I think it would be counterproductive for us to start requiring some kind of, you know, documentation of that.

I mean, particularly for the P - the primary care providers we definitely don't want to put that burden on the PCP community. But even for individuals who may not be in care, may not have a primary provider I think we've just got to

trust that people understand the reason for the prioritization, that we are going to allow the people who are most vulnerable either because of age or other condition to the front of the line.

And I think that's the degree to which we can - yes there - there's no further way that would make sense to legislate that.

Ariane Datil: Thank you so much.

Coordinator: Our next question comes from Alessandra Young from WSET.

Alessandra Young: Hi. Yes. Thank you so much for doing this. And so what are you guys doing to make sure teachers are vaccinated enough to accommodate students being required to go back to school?

Dr. Danny Avula: Well, let me first say that teachers being vaccinated is not a requirement to go back to school. I know this has been a concern of many teachers along the way, but the further we get along in this the more convincing the evidence is that we shouldn't - like vaccination should not be a requirement to return to school.

Schools have really proven to be incredibly effective at upholding mitigation strategies, at requiring mask-wearing, at maintaining distance, at, you know, screening kids out for symptoms.

And so our data here in Virginia and really throughout the entire world all point to the direction of schools should be the last places to close and the first to open and we absolutely believe that.

So we will continue to vaccinate through the 1B population as quickly as vaccine becomes available and, you know, right now with the way that supplies are looking, super encouraging and I think we really will be able to get through the bulk of the 1B population or really probably anybody who wants to be vaccinated in 1B by April at least with the first - sorry, let me clarify that.

And so, you know, it's coming. We're just a few weeks away from April so I think that over the next, you know, four to six weeks especially teachers are in the third tier of 1B so it really likely throughout the state will be this month.

Alessandra Young: Absolutely and that's great to hear. And about how many reports do you guys have of adverse side effects after people get their second dose?

Dr. Danny Avula: I don't know that data. I know the data that's reported at the national level at least through the studies, which has been about 10% of people who receive the vaccine will get, you know, will have some kind of side effect and it's totally to be expected.

This is not just with COVID vaccination but with every vaccination. What is happening is you are presenting a new protein or a new threat to your immune system and your immune system responds by revving up.

And in your immune system's response that sometimes means that you develop symptoms like a fever or some achiness, and so about 10% of the population will have symptoms along those lines.

Now less than 1% of the people who get vaccinated will have allergic - more allergic kind of side effects so, you know, maybe that's vomiting. Maybe it's hives. Maybe it's a rash of some sort.

So - and it - from what I've heard in the national reporting that continues to be consistent but I don't know the data specifically for Virginia.

Alessandra Young: Thank you so much.

Dr. Danny Avula: No problem.

Coordinator: Our next question comes from Laura Perrot from WRIC.

Laura Perrot: Hi Dr. Avula. Thanks so much again for doing this. I just want to make sure that I have the numbers correct. So you said that for this upcoming week Virginia's getting 180,000 first doses, 130,000 second doses and then 52,000 through the federal retail pharmacy partnership. Is that correct?

Dr. Danny Avula: Say the number for retail pharmacies - 52,000? Is that what you said?

Laura Perrot: Fifty-two thousand.

Dr. Danny Avula: Fifty-two thousand. Yes, that's right - 180,000, 130,000 and 52,000. And then...

Laura Perrot: Okay. And then...

Dr. Danny Avula: ...we're anticipating 69,000 of Johnson & Johnson if it gets authorized today.

Laura Perrot: Right. And then as far as the eight pharmacy partners go have all eight of those partners started administering the vaccine this week?

Dr. Danny Avula: Yes, they all have.

Laura Perrot: Awesome. Thank you.

Dr. Danny Avula: Yes. No problem.

Coordinator: Our next question comes from Jill Palermo from Prince William's Time.

Jill Palermo: Hi Dr. Avula. Thank you so much for doing this this week again. We appreciate it. I wondered - my question's about the - of course, about the Walmart in Prince William.

I think you mentioned that they're doing 1200 doses over four days, and are you expecting that to be consistent and are the 1200 doses part of that 52,000 that are coming every week?

Dr. Danny Avula: Yes. So a couple of things to clarify there Jill. One, that it...

Jill Palermo: Okay.

Dr. Danny Avula: ...will be Walmart administering the vaccine. It won't be at a Walmart so they're...

Jill Palermo: Right. I got you.

Dr. Danny Avula: ...up there in Prince...

Jill Palermo: Yes.

Dr. Danny Avula: The - so they're scouting out locations that would, you know, kind of address parking accessibility, all of those kinds of things. Two, it's 1170 doses, which is the amount that comes in a package of Pfizer.

And so that will be split among three days so that approximates to like 396 doses for the first two days and I think it's 376 doses or something like that - 378 doses for the third day.

And that will be for next week and then what will happen beyond that will really depend on the allocations from the retail pharmacy program. So if the feds ramp up their distribution to Walmart then Walmart will decide, "Are we going to, you know, do more community-based vaccinations or are we going to start filtering it through our stores?"

And they, I mean, they've been amazing. Like just - and working with them this week I think they will really work with us and kind of work through what makes more sense for Virginians right now.

Is it to focus on stores? Is it to focus on community events? And so we'll see what happens to their allocation and talk through that with the Walmart leadership this week - this coming week.

Jill Palermo: Okay. So a quick follow-up question. Can you tell us what Albertsons is doing because you said that Albertsons was doing something different than going through the state allocation?

And then can you also tell us do you expect the Walmart locations to continue in the same area for a certain number of weeks or will they be shifting every week?

Dr. Danny Avula: Yes. So I'll answer the second question first, which is that it will really depend on what - how the other pieces of this puzzle move, right. So in addition to Walmart you've got all of these other pharmacies that are onboarding, expanding, right.

CVS were - I think were at the three week mark since they started vaccinating and so they will be adding second doses. Each of their stores can only take 100 doses per day and so they're going to expand their footprint.

And so what we're trying to do each week in all of our allocation work is look at all of the different channels the vaccine is coming through and try to make sure that we're getting it to the places that need it most, right.

So we're looking at things like what is the overall vaccination rate in a community, and is the vaccination rate low because uptake is low or is it because they just haven't had enough channels to get vaccine?

And so I think the answer to that question - like there may be weeks where they stay in the same location. There may be weeks that because of - so let's take Prince William specifically.

I have no idea how many doses are coming through the FQHC program but if it's 10,000 doses then we may want to move that Walmart asset to another part of the state.

And so those are some of the considerations that we've got to think through as we try to even out the vaccine that's being spread around. So that - I - hopefully that answers the question about whether they'll stay or how we decide what locations will go.

And again, you know, if their federal retail allocation increases significantly they could actually do more than four locations a week. So the first question of Albertsons - I don't - I know they - they've got their own process.

I don't know how they're doing it. I actually don't know if it's an online scheduler or - and our team definitely knows that and so let me do a little bit more digging with our pharmacy team to figure out how that's currently being handled.

And then, you know, what we know is that increasingly there are going to be channels to access vaccine that aren't through the state pre-registration process, right.

Like we're trying to drive as much through that as possible but, you know, I - into next week and beyond there will be different practices that have access to vaccine and hospitals that are doing mass events.

And so we know that that is - that increasing channels will need to be communicated to the public and so we're thinking through right now what's the best way for that to kind of be in one place and for people to know, "Okay, these are my options to go through the state pre-registration process and this is where I'll have to go through different processes."

Jill Palermo: Yes. We'd love to know that - when you can release it. People will want to know.

Dr. Danny Avula: Yes.

Jill Palermo: Yes. Thank you.

Dr. Danny Avula: Okay. Thanks.

Coordinator: Our next question comes from Margaret Barthel from WAMU.

Margaret Barthel: Hi Dr. Avula. Thanks so much for holding this and a bit of a broad question. I'm wondering if you can give us an update on sort of generally where you feel efforts to promote equity in the vaccine rollout stands, how you think those are going and specifically if there are any, you know, if there's any potential down the road for, you know, prioritizing things beyond sort of the outreach piece like, you know, prioritizing vulnerable communities in line, opening up vaccine to certain zip codes, for instance, like DC is doing.

Dr. Danny Avula: Yes. I think that is - happened already in lots of ways. So part of the way that we've been distributing vaccine over the last month is really looking at where those partnerships are emerging, what health systems or health departments are particularly well set up to get to - at least in this, you know, the beginning of 1B it was the elderly African American population and I think those efforts have resulted in positive strides.

Like if you look at our data we are 13% African American and while the state is 20% as I - like 19% I think is our overall state demographic for the African American population.

The national survey data shows that less than 50% of African Americans are willing to get vaccinated so, you know, in relative terms I think we're actually doing really well in reaching the African American population.

Increasingly as we get through 1B, which I very much anticipate will happen in the next few weeks where we expand to grocery store workers and public transit and manufacturing and food and poultry farms, we will start to hit

those segments of our community where racial equity has been baked into the methodology, right.

And so as you look at the next few tiers these are frontline essential workers that skew towards black and brown populations, and so I think we'll continue to see increased uptake in black and brown communities because of that.

Will we do things like zip code restricted access? I, you know, I - like we - like I said we've really been funneling vaccine to communities that are effectively partnering with (unintelligible). And - and we're seeing a lot of success there. And I do actually think next week, looking at our numbers, we may not - I don't know how needed that would be, right? Because there will be so many different channels to get vaccine. What will be needed is really targeted efforts, right? We need at the ground grassroots level there to be mobile vaccination clinics and partnering with congregations and (unintelligible) vaccine to predominantly non-English-speaking communities.

So, those are the kinds of things that have been happening and will continue to be a focus. And I think - as I think big picture about vaccine allocation, as more and more vaccines come to pharmacies, to health systems, to hospitals, I think it will allow health departments to really pivot their efforts from the larger-scale vaccination to do this more targeted work with vulnerable communities.

Margaret Barthel: Thank you. And you mentioned data. Obviously, it seems like the data by race and ethnicity has improved but I do see that a little over 300,000 - those data points are still not reported. I'm wondering how - how that effort is going to backfill that information and whether you feel comfortable at this point looking at the data that you have and feeling like it's a relatively accurate picture even if those 300,000 aren't necessarily represented.

Dr. Danny Avula: Yes. I've seen that number come down a lot. At some point that number was more like 500,000, so I know that the cross-referencing - the cross-walking with other databases is clearly improving that. Obviously, we'd love to be at 100% and I don't fully know. I think this was based on some legislation that will likely get signed soon.

But I think there's probably not much more we can do about the fields that have not been - that have not been entered and obviously the more vaccination that happens -- the more people that get vaccinated -- that will become a smaller and smaller percentage of missing data fields.

Margaret Barthel: Great, thank you.

Coordinator: Our next question comes from (McKinley Strafter) from WSLs-10 News.

(McKinley Strafter): Dr. Avula, can you hear me?

Dr. Danny Avula: Yes, sir.

(McKinley Strafter): Okay, good. Good afternoon. I reached out to your office earlier this week and Melissa was helping me out. She's fantastic. But I thought I'd pose the question to you because we followed her advice and things still aren't working out for this gentleman.

Essentially, he was on the waiting list after signing up through VDH for the vaccine. He also tried his local pharmacy which happens to be CVS.

Last Wednesday CVS randomly called him saying that they had a vial. I guess it was already opened and they were going to have to destroy it if they

didn't administer some vaccines, so they asked him to come immediately if he were available. So, he went down there and got his first shot. It was the Moderna vaccine.

Well, according to Melissa, the vaccination site should have scheduled him for a second appointment through that CVS. But CVS told me that (unintelligible) response because he was pulled off the waiting list and didn't sign up for one of their regular appointments, they can't guarantee him a second dose.

So, the advice we got from Melissa was to go back to the pharmacy retail store itself, talk with them and then CVS is just saying sign up for appointments online. The retail store didn't know anything and they don't have any appointments available online. So, what should this gentleman do for a second dose?

Dr. Danny Avula: Two options. One is - sorry - isn't Melissa (unintelligible) in Richmond? Is that who you're talking about?

(McKinley Strafter): No, it was Melissa - I think it was Melissa that I contacted that works with you.

Man: (Unintelligible).

Dr. Danny Avula: I had a lot of Melissa's in my life. So, I think - two pathways. One we are absolutely encouraged. Everybody should get a second dose scheduled when they get their first dose. It sounds like this was a unique situation where the - where they came in and got off a wait list. But still, really that second dose should have been scheduled at that point.

So, if they did not have luck with the retail pharmacy, I would push them to state-level management of CVS so that we can make sure that that happens. I'm happy to help facilitate that.

And then the fallback would be that the health department - if we really can't resolve it with CVS, then we can get the local health department to schedule them for a second dose clinic.

(McKinley Strafter): Okay. Her name was Melissa (Gordon), by the way. And is it okay...

Dr. Danny Avula: Yes.

(McKinley Strafter): ...if he can't figure this out in that four-week period between the first and second dose, will he have to re-start or get the first dose again?

Dr. Danny Avula: No, no, definitely not. There's a grace period that the CDC provides of up to six weeks after your first dose. And interestingly there is emerging data that shows that perhaps waiting longer might actually result in a better immune response, although the four-week period that Moderna was (setting) on getting you the 95% protection is pretty dang good.

So, I think that there should not at all be a concern on the part of this individual. We'll do everything we can to make sure that they get their second shot within that six-week period. But even beyond that, while we don't have a lot of good data, like I said, the emerging data around longer wait periods actually looks to be beneficial for antibody response.

(McKinley Strafter): Okay. Well, I'll reach out to you again next week with an update. Hopefully by then CVS can tell him something. Thank you.

Dr. Danny Avula: Great, yes.

Coordinator: Our next question comes from (Louann Rice) from Roanoke Times.

(Louann Rice): Oh, hi. First of all, I want to say thank you so much for getting the call center up and running because it sure has helped a lot of people who we hear from.

I wanted to talk a little bit about the Johnson and Johnson doses and what the strategy may be. (Unintelligible) 69,000 they're expecting this week. Are you going to be allocating those to the health districts just like you have with the Pfizer and Moderna and maybe just going to put them into their clinics or processes? Or is there a different strategy for that?

Dr. Danny Avula: Yes, thanks, (Louann). So, with the 69,000 doses that will be coming toward the end of next week, what I'm going to be working on through the weekend with our local health departments and with their health system partners is figuring out how we can prioritize those in mass vaccination settings.

Because I think the most important thing here with Johnson and Johnson is sole transparency, that when people sign up for a clinic, that they know what they're getting. And from our perspective from public health, this is a phenomenal option, right? The fact that not only do the logistics make it much easier to work with - no freezing required, refrigeration only. One dose, not two. But the data that matters most - 100% effective against hospitalization and death.

And, so I am super eager to be able to add this to the options. I think this is great. And especially this week, having these kinds of numbers was pretty unexpected.

So, all that to say, I do understand that there are segments of our community that may question that or want to dig into the data a little bit more. And so we've got to make sure we message that well and really explain what the data means.

But more than anything, people should just know. And so what we're going to do is run it through mass clinics and clearly message that these are Johnson and Johnson clinics. Here's what you need to know about Johnson and Johnson.

If for whatever reason you decide not to take advantage of this opportunity, then you'll just stay in line and you'll get slotted for the next opening for a Moderna or Pfizer clinic that comes up.

(Louann Rice): Okay, thanks. And another quick question. You said that there's 180,000 first doses of the Pfizer-Moderna which is another increase. Is that a sustainable increase? Is that what you're expecting going forward?

Dr. Danny Avula: Yes. As we look out at the allocations, it looks like it's going to stay that for the next three weeks. And I think the federal government has really tried to prioritize three-week planning windows for the states, right?

So, they will commit to a number and say you're going to get at least this. Barring something catastrophic happening from a manufacturing standpoint, you're going to get at least this for the next three weeks.

And what we've seen is they've actually been able to increase that allocation above even what we're expecting most every week.

Coordinator: Our next question comes from (Kate Andrews) from Virginia Business Magazine.

(Kate Andrews): Hi, Dr. Avula. I wanted to find out if dentists are administrating shots now.

Dr. Danny Avula: I don't know. Well, the Executive Order that was just signed does add dentists to the category of people who can vaccinate. And, so I don't know if that's happened yet but it's - they certainly are eligible to moving forward. So, I think we'll see it more and more in the weeks to come.

(Kate Andrews): Is that something that would be significant in terms of trying to get more people vaccinated? Is that a significant enough number of people who could now give vaccinations if dentists start doing it?

Dr. Danny Avula: It could be, Kate. I don't know. To this point, our issue has not been a number of vaccinators in most...

(Kate Andrews): Okay.

Dr. Danny Avula: ...cases, right? It really has been...

(Kate Andrews): Right.

Dr. Danny Avula: ...about supply. Up until this week...

(Kate Andrews): Yes.

Dr. Danny Avula: ...it's been limited supply and we've had plenty of places that could take the vaccine and vaccinate if they wanted. If - I've been moving forward as we see a significantly expanded supply. What that means is it's going to go to more

doctor's offices. It's going to go to more pharmacies. More will go to the health system.

And then there will be at some point as I kind of project out over the next few weeks and think about where supply is going to get to - I think there will be a point where we need additional vaccinators beyond the existing capacity throughout Virginia and it may be really helpful to have these other categories of potential vaccinators come and join volunteer efforts.

So, I don't know that it meets an immediate need, but I do think it sets us up well for a few weeks down the road.

(Kate Andrews): Okay, thanks.

Dr. Danny Avula: And to clarify, I'm not - I can't remember if it was an Executive Order or actual legislation that was passed but there...

(Kate Andrews): Yes, I wasn't sure (unintelligible). Yes, I can't remember.

Dr. Danny Avula: ...there are new categories.

(Kate Andrews): Thank you.

Dr. Danny Avula: What's that? Yes.

(Kate Andrews): Thank you.

Coordinator: Our next question comes from Eric Miller from WDBJ-7.

Eric Miller: Hey, Dr. Avula. Thank you very much as always for doing these calls. My question concerns the new pre-registration system. We've heard from a couple of folks who once the states switched over to that system, they were no longer able to find their pre-registration. Still at this point at week out, still can't find it. So, where are you all in migrating those pre-registrations over onto the new system?

Dr. Danny Avula: Yes, I think we are almost done. It should happen through the course of this weekend. And, so what we have been telling everybody in the meantime is go ahead and enter your information again and then it will be merged to your pre-existing record.

So, at least that way they'll know they've got a place in line. Some of the challenges we've been seeing are when they enter - when they go in and try to find themselves, sometimes people are using different spellings or maybe when they originally entered their name and information, they added an extra space or period in the email address.

And so I think that - what we've been telling them is go ahead and pre-register. Wait till we get the merging completed. If you still can't find yourself in there, go ahead and call the 1-877-Vaccine VA number and then -- or your local health department -- and we'll work through that to find your slot in line.

Eric Miller: All right, fantastic. Thank you, sir.

Coordinator: Our next question comes from Eric (Colinich) from the Richmond Times Dispatch.

(Eric Colinich): Hi, Dr. Avula. Thanks for taking my question. With the J&J vaccine coming, are we at the point yet where you can start projecting when Virginia could get to herd immunity?

Dr. Danny Avula: Yes. So, we really have looked at 75% as our target. And when you take the 8.5 million Virginians and you subtract out the approximately 1.7 million children and then take 75% of that, we're talking about just over 5 million adult Virginians that we're shooting for.

So, based on that - and it gets a little bit hairier with the two dose versus one-dose, Eric, but I really think that we will be able to get through our one B population by probably the third week of April, is what it's looking like.

And then I think it's very realistic that we get to that 5 million number -- at least the first doses for those who are receiving two-dose shots -- by the end of June.

But I do think there's a more interesting possibility there which is that the national data would suggest that we're not - that there are not quite 75% of the population that actually want to get vaccinated, right? Most of the national surveys are saying 30% to 32% of adults are saying that they will not or probably will not get the vaccine.

So, I think as we head into the summer, the whole puzzle will shift from how do we get vaccines to the right places to how do we convince more people to get vaccinated.

I hope that both the track record of millions of millions of people getting vaccinated across the country and the potential emerging threat of variants will keep people motivated and really underscore the need for vaccinations.

But I do think there will come a point where the work flips to convincing people to get vaccinated.

(Eric Colinich): Thank you.

Woman: Hello, everyone. We are nearing the end of our time. We have time for one final question.

Coordinator: Our last question comes from (Jimmy Laru) from Suffolk News Herald.

(Jimmy Laru): Hi, Dr. Avula. I think one of my questions has been asked in regard to the - whether the list had been merged into the state system because we've been also hearing from other people who had signed up through the local health department even as far back as late January and not finding themselves on the list but getting the emails saying that they're still in the queue but when they check the list to see that they're there, that they don't find it.

So, I think unless there's any more information there, the other question I had was with regard to the Crater, the Walmart that - I think you mentioned that there was going to be in (Crater) but you said they're still looking for a site. Is that - is that what I have correct and do you know when that might be?

Dr. Danny Avula: Yes. It will be coming to Crater next week. They're slotted for Wednesday through Friday. I don't know if they've decided on the location yet. They were -- yesterday and today -- were doing site visits of different places to try to figure out what would work. But we should know by Monday where those will be.

Again, I think it's super important for the public to understand that these are not open clinics, that these are...

(Jimmy Laru): Right.

Dr. Danny Avula: ...these are coming on appointment-only that are happening through the pre-registration system. And so, particularly for the 65 and over is where we're focusing for now but the best way to get in line for any of these and future events is to go to [Vaccinate.Virginia.gov](https://www.vaccinate.virginia.gov) and get pre-registered.

(Jimmy Laru): Right. Thank you very much.

Woman: 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](https://www.vdh.virginia.gov/coronavirus/media-room). Once again, if we were unable to answer your questions today, please email them to the VDH communication process. Thank you.

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

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