

**Virginia Department of Health Tele-Press Conference on  
Virginia's COVID-19 Vaccine Developments  
Moderator: Melissa Gordon  
April 2, 2021, 3:00 pm**

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

Melissa Gordon: Good afternoon. And thank you for joining our call today. My name is Melissa Gordon, and I am 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 question and answer portion of today's 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: Hello, everybody. We continue to plow ahead into our quest to get Virginia vaccinated. We are just shy of 4 million doses administered, 3.957 million doses to date. So we'll cross that threshold tomorrow, 30.9 percent of the population with at least one dose and 16.6 percent fully vaccinated.

As I've mentioned to you all before, that has definitely been aided by the addition of Johnson & Johnson, with the one dose full vaccination. So I expect to see those numbers continuing to go up.

I think that we are waiting to hear the impact of the news from the Johnson & Johnson production plant up in Baltimore on Wednesday. Fifteen million doses were sequestered as a result of poor mixing and so I think those doses will be completely taken offline, which means that the future delivery schedule of Johnson & Johnson is a bit up in the air.

It does appear that our doses that are coming next week will still be coming, which is good news because that's over 200,000 doses that we were expecting and that we have ordered and will be coming in next week.

I don't yet know what that will mean for future weeks. But we are eagerly anticipating updates from the federal government about Johnson & Johnson's production schedule.

They are saying that this won't impact their target for the month of April. So we'll just have to see. Fifteen million doses is a lot of doses so we'll have to see what they do to continue to meet their targets.

And what their targets mean is there are somewhere between 5 to 6 million doses a week, at least that come to the state allocation and that for us would be somewhere around 125,000 doses per week.

So that's what we are getting this next week, 124 and change. In addition to that 112,000 first doses of the Pfizer and 86,000 first doses of the Moderna.

And then on top of that, there's been a large commitment to the Federal Retail Pharmacy Program. President Biden's administration announced this past week that all Americans would be within - or sorry, 90% of Americans would be within five miles of a vaccination site.

And so to do that they've really heavily invested in distribution through the footprint that the pharmacies provide. And so for Virginia that means almost a third of our doses are coming in through Federal Retail Pharmacy Programs.

So that's really great news. It's more doses coming through places where people can access them. And so we will see a big bump in that with the Johnson & Johnson.

Again, this next week a little over 100,000 doses coming to federal retail pharmacy. And then we'll have to look beyond that based on, you know, news from the federal government.

Other updates that are relevant, you know, I would say what's been really encouraging has been the ongoing data that has been shared about the efficacy of vaccines.

So Pfizer released a press release yesterday that said that their product is 91% effective at six months out. And so, you know, in their ongoing studies in this context where we've had circulating variants, they appear to have, you know, six months plus protection at really high rates. That's really encouraging.

There was a small study done in South Africa, about 800 people. And their results show that the vaccine, the Pfizer vaccine, was 100% effective in these areas that have really high circulating South African variants, that being 1351.

And so obviously this data will be reviewed by the CDC and, you know, it may make the play into updated guidelines. But it really has been encouraging to see the CDC continue to update their guidelines based on new data.

Just today the CDC released new travel guidelines. So now folks who are domestically traveling and are fully vaccinated don't need to quarantine or don't need to be tested before or after travel.

The recommendation to get tested after travel still holds for international travel. I think that we still would want to delay international travel whenever we can. But if somebody needs to travel internationally, they would still be recommended to get tested three to five days upon return.

So I think things continue to trend in a positive direction. The national data around COVID is a little bit concerning. We've seen about a 20% increase in cases nationally.

That has not been the case in Virginia. It has been a plateau with a couple bumps here and there. But, you know, not the downward trend we had hoped for. And so we do want to move forward with this news cautiously.

But I do think that as we look to the summer and if we can see this increasing trend of vaccination continue and a decreasing trend of cases continue, I imagine things will continue to open up.

I want to correct something that I said maybe earlier in the week. I quoted 30% of the circulating virus in the states was the B117 variant. I was looking through the CDC Web site yesterday, it's actually 30% of all of the virus or all of the different types of variants.

That B117 number is just the - sorry, it's just 10%. So 10% of the circulating virus in the United States right now is the UK variant. And then the amalgam of all of those variants is about 30% of those cases.

And then the big news from yesterday, the governor announced that we would be moving into Phase 2 by no later than April 18. So as soon as Sunday, local health districts will have the option to move forward into Phase 2.

I anticipate a number of them will next week. And so that means open eligibility. It does not mean open pods. People won't be showing up for walk-in pods, but it does mean they will be able to openly able to self-schedule into appointments regardless of any eligibility criteria.

So what we'll see starting on Sunday is that local health departments will be moving in that direction over the course of the next couple of weeks and all districts will be fully into Phase 2 by April 18.

And that's exciting news for Virginia. It means that we'll continue to work through the - or word for word our goals for herd immunity depending on, you know, the outlook for Johnson & Johnson delivery, I think we certainly are on track for that April - no concerns about the April 18th date for Phase 2.

It does, you know, potentially slows the availability of appointments in those early weeks of - those first two weeks of Phase 2 once we open up. And then I

still think we can get through about 60% to 65% of our population, at least with the first dose, by the end of May.

Okay. We'll 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](http://vdh.virginia.gov/news).

Please remember to limit your questions to one question and one follow-up per person to allow time for everyone. Now we will begin the Q&A portion of today's call. Operator?

Coordinator: Yes. The phone lines are now open for questions. If you would like to ask a question over the phone, please press star 1 and record your name. If you would like to withdraw your question, press star 2. Thank you.

The first question in the queue is from Annie Schroeder with WSLS. Your line is now open.

Annie Schroeder: Hey, Dr. Avula. Thank you so much for your time today. So our local health district here in Roanoke is one of the many that announced it will be moving into Phase 2 on Monday.

Do you mind maybe just kind of elaborating a little bit more on, you know, is it different populations moving into Phase 2? And could you talk a little bit

more about, you know, is this the general public? You know, who falls under Phase 2 specifically and what does it mean for people in general?

Dr. Danny Avula: Yes. Hi, Annie. Happy to do that. So Phase 2 is wide open. It is the general population. So anybody who wants to be vaccinated and is eligible to be vaccinated based on their age, because we still don't have a vaccine for anybody under the age of 16, but anybody 16 and up who wants to be vaccinated can self-schedule into a clinic.

Now there's some nuance that, you know, as we have some districts that are moving forward next week, like you just mentioned Roanoke is, after April 18 we really will have more of an open self-service scheduling.

In between now and then, we will still be relying on a pre-registration system. You know, Roanoke will likely be pulling off its Phase 2 folks from their [vaccinate.virginia.gov](https://vaccinate.virginia.gov) pre-registry.

I think there's some more details that will need to continue to be worked out over the next couple of weeks. But the point is that, you know, as some districts are opening up, they want to make sure that, you know, they are focusing on their local populations and that we don't have these issues of vaccine tours where people are coming from other parts of the state to take advantage of some of this more open access.

So Phase 2 is the general population. We will be moving, you know, kind of piecemeal as the districts are ready to do that over the next two weeks and everybody will get there by April 17.

To ensure that, we are really aggressively shifting allocation. And we've done that over the last two weeks and will continue to over the next two weeks to ensure that every district can get through its Phase 1 demand by April 17.

Coordinator: Our next question in the queue comes from Evan Watson from WVEC Norfolk. Your line is now open.

Evan Watson: Hi, Dr. Avula. Thanks for doing this today. I have a question about kind of the 1C to Phase 2. Here on Hampton Roads we've had Chesapeake, who announced 1C and then the next day announced Phase 2 and others who have - now it's just basically one or two days of Phase 1C and say, hey, we're ready to move on. Is that because of the smaller number of people that fit into 1C?

And can you provide some information for people who say are in 1C and haven't gotten a link to an appointment yet and are now seeing, hey, these health districts are moving to Phase 2. What does that mean for me? Is mine coming or does it just mean it's opening up? Some clarification on that.

Dr. Danny Avula: Yes. So 1C is a group of essential workers that includes folks like construction workers, faculty and staff at universities and colleges, the legal services, the transportation and logistics. So there's a number of different essential worker classes that are all outlined on the VDH Web site.

And 1C is definitely a much smaller group, at least, well both in actuality but also very much the number of people who had pre-registered as 1C eligible folks on the [vaccinatevirginia.gov](http://vaccinatevirginia.gov) Web site.

So what will be happening is that all of those folks will be invited into appointments and then there's a concurrent strategy with some of the more



defined groups of 1C employees so for example, faculty and staff at colleges and universities.

We are right now in conjunction with the local health departments making sure that we have a plan in place to vaccinate all the faculty and staff.

And so we've been meeting with the state associations of public and private universities and colleges mapping out their timeline before graduation and, you know, just making sure that we can slot them in in closed pods so that they can vaccinate their populations in the coming weeks.

Now I will say that the uncertainty around Johnson & Johnson may impact that a bit. So we'll really need to make - you know, continue to watch and see if after next week if we are going to see a big drop off that might push us back a week or two.

But the take home message is that there will be closed pods available for these various 1C populations in different districts or they can fold into the general population.

And so there will be multiple ways that people can get to vaccine now. You know, so pharmacies will all move into 1C on April 11. And then they will all move into Phase 2 on April 18. And, again, the third of our doses are coming in through pharmacies. So that's a really significant pathway for people to get vaccinated.

And then, you know, in your neck of the woods, we've got the Norfolk FEMA site that's up and running, 3,000 doses a day, seven days a week. So I really do think there's a lot of different options for people now that we're moving into the general population.

Evan Watson: And so for a quick follow-up to that. So say someone in 1C, one of these health districts moved to 1C and out to Phase 2, it's not necessarily that all of 1C is going to be covered before some of the Phase 2 people get admitted.

And so these vaccination invite clinics is that there's still priority there, but because of the size of it there's going to be a mix moving forward and hybrid and 1C will still get reached out to, but not necessarily in that direct order. Is that a good way of understanding it?

Dr. Danny Avula: Well I think the people who have pre-registered as 1C will still get invites or should have already at this point. So if people haven't pre-registered, then they'll just fold in with the general population at this point.

But, yes, in most districts that have been in 1C or are moving over to 1C, they will get invites to appointments for the upcoming week.

Evan Watson: Thanks.

Dr. Danny Avula: You know, if there are folks in 1C who have not received an appointment yet, I would just have them, you know, go to the Web site, check their entry or call 1-877-VAX-IN-VA to double-check that their information is updated and accurate.

Coordinator: The next question is from Kate Masters with Virginia Mercury. Your line is now open.

Kate Maters: Thank you. Yes, I also had a question, you know, about sort of the clinics that are available right now and opening up to the general population by April 18.

I guess my question is given the vaccination is going so well, I'm wondering why Virginia won't authorize open pods or clinics, especially in areas, like some parts of the Hampton Roads region where health officials are saying they're actually running out of people who have pre-registered in the state system.

Dr. Danny Avula: Yes. I don't think it's - well the question around open pods, it is open to anybody who wants to sign up. And so it's open eligibility to anybody at this point, you know, as of Sunday in Norfolk that will be the case.

The concern is by not having a regulator of, like, a registration process, what you'll see is what we saw in Danville last week or, you know, what we've seen in sort of some of the border states where people will just rush in to get vaccinated, kind of out of turn for more vulnerable populations in other parts of the state who don't have access to transportation and who don't have the same ability to, you know, get in the car and drive down to Norfolk to go to an open pod.

So I think the goal is really to ensure that, you know, we're preventing that to the degree that we can. That we're not further, you know, hamstringing vulnerable populations with access.

So I think that the registration process is a way to - yes, to regulate that. And we probably will get to a point, you know, further along as people - like because we know that open registration is actually helpful for some vulnerable populations because not everybody is going to signup through a Web site.

And so we're using a lot of different strategies to create access. So for example, I think I showed this last week, but Prince William's Community Vaccination Center is reserving 200 slots a day for just street level outreach.

So there's a contractor team called Elite that's working with the local health department and working with partners all over Prince William County. And they are kind of manually registering folks who wouldn't go through the state system.

We also anticipate that, you know, as we have some more of these community vaccination resources that are doing the large scale mass vaccination, health departments can pivot and do more of the, you know, targeted efforts in vulnerable communities that can go to, you know, predominantly non-English speaking communities and leverage the relationships that are on the ground there.

So I think we've got to use a bunch of strategies to help get folks vaccinated. But that's the primary reason we're not doing that on our mass vaccination sites yet.

Kate Masters: Okay. And one follow-up not necessarily related. But when you look at the state's demographic information for vaccination, you still see that based on the data that's available, you know, white people are almost 70% of those who have been vaccinated in Virginia.

So I was wondering, big picture, if VDH had an idea of why that was and even, you know, why if we have such a focus on equity, we're not reaching other races in demographics.

Dr. Danny Avula: Yes. I mean, it's clearly a front and center issue for us. I mean, when you look at our dashboards and we look - so we do weekly checkpoints with all of the health districts. We have specific equity targets that are set around the demographics that are in their community.

And I think we just recognize that it takes different strategies to provide access to non-English speaking populations, to, you know, non-IT savvy populations, to, you know, the African American communities who may have some hesitancy about signing up through a pre-registration system.

So, you know, I think our statewide data is about 14% of our vaccinated population is African American. About, not quite 8% of our vaccinated population is Latino.

So, yes, a little bit short. I think our African American population in the state is 19% and our Latino is 8% or 9%. We're just shy there.

But, yes, I really just think it's going to be more and more work on the ground in communities. And we need to recognize that that is harder work and it takes more resources. And so that's what we need to shift to if we're going to meet those targets.

Coordinator: Our next question is from Brett Hall from WAVY-TV 10. Your line is now open.

Brett Hall: Hey, Dr. Avula. So a question about the pre-registration lists. I know last week you said that there wasn't nearly enough. There was a million short to reach herd immunity once everybody is able to be vaccinated. Is that still the case?

Dr. Danny Avula: Sorry, Brett. Repeat the question. I'm not sure - so I think what I said and what still stands is that we will get to the population who wants the vaccine pretty easily by the end of May, right? Like there's going to be 60% of our state who wants to get vaccinated and they're just going to show up.

It's that last 10% to 15% that is going to take more work. You know, there's actually a great survey that came out a couple days ago by The Kaiser Family Foundation. I've mentioned it here before.

But they do this longitudinal survey that started back in December. And every month they check in with the population to try to figure out how is the interest in vaccine uptick moving.

And so as of March, 62% of the population has either already been vaccinated or wants to get vaccinated as soon as possible. So that's really exciting. I mean, we'll get pretty easily to that 62%.

There's a block of 17% who is still, you know, self-selecting into the wait and see category, 7% in the only if required and 13% in the definitely not.

So what that tells me, and, you know, it's not going to match perfectly and obviously there's going to be a lot of variation across the state, but what it tells me is that we're going to get to 60% to 65% pretty easily.

We're going to have 10% to 15% where we've got to do the harder work that I was just mentioning earlier to Kate's question about, you know, taking this into communities, lowering barriers to access.

And that is not just true for African American and Latino communities. You know, I think a lot of our vaccine hesitancy and vaccine resistance is actually in our rural communities.

And we're seeing that, you know, when we look at what's happened in Pennsylvania, in Danville, in Lynchburg, they're saturating their Phase 1 demand very, very quickly.

And so it really is going to - it's more than just bringing the vaccine and creating access. I mean, last week in Danville we shifted from a place - sort of a fixed place model at the Danville Mall to a satellite model where we would take, you know, 250 doses a day and go through different parts of Pittsylvania and the surrounding counties. And even then there were challenges in getting those clinics filled up.

And so I really do think that the work is much harder to get to that last 10% to 15%. And it means, you know, working through key leaders, through trusted individuals and communities.

It means by doing focus groups and studying venues for non-judgmental conversation about why people might not be interested in vaccination.

And for us to think, like, that's not going to take more work and more resources it's just not true like it is. And so I think when we continue to, you know, make sure that the capacity is there to vaccinate the masses and then start to shift our efforts to do this harder work, I'm hoping we can get to that last 10% to 15% by the end of the summer.

Brett Hall: And a quick follow-up, do you think there will be a point where, as you said, taking down the barriers of access the state goes, okay, Walgreens, Walmart, Kroger, forget about working off the pre-registration list. Just go through your own portals?

Dr. David Avula: Yes. Well most pharmacies are already doing that. We made that switch somewhere along the 1B where they were just open, eligible to anybody who qualified under 1B.

Sometimes if a pharmacy was doing a community-based vaccination event, they would work off of the pre-registration list. But by and large, pharmacies across the state were just open access through their schedulers for anybody who qualified in the 1B.

Again pharmacies will all be transitioning to 1C on February 11 and then transitioning to Phase 2 on - sorry, not February, on April 11 and then April 18 for Phase 2.

And so, you know, they will continue to work off those schedulers and be open access to those eligible tiers.

Brett Hall: Okay. I didn't know that happens. Thank you.

Dr. David Avula: You're welcome.

Coordinator: Our next question comes from Cameron Thompson with WTVR. Your line is now open.

Cameron Thompson: Sorry. I missed the mute button there. Dr. Avula, thank you for the time as always. Just to clarify what I think I - can you just first off repeat how many shipments of the Johnson & Johnson we're getting next week?

Dr. Danny Avula: Yes. So next week's Johnson & Johnson count is 124,000. And then I don't have the exact number on the pharmacy side, it's just over 100,000 J&J doses that are part of the federal retail pharmacy allocation.



Cameron Thompson: Yes. Yesterday you had said 200,000 and didn't do the split so I just wanted to make sure I didn't mishear anything.

And then the other question, you sort of talked about the lack of the decrease in the cases, that you would want to see sort of some blips and a plateau. What, if any, concerns are there as we move into Easter and spring break are there about seeing another sort of resurgence of cases?

Dr. Danny Avula: I think that's always the concern. I mean, when you look at the epi curve over the last year, every time we see a bump it's around those holiday gathering periods or those prime travel periods.

And so, you know, we know how it works, right? When you get with other people, you increase the risk of disease transmission. So I think the recommendations are - you know, the way we talked about this hasn't changed. We want to make sure that we are continuing to be careful.

Now what has changed is there are a lot more people who have been vaccinated and the CDC guidance around people who are fully vaccinated does allow for some more freedom.

So, for example, if you are fully vaccinated, so two full weeks after your dose series, you can spend time with a small group of folks who are also fully vaccinated without wearing masks and without socially distancing.

If you have been fully vaccinated and want to spend time with people who have not been vaccinated, if that's one household of individuals, that is within the recommendation.

So I do think there are - yes. There are just encouraging steps forward for people who are fully vaccinated. But for those who are not, we really want to be thoughtful and careful about these upcoming holiday events.

Cameron Thompson: Thank you.

Coordinator: Our next question comes from Elisha Sauers from the Virginia Pilot. Your line is now open.

Elisha Sauers: Hi, Dr. Avula.

Dr. Danny Avula: Hi, Elisha.

Elisha Sauers: I wanted to piggyback on that question about your comment earlier that we're not experiencing the downward trend that we had hoped for in cases. And how do we explain this to readers why this is occurring?

We have an aggressive, ramped-up vaccination campaign. Why are we not seeing that reflected in case numbers going down?

Dr. Danny Avula: Well we certainly are in certain subsets of the population, right? So when we look at case numbers and deaths in long-term care facilities as an example, there is a very dramatic decrease in cases and deaths there.

And they have really high vaccination rates thankfully. And I think there's some geographic variability to this. I was talking to a colleague in the southwest part of the state.

And it looks like based on their case investigations and contact tracing that it's the young adult population that's really driving transmission in their community.

So I think that some of it may be, and we'll see if this bears out, that the population that is least worried about COVID and hasn't yet been eligible until these next couple of weeks that, you know, they haven't been eligible to be vaccinated. And so that's why we're seeing spread.

So I think, you know, more to come on that. The other interesting thing as we think forward is if we're seeing COVID cases plateau but hospitalizations and deaths aren't really surging, then I don't know. I think that could lead us to a different set of recommendations as well.

And, frankly, like, when we look forward, there will be a point where, you know, the vulnerable population has been vaccinated. We have protected against the outcomes that we are most worried about in hospitalizations and deaths.

And that, you know, for young adults and children who get - you know, young children can't be vaccinated yet. If they get COVID, it is exceedingly rare for there to be any kind of serious consequence to that and that might just be our new normal moving forward.

And so I think it will be really interesting to watch over the next few weeks and months. Even if we have plateauing in case counts or an increase in case counts, how does that translate to hospitalizations and deaths?

Elisha Sauers: Okay. Thank you.

Coordinator: Our next question is from Amie Knowles with Dogwood. Your line is now open.

Amie Knowles: Hey, Dr. Avula. And thanks for taking our questions. Mine is actually about the Johnson & Johnson vaccine mix-up.

I was just wondering if you could go into some more detail about what happened with that, like, you know, if there was a mix-up in the recipe or if something was contaminated and then just how many doses might have been impacted there.

Dr. Danny Avula: Yes. As I understand it, the plant that was making, you know, that was mixing up these doses really, like, was mixing ingredients from different types of doses. So they weren't keeping track closely enough about what they should have been mixing for one type.

And I think it was the AstraZeneca. I can't remember. But whatever the mix of ingredients wasn't done correctly. So during the quality control process, they identified that the mix had not been done well.

So they took 15 million doses offline. And so I think that - you know, we've got to figure out are there other ways that Johnson & Johnson is going to be able to increase its production for the month of April.

I think their goal was 24 million doses for the month of April. At least that's what they have said that they'll still be able to deliver for the month of April.

And part of the way that they could do that is, you know, some of these recent partnerships. Johnson & Johnson paired up with Merck to be able to expand

its production capacity. I think there's one other, you know, connection with another pharmaceutical manufacturer.

So, you know, it's within the realm of possibilities that through those partnerships they're still able to ramp up enough to meet their production targets by the end of April. But I just don't know yet.

Amie Knowles: Awesome. Thank you so much.

Coordinator: Our next question is from Ben Dennis with WRIC. Your line is now open.

Ben Dennis: Hey there, Dr. Avula. A quick question about this open eligibility by the 18th. Have any health districts or pharmacies indicated they're not going to be ready for that date?

Dr. Danny Avula: No. We did a lot of homework upfront, Ben, to make sure that we could get there. And, you know, from the pharmacy standpoint, you know, pharmacies, I think, would always rather have open eligibility, right?

The more access they have to eligible individuals the more they can ensure that they can fill up their appointments. So I think this is really great news for the pharmacies.

I think where any concern might have arisen was just districts that were looking at their pre-registered Phase 1B and 1C list and saying, am I getting enough doses that I can actually get through this list by April 17.

And so what we've done over the last few weeks is project that out, try to estimate demand as best we can but also reallocate that demand. So Northern Virginia has received significant increases in doses. Peninsula has. Crater has.

So, you know, prior to making the decision to be able to move forward on April 18, we ensured that we would have the doses available to the districts that were, you know, uncertain before but now they have confidence that they can get through that population by April 17.

Ben Dennis: Sure enough. And one follow-up, how is VDH going to ensure that people are not jumping to health districts who have opened Phase 2 earlier than others, essentially going along and pre-registering and putting in a faulty home address?

Dr. Danny Avula: That's a good question. I mean, obviously our strategy to limit that is using a pre-registration system. I think, you know, one of the things I was talking with the local health districts earlier today is do we want to require a proof of residence?

And, you know, there are pluses and minuses to that. The plus is that you can be assured and particularly in localities where they are expending local resources to scale-up vaccination that might be the preferred pathway.

The minus is it creates another barrier for access for, you know, lower income populations. And so I think we're going to have to continue to think through that with the districts.

I mean, at every step of this process anybody could have been disingenuous in terms of what they've put in the pre-registration process. And we just hope that that's a minority of people and not a majority.

Ben Dennis: So just to clarify though. That is something that's being considered, showing proof of residency?

Dr. Danny Avula: Yes. Again, I mean, I'm not sure. I think our districts feel like they would rather do that. There are districts who feel that raises too many barriers and creates an administrative hurdle. So I think we've still got to work it out.

Now the CDC does allow that flexibility. And the CDC's language, despite the fact that these are, you know, federally funded vaccines and they are a public good, there is language from the CDC that says, you know, if the locality wants to place restrictions, they have to do so with the public health good.

And I think ensuring equity would be an example of a public health good that the CDC would be supportive of, you know, requiring a proof of residence around and geographic equity in that case.

Ben Dennis: Fair enough. Thank you.

Coordinator: The next question is from Jill Palermo with Prince William Times. Your line is now open.

Jill Palermo: Hi, there. Thank you, Dr. Avula, for taking our questions. My question has to do specifically with Prince William. We're still today on Groups 1A and 1B, I'm told.

So I wonder, could you tell us what are the specific criteria that health districts must meet in order to move to 1C or even to open up to Phase 2, you know, prior to April 18?

Dr. Danny Avula: Yes. When we set the criteria for the 1B to 1C transition, it was basically if your appointments, if you go through three or more days where your

appointments aren't filling out at 90% or greater, and then the other criteria was you have invited all of the 1B pre-registered individuals on your list.

So I think Prince William is just about there. I would anticipate a move this coming week. I know that, especially in that Gander Mountain site, that we have definitely opened up to 1C registrants.

Our protocol, again, is when we have a tiered eligibility system, we invite anybody who is currently eligible. And if we have spaces that have not been filled, we move down to the next tier of eligibility.

So I know that that has happened in Prince William. I think they're just about there.

Jill Palermo: Okay. Clarifying question. So you're saying that as far as you know, they have moved to 1C because they're telling me they have not.

Dr. Danny Avula: No, no, no, no. No. I'm saying that in some of their clinics they have started to invite 1C individuals because they haven't filled them up with 1B individuals.

So, you know, with all of our clinics across the state, we start with whoever is eligible, right? We invite all of the people who are in 1B. And if we get to a point where those clinics aren't filling up, then we basically, you know, sort of - it's the same concept as a wait list. We go down to the 1C list and start to invite people off of that.

So I know that that's happened in Prince William County. They have not made a formal move to 1C, but I anticipate it happening soon.



Jill Palermo: Okay. And then can I ask another question? I've noticed that our 20 somethings are really, you know, their numbers are higher in terms of new infections than any of the other groups.

And so I wondered, the rate of infection among our 20 somethings, is that something that we're concerned about and is that why we're pushing to get to Phase 2 as quickly as possible? I wonder if you could speak to that.

Dr. Danny Avula: Yes. I'm definitely concerned about that because while I'm not concerned about serious side effects of COVID or serious consequences of COVID in that population, we do know they are vectors of transmission, right? They're driving COVID in many communities.

And so is that a reason for pushing to open eligibility? No. I mean, the main reason we're pushing to open eligibility is that we're working through our Phase 1 lists.

And so, you know, in most parts of the state, you know, they are already at a place where they're - you know, yes, they're ready to move on to open eligibility.

And that doesn't mean that they're not going to continue to do the harder work to get to some of those 1B and 1C populations that didn't pre-register because we've got to recognize that there are lots of people who are not going to use a state Web site to sign-up.

And so it doesn't mean that we're now no longer vaccinating Phase 1. It just means that we're opening up the number of people who - there's a dual benefit, right? Like the more people that are vaccinated, the better it is for the community from a disease transmission standpoint.

So, yes, I'm concerned about 20 somethings as vectors. I think it is wise for us to, you know, try to get as many folks vaccinated as quickly as possible and certainly moving to Phase 2 helps us do that.

Jill Palermo: Thank you.

Coordinator: Our next question is from Heather Curtis with WMAL Radio. Your line is now open.

Jill Curtis: Hi, Dr. Avula. Last week you said the state was reallocating doses to places with the most demand. And today you said there has been a significant increase in doses to some of those places.

What percentage increase is it in Northern Virginia. Are we at the 20% to 30% yet?

Dr. Danny Avula: Let's see. I just sent a summary to some of the local government leaders. And I can just kind of give you these numbers.

So for the Northern Virginia Health Districts if I look back to March 14, the total doses allocated, and this does not include retail pharmacy, but it was 102,490 doses -- and I can send this to you in an email too but -- 132,000 doses the week of March 21 and then 145,000 doses the week of March 28 and I will need to pull together the numbers for this upcoming week. But, yes, I don't know if you just want to reach out to the PIO and get connected to me, I can send you a follow-up on that.

Heather Curtis: Okay. Great. Thank you.

Coordinator: The next question is from Caleb Perhne with WCYB. Your line is now open.

Caleb Perhne: Hello, sir. I wanted to ask you about the state's 75% goal with herd immunity. I've seen all kinds of numbers across the board in every which direction about what the herd immunity level was.

Is there, I guess, new research that leads you guys to that number or is it just a best guess since we don't have anything to pin the dose on?

Dr. Danny Avula: Yes. It's the latter. I mean, 75% has just always been - you know, given the contagiousness of COVID and we judge that off of a specific called R-naught, the number of people, if you have one case of COVID, the number of people that they would go in and infect.

And so as we look at other disease states with similar R-naughts, you know, our past experience would tell us that it's somewhere between 70% and 80% is what our herd immunity goal is.

And so, you know, you've heard this at the national level and we just adopted that at the state level, which is, you know, we'll shoot for 75%. I think that clearly there will be parts of the state where we fall far shy of that.

But there will be parts of the state where we really exceed that. And so, you know, the goal is that especially in our more densely populated areas that number is higher and higher.

Caleb Perhne: Thank you, sir.

Coordinator: The next question is from Heather Graf with ABC7. Your line is now open.

Heather Graf: Hi, Dr. Avula. Thank you for doing this again. I wanted to follow-up on the allocation of more vaccine to Northern Virginia. And I would also love if you or Melissa could send me the numbers you just mentioned as it relates to Northern Virginia.

But I also wanted to know, I mean, can you just give us a sense of kind of the conversation you're having with Northern Virginia leaders? We're hearing that some of the Northern Virginia counties are getting close to starting 1C.

I was just curious kind of what you're hearing from them and then if you could speak to, you know, do you feel like Northern Virginia is making progress in the supply better meeting the demand in this highly populous region?

Dr. Danny Avula: Yes. No doubt. I mean, I think, you know, when I talk about making sure that we're committed to getting districts the allocation they need to progress to Phase 2 by April 18, I mean, I think Northern Virginia is probably the biggest example, right, just because you guys have so many people and relatively increased demand. You know, there's a much higher percentage of people who actually want to get vaccinated.

And I think this will be good learning for us as we shift into Phase 2 on April 18 is that, you know, we'll work off of the base of a per capita distribution model, but we really need to follow demand.

And, you know, Phase 1 was really about individual risk, right? Like we know the 65 and up population, we know that the 16 to 64 population with underlying conditions, they have higher individual risks of hospitalization and death.

Phase 2 is really about herd immunity. And so the more people that we can get vaccinated the faster, that's going to be better for everybody.

And so, yes, I think we'll start in that first week of Phase 2 with a per capita distribution and then we'll really pretty rapidly start to shift vaccine to places that have higher demand.

You know, to answer your question, I think, you know, we've seen, and I guess this was maybe to the other's question earlier, but, like, yes, we've seen a 45% increase in the number of doses that have gone there from the week of March 14 to the week of March 28 and then there will be another big jump this week.

And, yes, I think we are both maxing out the health department capacity and then using the other channels that exist up there. The Inova sites, for example, they started this week with, I think, a total of 21,000 doses and we'll see if we can increase that capacity there next week.

So, yes, I don't have any concerns about them getting to Phase 2 by that April 17th date.

Heather Graf: Great. Thank you. And if I could just quickly ask one other follow-up question on the pharmacies. So you said pharmacies would open to 1C on April 11. Will that be pharmacies in Northern Virginia as well?

Dr. Danny Avula: Yes. I mean, I really expect every district to be in 1C by that time, which is why we set that as kind of the outer goal for pharmacies. I mean, it's possible that they could do it sooner.

There are just a few administrative things that need to happen, right, like the pharmacies need to update their schedulers and change their process a little bit. So we just felt like it was easier to give them a hard date to plan around.

So, yes. I think everybody will definitely be in 1C by April 11, which is why we set that date for pharmacies and then obviously everyone will be in Phase 2 by April 18.

Heather Graf: Thank you so much.

Coordinator: The next question is from Bill Atkinson from the Progress Index, Petersburg. Your line is now open.

Bill Atkinson: Thank you very much, Dr. Avula. Thank you for your time today. My first question, it pertains to the number of shots that are being administered in the Crater Health District, you know, that for sometime they've been claiming to be the poster child of underserved communities.

But I know that like over the last couple of weeks Virginia State University has been averaging about 20,000 shots a week.

How comfortable are you in the idea that underserved or underperforming districts like Crater Health will be close to the goal where you think they should be right now?

Dr. Danny Avula: I think, you know, those vaccination rates and really vaccination capacity are the things that have led us to make some of the decisions about where those community vaccination centers are going, right?

I mean, VSU is a case in point of where we knew we needed additional capacity to serve that Petersburg area. And it has made a massive difference.

And I think, you know, some of this, you know, when we look at vaccination rates, some of it is not necessarily about, you know, do they have access to vaccine or not because we're already seeing places where the demand is dropping off.

And I don't know well enough if that's the case in Prince George or Dinwiddie or Suffolk, which are some places that, you know, have slightly lower vaccination rates.

But, yes. So we are continuing to work with every district making sure that we're adding capacity where they need it. So we have a bunch of new options. The CVCs are one option, but we also are using some of this FEMA funding to come up with mobile vaccination contractors.

And so that contracting with the mobile vendor should be done by next week. And that will bring just another tool in the toolbox for the Crater Health District to say, okay, here's 500 doses. Go out and do a mobile clinic in Surry.

So we are watching this very carefully. We are bringing alongside additional resources for the folks that need more vaccination capacity and really just want to get everyone across that finish line sometime this summer.

Bill Atkinson: My follow-up would be pertaining to the capacity at Virginia State University, right now they're doing about 3,000 shots a day. They say they have the capacity to do as much as 6,000 shots a day. Do you foresee Virginia State reaching that goal?

Dr. Danny Avula: Yes. I think that is more dependent on allocation than it is capacity. So they definitely can. And actually next week we'll be shifting into second doses.

So we really will need to look at sooner than later can we allocate more first doses and scale up the capacity because, you know, 3,000 doses for the next week or so are all of the second doses that correspond to three weeks ago.

So I think there will be a window of time where they scale up staff and they're doing somewhere between 4,000 and 6,000 doses a day. And then when they get through that round of second doses, then, you know, we'll just have to assess demand at that point and decide whether it makes sense to continue having that operation operate at that capacity.

You know, the contract with FEMA, you know, we have to be there for a certain number of days. And we'll just have to watch it carefully and give them 72 hours' notice if we're going to scale down or if we need to scale up.

So, yes, I think it's possible we get to 6,000. I think it really depends on demand.

Bill Atkinson: Thank you, sir.

Coordinator: The next question is from Mark Spain, WSET. Your line is now open.

Mark Spain: Thank you. Good afternoon, Dr. Avula.

Dr. Danny Avula: Hi, Mark.



Mark Spain: My question is about J&J. When you have a problem in a vaccine like with J&J, 15 million doses out, it causes some folks to pause about getting vaccinated because it's taking over the headlines.

How do you combat that kind of vaccine hesitancy, especially in minority communities?

Dr. Danny Avula: Yes. I mean, I think with this particular situation, I mean, while obviously it's concerning that that happened, what is really reassuring is that they caught it, right? Is that the quality control process worked exactly the way it was supposed to.

They identified a vaccine that was mixed incorrectly and they pulled it offline. And so, you know, on one hand, 15 million doses is a lot of doses. But the fact that they were willing to do the right thing to pull it offline and not risk any harm to anybody should be a reassurance in the system doing what it was designed to do.

Beyond that, I think it is just the continued work of, you know, using your trusted leaders in communities to vouch for a vaccine.

I've probably given this example a couple of times to this group, but Dr. Rob Winn, who is the Massey Cancer Center director, you know, for almost a year has been meeting every Friday with about 100 plus African American pastors in the Greater Richmond area.

And so by cultivating that relationship, by providing them with data, by helping them understand the clinical trial process, you know, he has an army of folks who are going to bat for vaccine, who want to be vaccinated on camera, who want to bring vaccination to their churches.

So I think that's one really good example of where you leverage, you know, individuals of influence and networks.

But I will also say that has not - we worried a lot about vaccine hesitancy with the Johnson & Johnson product. That's why, if you remember at the beginning of March, we were very careful to roll out J&J only in mass vaccination settings. We really didn't want the sense that we would be targeting certain groups or certain subpopulations with a certain type of vaccine.

But what we've seen over the month of March is that the demand for the one dose really outstrips any concern about it. And, yes, by and large people have said I would much rather have one dose than two but for no other reason than the convenience of it.

Mark Spain: All right. Thank you.

Coordinator: The next question is from Sabrina Moreno with Richmond Times Dispatch. Your line is open.

Sabrina Moreno: Hi. Thank you so much. This is reverting back to one of the questions asked earlier. And I wanted to ask a quick follow-up and I know that it overlaps the proof of residency.

Is there any consideration of maybe restricting where someone can access the vaccine? I know it's difficult especially with the federal registration system actually offering appointments for 50 to 100 miles out.

Yes. I was wondering what is the ability of doing that when we're talking about equity and having people access vaccines in their places?

Dr. Danny Avula: Yes, Sabrina, we don't have any ability to control that in pharmacies because, you know, they're getting their federal allocation. You know, their directive is to vaccinate anybody and everybody.

And so I think, you know, when you go to [vaccinefinder.org](https://vaccinefinder.org) and you look up, you know, a place within 5 miles or 10 miles or 50 miles, I think you're just going to have people who are willing to travel to get vaccinated through those pathways.

I do think that's the reason we are trying to, you know, regulate the input more on health department run clinics. So, you know, between now and April 18, really working off of the pre-registry. And then beyond April 18, you know, thinking through how do we minimize vaccine tourism and how do we make sure that folks in the appropriate localities are getting vaccinated.

But I also think that the more targeted work of health departments is really important here, right? Or it's not necessarily just health departments but also, you know, these mobile vaccination efforts. Like, the pharmacies have done so many community based events in churches or in neighborhoods.

And so I think that part of our ongoing strategy has to be a commitment to the more sort of neighborhood closed pod concepts, right? Well, sorry, I shouldn't use the closed pod terminology. Where you go into a neighborhood and you create access for the residents of that neighborhood. So hopefully that answers the question.

Sabrina Moreno: Yes. And I just have a quick unrelated follow-up. You know, there are still higher risk residents or older residents who have pre-registered. You know, they've gone through the process and still have not received a signup link.

But as we're seeing, you know, eligibility widen and we're seeing more people kind of funnel through, how is that still happening especially with what you spoke about last week about the weighting of pre-registration lists?

Yes. Kind of how is that still happening where people who might have been in the first two phases still can't get a dose but others who just opened in the space are able to?

Dr. Danny Avula: Yes. I mean, I think the message there, like, if you had signed up in one of those eligibility tiers and you have not received an invitation then go ahead and signup again.

And in these, you know, last few days, I mean, if you go and signup right now, you will get an appointment in the next week or so in almost every part of the state.

So I think it really is going to be if you have not received an invitation, it either went to your spam mail or you missed a phone call or, you know, the information wasn't inputted correctly in the first place.

And then many places, like many districts have, Richmond City and Henrico for example, have just created a direct pathway for any seniors. So if you go to rchd.com, you'll see you can just call their call center directly and they'll slot you into an appointment so.

Yes, just because we're moving on does not mean that we are no longer vaccinating Phase 1. We're still super committed to vaccinating the higher risk individuals.

Sabrina Moreno: Thank you so much.

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

Coordinator: Our final question for today is from Tom Lappas with The Henrico Citizen. Your line is now open.

Tom Lappas: Hi, Danny. I was just wondering if you could clarify a little bit about the - you said, I think, 65% of the population is what you expect to be vaccinated by the end of May. Is that of the adult population or the entire state population, including children, who...

((Crosstalk))

Dr. Danny Avula: Yes. Sorry, Tom. Definitely the adult population. I mean, all of our goals and targets have been set around the adult population because that's who is eligible to be vaccinated.

And it does get a little confusing because when you go to the VDH Web site and you look at the vaccination rates on our summary page, you know, those are all - the denominator in all of those rates is the total population.

So the reason we've done that is that's what the CDC uses. And so for comparability across states and territories, we've used total population as the denominator.

But you're right that, you know, when you actually think about the adult population numbers, these will bump up a little bit.

Tom Lappas: Great. Thank you for clarifying.

Dr. Danny Avula: Yes. No problem, Tom.

Melissa Gordon: And I want to thank everybody for joining our call today. There will be an audio recording posted on the VDH Web site as well as a written transcript. You will be able to access these documents at [vdh.virginia.gov/coronavirus/media-room](http://vdh.virginia.gov/coronavirus/media-room). Once again, if we were unable to answer your question today, please email them to the VDH Communications Office. Thank you.

Coordinator: This concludes today's call. Thank you for your participation. You may disconnect at this time.

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