

**Virginia Department of Health Tele-Press Conference on
Virginia's COVID-19 Vaccine Developments
Moderator: Melissa Gordon
April 9, 2021, 3:00 pm**

Coordinator: Welcome and thank you for standing by. At this time all participants will be on listen-only until the question-and-answer session of today's conference, at that time you may press Star 1 to ask a question. Today's conference is being recorded if you have any objections please disconnect at this time. I'd now like to turn the meeting over to your host Melissa Gordan, ma'am you may begin.

Melissa Gordan: Hi, good afternoon and thank you for joining our call today. My name is Melissa Gordan and I'm a Public Information Officer for the Virginia Department of Health Office of Communication.

Today we're 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. I will start with kind of the biggest news of the week which was the big drop in Johnson & Johnson allocation for this upcoming week.

This week the week of the, I guess the 5th, we actually have a large amount of Johnson & Johnson vaccine come into Virginia. So through our state allocation we got 124,000 doses and then a similarly large amount coming through the Federal Pharmacy Program about 150,000 doses, a little bit north of that. So a lot of vaccine came into Virginia this week.

You know, we saw some of our highest output numbers at any point over the course of this week and really it was that that allowed us to confidently move to that - the decision to go to Phase 2 by April 18. And if you look at our map everybody is in Phase 1C and most people will be moving to Phase 2A by the end of this week or early next week and then we'll have a couple of districts that get into Phase 2 at the end of next week.

So the news for next week is not as good and so our state allocation went from 124,000 this week to 14,800 doses for the week of the 12th. And then a similar scope of reduction for the retail pharmacy, about 13,100 doses of Johnson & Johnson coming into the Federal Pharmacy Program. So, you know, that's about 1/10 or so of what we were hoping for and expecting to receive. We heard that news earlier this week and have been making some adjustments to both of our projections and really thinking about what implications does this have for our path forward.

And I think really two things it doesn't change the pace at which we can move into Phase 2, we will all be able to do that by April 18, but it does slow the pace of our progression once we've opened up into Phase 2 right. You

know, having 100,000 fewer doses than we were expecting does limit the total number of appointments.

And so I think it's really important for people to understand that when we all collectively move into Phase 2 on April 18 that doesn't mean that you'll be able to get vaccinated within 24 hours or it doesn't really even mean that you'll be able to make an appointment necessarily within 24 but I do want to reassure everyone that based on the anticipated delivery schedule, the production schedule for Moderna, Pfizer and Johnson & Johnson and our projected demand that everybody who wants to be vaccinated will still have the chance to do that by the end of May, at least for a first dose. We still feel really confident about that timeline.

And so the take home message I think for the general public who come in to become eligible April 18 is that an appointment may not be available immediately but you will have the chance to be vaccinated by the end of May so just a few short weeks from the time that we're all progressing to Phase 2.

So that's the first implication of the Johnson & Johnson shortage for next week. The second really is specific to our plans for universities and colleges. We've been doing a lot of work with our institutions of higher education to set up and sequence the vaccination clinics for them as their districts move into Phase 2 and as we try to vaccinate college students before they leave for the summer.

And so we have a spreadsheet that kind of maps out the last day of classes, the graduation dates and the anticipated uptake of vaccine by the student population and all of those institutions. And so the shortage in Johnson & Johnson for next week does mean that some of the higher ed institutions that

were planning on starting student vaccination next week will have to push that back by a week or so.

There are still a small number of institutions that, you know, based on their last day of classes that we will still prioritize with the small amount of Johnson & Johnson that we're receiving next week but it does push back the pace that we can move through those institutes of higher education.

So those were the main two consequences of the Johnson & Johnson shortage. I'll just kind of run through the overall allocations for us for next week. So this is our state allocation and these numbers for Moderna and Pfizer have really been pretty steady. They may increase by, you know, 1000 here and there but these numbers have been fairly consistent for the last month and we're told by the federal government that these will be, you know, kind of the plateau number that we can expect moving forward.

So this coming week that's 117,000 first doses of Pfizer, 140,000 second doses. And then for Moderna that's 86,000 first doses and 82,000 second doses. And then again our Johnson & Johnson allocation for next week is 14,800. So, you know, still a good number of doses that are coming in, a large number of second doses that will be coming in corresponding to our vaccination from three and four weeks ago and then a total of just about, sorry, 220,000 first doses across Moderna, Pfizer and Johnson & Johnson.

Maybe I'll just make a few comments about our progression into Phase 2 and then I'll open it up for questions. So, you know, as you all know a number of districts went into Phase 2 starting this past Sunday. We expect more today and early next week and everybody will be there by April 18.

What we anticipate on April 18 is that we will have as many open clinics scheduled so that when we all move into Phase 2 people can go to vaccinate.virginia.gov where they can call the call center at 877-VAX-IN-VA and be navigated to appointments. So what we've asked our health departments and our pharmacy partners and our health system partners to do is to try to open up appointments as far in advance as possible.

So ideally we'd love to have about a three to four week runway of appointments. The fluctuation in Johnson & Johnson allocation does that make that a little bit more challenging but we know the number of first doses we'll be receiving from Modern and Pfizer for that period of time and so we'll at least be able to map out the first dose appointments with that portion of the allocation.

The more appointments we have open the more, you know, when we get to April 18 the more people can be navigated into those open appointments and there are some operational challenges to that. You know, there's likely going to be hesitancy on the part of various providers to push out appointments too far in advance because what we know will happen is that people may make an appointment, they will continue to shop and try to find an earlier appointment and then won't go back and cancel that other appointment.

And so there are challenges from a, you know, just figure appointment cancellations and overbooking. And so likely what'll happen is that they'll roll out about a week or two at a time and as soon as those appointments fill out they'll roll out the following week. But really the goal and the intent is to have as many slots available for the general population once they all become eligible on April 18.

This will primarily happen, you know, the vaccinate.virginia.gov will still be our front door and we will direct folks to vaccinefinder.org. And the Vaccine Finder is the Web site that the CDC has set up. If you go to vaccinefinder.org today you will actually see a number of pharmacies who are already loaded up on that site and you put in your zip code, you can put in a 5, 10 or 15 mile radius and it tells you all of the places that have available appointments.

So what that will look like beyond April 18 is it won't just be pharmacies but it'll also include health department clinics and other provider types. So that is the plan and really we'll try to continue to open up appointments as quickly as possible so that people have a place to land.

I think again though the message really to the general public is that appointment availability particularly in some of our higher demand communities but to keep coming back, you know, every few days because we expect more appointments to open up and really that take home message that by the end of May there will be enough supply and enough appointments for everybody who wants to get vaccinated. All right I'll take some questions.

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

Please remember to limit your inquiries to one question and one follow up question per person to allow time for everyone. Now we'll begin the Q&A portion of today's call, operator.

Coordinator: Thank you we'll now begin the question and answer session. If you would like to ask a question please press Star 1. You will be prompted to record your name so please be sure to unmute your phone.

Once again if you would like to ask a question please press Star 1. You may withdraw your question at any time by pressing Star 2. And our first question comes from (Alicia Scowers) with Virginia Pilot, your line is open please go ahead.

(Alicia Scowers): Hi Dr. Avula.

Dr. Danny Avula: Hi (Alicia).

(Alicia Scowers): I wanted to ask about the issues at some of the vaccination sites in the Raleigh area in North Carolina. You know, we heard there were a number of cases of individuals who had fainting or dizziness after their vaccination and I think they held back on the rest of the clinic because of that and I'm just wondering has there been any cause in terms of using what is available of Johnson & Johnson right now while that's being investigated or looked into more?

Dr. Danny Avula: Yes I - so I guess just to fill in some of the details, at least the ones that I know, you know, there are a couple of clinics both in North Carolina and also in Colorado where the clinical officer on site felt like there

was a higher number of side effects than they were used to seeing and so, you know, I think when things like that happen it certainly raises concerns.

And so typically what happens is that the clinical officer will get in touch with both the CDC and the manufacturer just to report that and it sounds like in this case they decided to just pause on any further administration in case there was something wrong with that batch of vaccine. But, you know, so far as I can tell as I read the reports it sounds like the CDC did investigate. They didn't see any concerns and have asked those clinics to open back up and to continue administration of that lot of Johnson & Johnson vaccine.

So, you know, we will certainly continue to listen for any new developments but, you know, I think at the end of the day 12 or so folks who had dizziness and nausea doesn't seem so out of the ordinary. But I can understand from the perspective of, you know, a clinical officer on the ground who's monitoring that and saying, huh is something out of the ordinary here which is - so I totally understand the reason for the pause. I think they did all the right things to follow up with the CDC and to look into it further and so far they haven't found any reasons to not continue using that lot.

(Alicia Scowers): Thank you.

Coordinator: Our next question comes from (Kevin Jones) with WFIR Radio, please go ahead your line is open.

(Kevin Jones): Hi there Dr. Avula, appreciate what you're doing for us each week. As the Roanoke and Allegheny health districts went to the first day of Phase 2 this week they sent out a notice that morning that hey, we've got lots of openings, why don't you all - anyone who wants to go to our

Facebook page and sign up now. I'm just curious if you're - is that reflective of a greater pattern statewide where as you do go to Phase 2 in some cases for whatever reason the spaces aren't all taken yet and if that is the case why is that the case?

Dr. Danny Avula: Yes (Kevin) it's an interesting question and I think we need a few more days to see what the demand patterns look like. I think - and we're going to see a lot of variability around the state right.

I have no doubt that when we move into Phase 2 that demand will really continue to be high in places like, you know, across Northern Virginia, the Blue Ridge health district, Charlottesville and the surrounding areas, the Richmond area. But what we have seen in some of our more rural areas, and I wouldn't necessarily put Roanoke in this category, but in some of our more rural districts the transition to Phase 2 has not been met with a crush of demand.

And so it will be interesting to see in Roanoke and some other areas of the state if now that they're in Phase 2 is this just the, like, the word needs to get out, the word needs a few days to get out so that people can start open enrolling into clinics because we have also changed, you know, come April 18 we will be changing the process where people go in and can open schedule into appointments as opposed to the preregistration system that we have been using.

So I think it's a little bit of waiting and seeing here. I, yes, I - so the one thing I will say is that the national data on multiple different surveys does really seem to affirm that residents of more rural areas have lower uptake

rates, that there are fewer people who actually want to be vaccinated in those communities.

And I think as I shared some with you all last week, you know, we will get to a point sooner than later in some districts where the approach to vaccination changes right. It's no longer just making the vaccine available but it's really addressing the underlying reasons for skepticism or deliberation or hesitancy as the case may be.

And so I see some of our health departments already beginning that pivot to increasing access to vaccine by going out into rural communities, by going into neighborhoods and doing open access clinics in those neighborhoods. But there will also need to be this accompanying outreach, the work of, you know, using trusted individuals in communities, elected officials, state leaders, you know, people to understand and vouch for the vaccine.

Because yes I think in every community we're going to get to a point where we've been able to meet the demand of the low hanging fruit, the folks who want to be vaccinated and then we're really going to have to work harder to get that remaining 10, 15 and in some communities it's going to be a higher percentage of people that don't want it.

So I think the jury's still out in Roanoke. I'd like to see what happens over the next few days and know whether it's just a marketing issue or whether we're really seeing the peak of demand there.

Coordinator: Okay our next question comes from (Kate Masters) of the Virginia Mercury, your line is open please go ahead.

(Kate Masters): Thanks so much, my question was just related to the policy or I guess procedure of booking appointments after April 18. I'm wondering is there going to be any way to sign up for appointments other than scheduling online because it seems like, you know, we've kind of already known that that is restrictive for a lot of people who might, you know, not have access to the Internet, might not be as computer literate, you know, might not have the devices that make those sign ups accessible.

Dr. Danny Avula: Yes (Kate) so the state call center will definitely still be accessible for everyone and the folks in the call center are training on the multiple ways that these appointments are being scheduled currently. So that will definitely still be an option for people to call 877-VAX-IN-VA and to have an agent walk them through and help them get scheduled.

Now the other thing that I see happening more and more as we get into May and June is the work that health departments are doing to, you know, go in and do mobile clinics and to do, you know, some more of the more accessible onsite walk-up registration, you know, I think that will happen more and more.

We also are in the final stages of contracting, you know, through our FEMA dollars to be able to support mobile vendors to come alongside health departments and do, you know, one-off events in different parts of the community.

So I think we definitely recognize there is, you know, large numbers of people who aren't going to register through our Web site and who need other ways to get access to vaccine and I think health departments are already doing

some of that work and then we'll have this contactable mobile option hopefully towards the end of next week.

(Kate Masters): Yes and following up on that, you know, I guess I'm wondering why those efforts, you know, in terms of mobile clinics and in terms of really active outreach and communications with the community, like, why hasn't that been done sooner or throughout the vaccine rollout? And I mean do you think that has any intersection with the real emphasis to just get shots into arms as quickly as possible?

Dr. Danny Avula: I think our goal, you know, and even our language around this from the beginning of the rollout has been that we have to do both right. We have to get people vaccinated as quickly as possible but we also have to address some of the access issues.

And I think if you look around the state there are really good examples of both of those things happening right, there are mass vaccination clinics but there are also mobile efforts. And, you know, I'm most familiar with what's happening here in the Richmond area and I think the local health department has really done a phenomenal job of sending mobile teams into senior apartment complexes, into different neighborhoods and doing the smaller scale work to increase access.

I think our pharmacies have been amazing partners in this right. So in addition to the in-the-store work that they're doing through the federal retail allocation we've had so many pharmacies be willing to come out and do community-based vaccination events, to partner with the church or to go out to a neighborhood and do a smaller event.

So I don't see it that way at all. I think we really have committed to both of these on parallel paths. You know, obviously the imperative to get as many people vaccinated as quickly as possible from a disease transmission standpoint has been a real priority and I think that we'll continue to be invested in that through the month of May as we get through the large demand.

And then I think, you know, to the vaccine hesitancy issue I think the end of May and June is where we start to shift a lot more vaccine out to private providers because we do know that, like, private primary care docs and nurses have tremendous influence over vaccine hesitant patients and so for those patients who are on the fence having the ability to talk to their provider who they have a relationship with will hopefully help us, you know, get to that last 10 to 15%.

And so I think our strategy will shift more and more to that in June and why didn't that happen sooner, really because of, you know, limited supply. You know, we really did need to prioritize venues where we can get through as many people as possible as quickly as possible.

(Kate Masters): Great thank you.

Coordinator: Thank you our next question comes from (Cameron Thompson) of WTVR-CBS 6, your line is open please go ahead.

(Cameron Thompson): Hi Dr. Avula, not sure if this would be something you could answer but just sort of building off of just all these variants and just the efficacy of the vaccines, can you share with us how many numbers of

vaccine breakthrough there have been so far and, you know, which vaccines and which variants can be attributed to if any?

Dr. Danny Avula: Yes I don't have that information for Virginia yet. I can tell you that, you know, nationally we are seeing a big increase in circulating variants. Last week I think I reported we're about - overall the variants make up about 30% and the B117, the UK variant was about 10%. That number this week is up to 27%, the B117 is comprising about 27% of our country's cases.

So it is definitely the largest or the most frequently occurring variant and our overall number of variants is now in the 40 to 50% range. So that's concerning that we're seeing more and more variants spread.

We are seeing that the vaccines do appear to be effective especially against the B117 and then also this past week, I can't remember if we talked about this last Friday or not, but Pfizer sent out a press release about a smaller study in South Africa where they had looked at a group of 800 people who received the Pfizer vaccine and found it to be 100% effective in an area of the world where that B1351 variant was dominant.

So still have not seen that vetted by the federal government here but at least some encouraging initial news about its efficacy against the B1351 variant because we hadn't really heard much about vaccine efficacy with the South African variant.

So I saw a headline out of Oregon earlier where of the 700,000 folks that they had vaccinated there were 168 breakthrough cases so a remarkably low number but I don't have that data for Virginia yet.

(Cameron Thompson): Thank you.

Coordinator: And next we'll go to (Brett Hall) with WAVY-TV 10, your line is open please go ahead.

(Brett Hall): Thank you very much Dr. Avula. So the - I believe that's new information you're giving us about the state's preregistration platform changing into a scheduling platform. I know in Norfolk the FEMA site is kind of not requiring people to register now or you can register day of, is that something you also see happening after April 18 that people just walk up and they say yes come on in let's do it?

Dr. Danny Avula: I think we'll see what's happening with demand in communities. I mean I do - I mean the Norfolk site is obviously unique because it's federally run. FEMA is bringing their own doses, their own allocation into Virginia and we're grateful for sure. And so, you know, their directive has been let's focus on vulnerable populations but make sure that we're using every dose that we can. And so their policy is, you know, their setting their own policy there.

I think we will really try to focus on, you know, ensuring that the vaccination, you know, the vaccine allocation are serving the folks in their community because that's how we're driving allocation at this point.

One thing I didn't mention is that when we get to April 18 we will shift the way we're doing allocation right. We have really been over the last few weeks have been pushing allocation to where the demand is to make sure that every district can get to Phase 2 by April 18. But once we get to April 18 we have taken the number of unvaccinated people ages 18 to 64, so the kind of

the expected group that we would still want to get after, and use that proportion to basically divvy up the pie of vaccine coming in.

So it's a little bit of a hybrid of a per capita and a demand-based allocation and then we'll just actively manage it every week so that when we see demand dropping off in certain communities we will push that allocation to the places where we see more demand.

And so how does that relate to the question you asked, it means that when we, you know, we will initially really work off of this open scheduling system but as demand drops off it will allow us to, you know, to use some of those different methodologies of, you know, walk-up registration and, you know, being much more open about it. And that could happen in some communities as early as early May but we in the time being want to limit the, you know, the degree to which vaccine tourism is taking place, people, you know, traveling to other parts of the state and taking vaccine that should be intended for those residents. Now if the demand there is saturated that's another story and we'll just have to see how that plays out.

(Brett Hall): All right thank you.

Coordinator: Our next question comes from (Dominique Wanessy) with WAMU, your line is open please go ahead.

(Dominique Wanessy): Hi thank you so much doctor I really appreciate it. I know there's been some questions, I was a little bit late to the meeting so I don't know if you've already answered this, I'm just looking to know there seems like there's a nationwide shortage of the Johnson & Johnson vaccines and it seems like it's going to last for much longer than till the end of this

month. I'm hearing from Governor Larry Hogan today that he's not expecting to get the shipment of J&J vaccines till maybe end of May.

Just looking to know what is the shortfall or do you know have any idea, like, what is the percentage shortfall of the Johnson & Johnson vaccine and what is the plan to sort of make up for that shortfall?

Dr. Danny Avula: Yes so we led off with - (Dominique) but for anyone else who may have joined late I'll just, I'll recap it. So, you know, this week was a really good week for Johnson & Johnson, we received 124,000 doses as part of our state allocation. Next week that number drops off precipitously so we will be at 14,800 doses next week.

We have not gotten any clarity about what happens beyond that. I think the general messaging from Johnson & Johnson and the federal government is that they still plan to meet their 100 million doses by June target. And if that is true then that means that really by the end of April we should see a jump back up to the, you know, 100-plus-thousand dose distribution that we've seen into Virginia.

I, you know, haven't gotten any more direct information from the federal government on this but, you know, what I've read is that Johnson & Johnson by the end of April should be back up to 8 million doses a week. So I don't know, I think we're all in the dark a bit here and yes I mean I think we're just hopeful that by the end of April it'll pick back up to what we had expected to receive in that 100 to 150,000 doses for the state allocation in Virginia range.

(Dominique Wanessy): Thank you.

Coordinator: And our next question comes from (Max Marsulo) NBC 29, your line is open please go ahead.

(Max Marsulo): Hi Dr. Avula, thanks so much for taking questions again. So my question is about kids, I know in our health district and perhaps others across Virginia and the US there have been a rise in the number of kids who have tested positive perhaps because of spring break for schools. But I'm just curious from your perspective and expertise how the development of vaccines for 12 to 16 year olds is going and if and when that is approved how Virginia will allocate and distribute those doses to those, you know, middle school, high school aged kids.

Dr. Danny Avula: Well the initial news this past week from Pfizer on their trials for 12 and up have looked really good. They reported last week 100% efficacy in that in those trials. Now these are smaller numbers and so obviously the more people that actually, you know, ultimately use it we probably won't see it fully 100% effective but, you know, regardless the data was really, really good for both side effect profiles and for effectiveness.

I don't think that changes the original timeline that we were anticipating for approval for these vaccines for adolescents. It could ramp it up by a few weeks but everything that I've seen and heard is that we're still looking at the September timeframe for FDA approval for that Pfizer product and Moderna as well although I hadn't seen any recent data from the adolescent trials for Moderna.

So, you know, I think the best case scenario is going to be that ideally they would love to beat the start of school date and it'll really just depend on how much longer it takes to close up these clinical trials and how quickly they can

get through the FDA authorization process but so far it looks really good and I think, you know, we will likely have vaccine if not right before the school year starts a month into it.

So what are we doing to plan for that, you know, in the same way that much of the vaccine effort will shift to outpatient practices in the summer I think that is also true for pediatricians. And so pediatricians will be the primary outlet for most kids and then pharmacies will also be a big option.

And so I think because we won't have the simultaneous demand of the adult population and the child population I think we will be able to serve that through the more traditional pathways of outpatient practices and pharmacies, probably a little more math we have to do around that to make sure. But I think especially now that the storage requirements aren't as severe for the Pfizer product I think it makes it a lot more possible for outpatient practices to be able to store and deliver vaccine.

(Max Marsulo): Thank you that's all I had.

Coordinator: Next question comes from (Luanne Rice) with Roanoke Times, your line is open please go ahead.

(Luanne Rice): Hi Dr. Avula, you had mentioned the shortage of J&J is going to affect the plans to push the vaccine out to college students before they leave for the summer, could you talk a little bit more about how you're going to try and get them vaccinated and how important it might be to get them while they're on campus since they're the younger healthier people who may not feel the need to be vaccinated?

Dr. Danny Avula: Yes so I'll start with that second part first (Luanne). You know, I think when we think about Covid and its impacts and I'm not as worried about the individual impacts on young adults. You know, by and large they're going to have very mild disease and so we're not necessarily concerned about the health impacts and that's why we would be prioritizing college students. It's really the reality that college students are drivers of transmission.

And so when you look at that young adult population because of, you know, their behaviors, their adherence to mitigation factors, they are spreaders of disease. And so I think there are epidemiologically there are great benefits to use prioritizing that population and to try to get them vaccinated before they spread all over the state and all over the country.

And additionally, you know, for the graduating students to try to have them fully protected before some of these larger in-person graduation events. You know, I think it just gives us our best chance to not have big spreader events in the upcoming weeks.

So what are we trying to do or how are we going to deal with the Johnson & Johnson shortage, I think, you know, when I met earlier this week with all of the representatives of those colleges and universities I basically walked through three possibilities. So one is that we push back the student vaccination right, the further they push those back in April as long as they can happen before, you know, the last day of classes or their exam weeks that the likelihood of getting Johnson & Johnson for that population will increase the further we can push it back.

Two, that we in some circumstances can pair up a pharmacy with a university or college to do an on-campus vaccination right, because the pharmacies are getting separate allocations above and beyond the state allocation and so they have been very willing in many cases to come on site and to do a vaccination event for college students. And so we're doing some matchmaking there between pharmacies that are willing to do that and colleges and universities that have smaller groups of students somewhere in the, you know, 500 to 2000 person range.

The third option is for colleges that have more of a runway before their last day of classes is to consider using the two-dose vaccine, the Moderna or Pfizer. You know, the benefit again of that is that we get students vaccinated before they disperse. The challenge with that is that you've got to have enough time to try to schedule that second dose while they're still on campus - - so three weeks for Pfizer or four weeks for Moderna -- because otherwise if you give that first dose and there's clearly a benefit to giving them a first dose but then they leave it will take a different kind of coordination once they go home and that's, you know, it's not insignificant.

I think for most Virginia-based students our local health departments would be very willing to create a pathway and be able to address second doses for those students. And the reality is we're going to have Virginia residents who go to school outside of the state who are going to come home who may have only gotten their first dose. So we will make sure that there are pathways for their second doses.

A little more complicated potentially for students who are out of state and who get their first dose here and then have to navigate their state's system. So

to the degree that we can avoid that we will. We'd like to get both doses done while they're still on campus but that may not be an option 100% of the time.

(Luanne Rice): Thank you.

Coordinator: And next we'll go to (Laura Parat) with WRIC, your line is open please go ahead.

(Laura Parat): Hi Dr. Avula, thanks as always for taking our questions. I was hearing that some people who were scheduled to get their vaccines today at Virginia State the CDC got emails saying that there were scheduling conflict and to anticipate substantial delays. So I was wondering if you knew anything about that and could speak to it if they were overbooked with appointments.

Dr. Danny Avula: Yes so this - the Virginia State site is currently in its second dose cycle right. So the way that these community vaccination centers run they do three weeks of first doses and then they follow that with three weeks of second doses.

And so at the Virginia State site what we tried to do was for the days that we had not a full slate of second doses right, we only did 2000 or so on a few of those days, we attempted to add first doses right, to really maximize the vaccination capacity that was there. Unfortunately the scheduling team when they set it up at two separate clinics and so the second doses ended up overlapping a lot of the time slots with the first doses which is what led to some of the longer lines that they were experiencing at Virginia State earlier this week.

What we've done to rectify that is reach out to all of those individuals who were booked for first appointments to let them know hey, you know, we overbooked you, we want to make this a more seamless process for you would you be willing to just change your appointment time. And so in most cases that just meant scheduling to an appointment time later in the day or perhaps the next day. And so far the response has been really great to that, I mean people have said yes I'd much rather change my appointment to tomorrow and not have to wait in a longer line.

So, you know, I think these are some of the operational challenges in running mass sites and trying to layer on the first and second doses at the same time. But I think we have addressed the underlying concern and reached out to everybody to offer them new appointments.

(Laura Parat): Thank you for clarifying, that's all I had.

Coordinator: Next we'll go to (Jessica Sara) with Richmond Times Dispatch, your line is open please go ahead.

(Jessica Sara): Hi Dr. Avula, thank you so much for taking our questions. I was just wondering, you know, as the capacity of the registration system is opening more in the sense that more people are eligible to be vaccinated can the registration system withstand this higher amount of people and what will the state do if the site crashes?

Dr. Danny Avula: You're talking about just like in terms of the bandwidth of vaccinefinder.org?

(Jessica Sara): Yes.

Dr. Danny Avula: Yes I know (Kristy Grey) who's the head of our Division of Immunization has definitely been asking that question to the CDC and clearly because - Vaccine Finder is actually a requirement for usage for anybody receiving vaccine, not necessarily supposed to have clinics on the site but to keep their information current in Vaccine Finder. And so the CDC is definitely doing load testing around this to avoid that because this is not just going to be a Virginia issue, it's going to be a national issue.

So they're preparing for this especially, you know, now with the presidential announcement that the entire country is moving to open scheduling on April 19. So I think, you know, I think the CDC will be doing everything they can to ensure that that rush of appointments doesn't or that rush of interest and demand doesn't crash the site.

I do actually think the bigger issue that we'll face is that there will be an expectation on April 18 from people that, you know, say okay I'm eligible now, they go to Vaccine Finder and they're not able to find an appointment. And so I think that brings me back to kind of that topline messaging that you'll hear from me over and over, you know, today and into next week that moving into Phase 2, having everybody be eligible does not mean that you will get vaccinated immediately or even get an appointment immediately.

We really need people to understand that the demand will, you know, we will meet that as well as we can by pushing out appointments further into the future but there will likely be many cases where people go to vaccinefinder.org, they don't find an appointment and need to come back three or four days later and see what new appointment availability there would be.

(Jessica Sara): Okay great thank you.

Coordinator: Our next question comes from (Leanna Skatety) with WDBJ 7 Roanoke, your line is open please go ahead.

(Leanna Skatety): Hey Dr. Avula, I know that you talked about in a few weeks here kind of shifting the allocation but as was mentioned earlier there seems at least anecdotally to be a sort of a plateau as far as vaccine interest at least like we said anecdotally. I was just curious I know once the vials are opened they have a limited lifespan but, and maybe this is an obvious answer, but how long can the doses - how long are they good while they're still in refrigeration, just in case, you know, Roanoke gets way more vaccines than people are actually asking for.

Dr. Danny Avula: Yes so the - I guess there's three different phases right, the - when the vaccine is received it's frozen and it's good for months in the frozen state and so that's never a concern. Typically what happens though is in preparation for clinics we pull those out and thaw them and they can be refrigerated for up to five days. And so that's generally what's happening is that the provider is pulling them out, thawing them and prepping for the clinic the next day.

We keep as much in freezing as possible and just so that we don't run into the issue that we have more thawed than we need. And then once it's thawed and opened, once you actually open a vial -- so that ten doses for Moderna or the six doses for Pfizer -- then the doses need to be used within two to three hours. And so that ends up being more of the concern on the ground in clinics.

But other than that the freezing versus refrigeration is actually able to be managed pretty effectively and so it's not - it's very rare that we're over-thawing based on, you know, upcoming needs. And now none of this is really an issue at all with the J&J because it's refrigeration only.

(Leanna Skatety): Got you, and then my second question was how well do you think that Virginia as a whole and then, you know, even broadly speaking, the nation is doing about talking about, you know, this post-vaccination life? You know, I think there's among people who are vaccinated or half vaccinated it's like, okay are you cool with, like, no masks. There's that sort of transition back into that sense of interaction with people. So how well are we doing at getting the message across about how to live a post-vaccinated life?

Dr. Danny Avula: That's an interesting question. I mean I think we have been really consistent with the idea that we're not just going to overnight open up right. There are too many uncertainties about what's happening with the variants, what...

Woman: Okay so this...

Dr. Danny Avula: Let's...

Woman: Okay let me find my materials, that might be a problem because...

Man: No (unintelligible) one problem...

Woman: Yes.

Dr. Danny Avula: Can you guys mute. All right so yes I think there's just too many uncertainties with what's happening with variants and what we see happening in some other parts of the country right. Over the last couple weeks there have been surging new positive cases particularly in younger kids and younger adults and so I think we absolutely are going to press forward as fast as we can and to vaccinate as many people as possible.

As more people get vaccinated and as disease rates start to drop that will be the signal for us to be able to move forward and open up to take that next step. Right now we're about 35% of our population is vaccinated with at least one dose. I, you know, our case counts are pretty plateaued though. We're not seeing a huge uptick but it's not going down the way we would want to see that happening.

I also think, you know, depending on what happens with these variants there will be one other really important consideration which is are people getting hospitalized or continuing to die at similar rates from Covid because we could get to a point where it's just young people getting the disease and they're, you know, having asymptomatic or mild disease and everybody who's really at risk has been protected.

And so I think there will be a period of time where we have a baseline number of cases but that we are not seeing hospitalizations and deaths because we've gotten to those who are most vulnerable to those negative outcomes and that we're probably not going to be able to make that much more headway on young adults either because of preference or because kids won't have been able to be vaccinated yet.

So I think, you know, the CDC has certainly gone in, updated their recommendations at each stage. You know, every time there's new data that's reviewed they are affirming the effectiveness of vaccine and saying, you know, for folks who are fully vaccinated you can now, you know, travel domestically or spend time with other people who are fully vaccinated. So I think that messaging will continue to get out there but Virginia will continue to be cautious and stepwise in its process towards opening up.

(Leanna Skatety): Thank you.

Coordinator: And next we'll go to (Jill Palermo) with Prince William Times, go ahead.

(Jill Palermo): Hi there and hi Dr. Avula, thank you for doing this again. I have two questions for you and they both relate to our college population. One is I wondered can you tell us about how many college students the state wants to vaccinate before they leave their campuses?

Dr. Danny Avula: Let me see if I have a good answer there. When we did initial surveys of all of the colleges and universities who have students that are actually meeting in person on campus that number was around 11,000 students. What we're seeing even just in some of these initial offerings to college students is the uptake is actually lower than expected, I mean it's under 50% of the total number of students on campus.

So 11,000 is the best number I have for you right now but I actually think, you know, once we're able to start offering those it'll be fewer than that.

(Jill Palermo): Okay and then this is sort of a related question of vaccine, in Prince William health district just in the last week we've gone from one death in our 20 to 29 age group to three deaths and then I noticed that statewide we're now at 21 deaths in our 20 to 29 group. And I have to confess that I haven't watched that super closely over the last several weeks but, like, for the longest time we had, like, less than five I think.

So I'm wondering, you know, you were just talking about, like, you know, if we - you're not so concerned about them asking - having more serious cases of the disease but I do know that those numbers are picking up in terms of deaths. So I don't really - I don't know if you have looked at that or if you have any comment or explanation or concern about that. Is that something you've noticed? I wonder if you could talk to that a little bit.

Dr. Danny Avula: Yes I don't have a great answer (Jill). You know, I've been really focused on the vaccination side. I would defer that question to Dr. (Peek) who's our state epidemiologist on the surveillance side.

You know, we do meet regularly across all of the different aspects of the Covid response in the state and I haven't heard any discussion about increasing concern or increasing rates of death but I'm happy to check in with her and to see if there - if we are seeing an uptick of deaths or not.

(Jill Palermo): Okay yes and I couldn't, I mean I can't tell if that's, like, upon further examination of the death certificates and that's why and maybe these are really, like, kind of over the entire span of the pandemic or if it's a more recent issue, so you know what I mean. That's not 100% clear to me either so.

Dr. Danny Avula: Yes no let me - I think the question's best suited for our office of epi. So happy to have a follow up and maybe Melissa can help coordinate that with Dr. (Peek) but it's a good question.

(Jill Palermo): Okay thank you so much.

Dr. Danny Avula: Yes.

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

Coordinator: Our next question comes from (Amy Knowles) with the Dogwood, go ahead your line is open.

(Amy Knowles): Hi thank you so much for taking our questions Dr. Avula, mine is about vaccination gap. So, you know, we're almost four months into administering vaccines and in that time there's been an online registration, a call center, an ASL hotline, translators, mobile units. With all of those things in place how did a vaccination gap occur and what more can we do at this point to fix it?

Dr. Danny Avula: Help me out (Amy), when you say vaccination gap what are we talking about?

(Amy Knowles): Yes sir as far as like people not being able to access vaccine. I guess vaccine equity might be a better term.

Dr. Danny Avula: Yes well okay so I think that there are - like what we have learned over these last two or three months of - sorry my son just walked in the room and decided (unintelligible).

(Amy Knowles): That's fine, my three year old's (unintelligible) as well so I understand.

Dr. Danny Avula: So I think what we've learned over these last three months or so of vaccination is that there are, you know, large groups of people who aren't going to enter their information into a state database. They're not going to, you know, answer all of the questions that are part of our preregistration system. They're hesitant about putting, you know, anything on record with the government. So, you know, the unvaccinated population would be one prime example but it's more than that right. I think we have lots of individuals who just don't want the government to be in their business and to them the preregistration process represents that.

We also know that there a lot of folks who are, you know, just like navigating through that on the Internet. There's going to be a barrier in and of itself and we've tried to create pathways certainly through the call center but also, you know, in some of these more mobile efforts, you know, to be able to do walk-up registration. I think I've mentioned to you all at some of our larger events we reserve appointments for ground outreach so that they don't have to go through those same registration processes but they do more of a word of mouth outreach and sign up a group of 200 people at one time and then - and bring them to an event.

So, you know, I think we tried a lot of different things and we will continue to try a lot of different things and it's going to take that for us to get

to some of our herd immunity goals. But I do think that until we are able to, like, have the resources to get out into communities and to do the much smaller neighborhood-based vaccinations I think those are the kinds of efforts that are - we're going to need to see it at a much larger scale to be able to get to some of the vaccine hesitant population.

(Amy Knowles): Awesome thank you so much.

Dr. Danny Avula: Of course.

Melissa Gordon: And I want to thank everyone for joining our call today.

There will be an audio recording posted on the VDH Web site as well as a written transcript. You'll be able to access these documents at vdh.virginia.gov/coronavirus/media-room.

Once again if we were unable to answer your question today please email them to the VDH Communications Office, thank you.

Coordinator: That concludes today's conference. Thank you for participating you may now disconnect.

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