

**Virginia Department of Health Tele-Press Conference on
Virginia's COVID-19 Vaccine Developments
Moderator: Melissa Gordon
May 21, 2021, 3:00 pm**

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

Melissa Gordon: Good afternoon and thank you for joining our call today. My name is Melissa Gordon and I'm a public information officer for the Virginia Department of Health Office of Communications. Today we are joined by State Vaccine Coordinator, Dr. Danny Avula. He will give an update on the latest developments with the COVID-19 vaccine. Today's call is being moderated by an operator. So when we get to the Q&A part of the call please follow their instructions to ask a question. Now I'd like to welcome Dr. Avula to share a brief update.

Dr. Danny Avula: Hey, good afternoon everybody. I hope everyone's doing well this week. We continue to (prep) onward. (We're having) really good progress with our vaccination campaign. As of today, 41% of the population is fully vaccinated. And when we kind of reframed things looking at President Biden's goal of

70% of Americans vaccinated with at least one dose by July 4, we're actually doing great in those regards.

We're at 65% today, about three - if we kind of break that down it's about 343,000 people left to hit that 70% goal. So 343,000 more adults that we would need a first dose in between now and July 4th to meet it. So that's about 8000 a day. And we have been tracking a good bit better than that.

Over the last week, around 20,000, a little over that per day, for first doses. So making some good progress. I think we will definitely get to that goal. And then our numbers have also been bolstered by the expansion to 12 and up. So as you all know, last week Pfizer was approved by the FDA and subsequently the CDC, for administration to the 12 to 15 population.

And so in just over a week of having that approval and access, we have had 52,649 Virginians who are between the ages of 12 and 15. So that's about 12-1/2% of that 422,000 people in that category. And so that's a really big step for just over a week of vaccinating 12 to 15 year olds. We will continue to (prep) on as we march toward community immunity here.

A couple of quick changes that were made to the dashboard this week, the public facing dashboard. Hopefully you all saw that. We did add the federally administered doses. So we still have a tab on there that says federal doses. And that monitors all of the doses that are administered by our federal government partners. So the Bureau of Prisons, Department of Defense, the Indian Health Service, and the VA Hospital System.

And previously, those numbers have not been included in our totals that were presented on the dashboard midweek this week. We added them in just so that our numbers kind of mirror more what you see on the CDC Web site. And

then a couple of other additions to the dashboard that allow folks to track how we're doing in that 18 plus population, specifically.

And so you'll see that number split out as well so that everyone can track along with us, how we're doing on that 70% goal. Otherwise, so much of our work has continued to make that shift away from the large scale mass vaccination efforts. I mean we do still have community vaccination centers that are in use and have been used in creative ways.

For example, in Prince William County a lot of that 12 to 15 population has been shuttled over to the CDC and they're handling a lot of that adolescent vaccination. We are also shifting to, you know, from first to second dose, but also continuing first doses of Pfizer and Moderna just as we've seen the demand for Johnson & Johnson trail off a bit.

So we're continuing to do those in our large units, but we are also shifting more to the mobile units and the targeted efforts, the popup clinics that we've talked about some, last week. And so while those numbers are harder to come by, we certainly are seeing - we're certainly seeing a lot of fruit. It's just slower and it's harder. And that's going to be the case for the next three to four months.

Other updates, you know, we talked some last week about the shift to primary care providers and the reality that, you know, the segments of our community who just want reassurance, want to talk to a healthcare provider, that there are ways that we are making it easier for primary care providers to access vaccine. And the federal government is doing that as well.

So a couple of those changes. We in the state now, you know, local health departments and health systems have been playing this role to some degree

over the last few months, where they will receive the large shipments of Pfizer, break them down and redistribute them into more manageable shipments, because the Pfizer has been delivered up to this point, in trays of 1170 doses.

The federal government is going to be a - certain percentage of Pfizer shipments starting next week, will be in shipments of 450 doses. So they're doing some work on their end to make that easier. But we still have providers who really only want, you know, 30 doses or 50 doses or 100 doses at a time.

And so we're going to continue to build out our network of independent pharmacies and hubs that can receive those shipments, break them down and redistribute them to providers so that they can have a manageable amount. Additionally, there was good news this week, yesterday that Pfizer in their latest studies, have shown that they - that the storage and handling requirements have been updated.

And so instead of having a really limited amount of time that Pfizer could be refrigerated, we can now ship things frozen, have them frozen for two weeks, and then have a full month at refrigeration temperatures. And so that's going to make it a lot easier for many practices to receive Pfizer - to keep it frozen and transition it to refrigerator and have a lot more time to work through those doses.

So everything (is) kind of moving in the direction of making things more accessible and more easy to store and handle the vaccine. And we will continue to lean a lot on our primary care providers, and increasingly, our pediatricians as now the 12 and up population has been approved.

So I will - I'll pause there and let's see what questions come up.

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 for the COVID-19 vaccine. For questions regarding other topics please email them to the VDH Communications Office. Contact information is available at VDH.Virginia.gov/News.

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

Coordinator: Thank you. We'll now begin the question-and-answer session. If you'd like to ask a question please press star 1, unmute your phone and record your name clearly. Your name is required to introduce your question. If you need to withdraw your question, press star 2. Again, to ask a question, please press star 1. It'll take a few moments for the questions to come through. Please standby. First question is from (McKinley Struther). Go ahead. Your line is open.

(McKinley Struther): Hey, Dr. Avula. Good afternoon. I wanted to ask about or get your thoughts on college students being vaccinated as they return in the fall. I don't even know if you're the person I should ask or if there is any one person that I should go to on this topic.

We have Virginia Tech here saying that they will not require the vaccine because it's not fully authorized by the FDA. And then we have UVA saying that they will require it for students to come back on campus in the fall. So we were wanting your thoughts on that front.

Dr. Danny Avula: Yes. About three weeks ago the Attorney General weighed in on this issue on institutes of higher education and said, you know, it is absolutely within the purview of institutions of higher education to require a vaccination if they see fit. So each institution will make that decision on their own.

There's actually a Web site that tracks them. I can't remember. I think if you Google universities and COVID requirements there is a Web site that tracks it. And last I checked, there were six or seven Virginia institutions. So, you know, I think everyone is going to be on their own journey with that.

It's possible, especially for the college aged students, that we will have a move from an emergency use authorization to a full biologics license from the FDA. Pfizer anticipates submitting all of their data for that sometime this summer, or even by the end of May actually.

Because what is required for full licensure is six full months of data. So with the adult population they've reached that and they're going to submit for that full licensure. I'm not exactly sure the FDA hasn't been super clear about how long it'll take to review that data and potentially come up with their, you know, to grant that full licensure.

But, you know, that'll allay some concerns. But again, the institutions are going to be making those decisions on their own.

(McKinley Struther): Thank you.

Coordinator: Our next question is from (Amy Knowles). Go ahead. Your line is open.

(Amy Knowles): Hey, Dr. Avula. Thanks for taking our questions. I heard that 100 million J & J vaccines were potentially contaminated in Baltimore. I was just curious if this tainted Virginia's plant or J & J allocation moving forward.

Dr. Danny Avula: Yes (Amy), I'm not sure if that's a new number or a new issued - I remember the Baltimore plant was - yes, they found all those issues. I thought that was maybe a month and a half ago. That shut down the ongoing generation of new doses of Johnson & Johnson. And what we had been receiving in the United States was not actually coming from that plant because that plant had never received FDA authorization.

They still, to this point, have not received FDA authorization and it's part of the reason that we have not seen new distributions of J & J into Virginia over the last two weeks. So we have not received anymore; we don't anticipate receiving anymore until that plant gets its FDA authorization.

We do still have somewhere around 30,000 doses that we can order down that, you know, had already come into the, you know, through the federal ordering pathway. And then there's actually a lot of Johnson & Johnson in circulation. And in fact I get emails probably every other day from other states, that are saying hey, we have Johnson & Johnson expiring in two weeks; we're not going to be able to use it; can anyone else use it?

So that was a long way of saying I don't think it's going to impact our vaccination rollout at all. We have seen the demand for Johnson & Johnson drop off significantly. We continue to have more than we need in circulation here in Virginia and could certainly tap into other states at any time, if that demand were to grow.

(Amy Knowles): Awesome. Thank you. And then also as we transition into no restrictions, I was just wondering if you might want to give like a PSA about what practices vaccinated people can feel pretty comfortable about leaving behind and then which ones they could keep practicing to remain healthy and well.

Dr. Danny Avula: Yes. We should be real careful about the language around no restrictions, right? I mean the CDC guidance is that people who are fully vaccinated, so who are two weeks out from their final dose of their vaccine, no longer need to wear masks in any setting. And I think that is really about the science.

We have just seen article or, you know, data - data point after data point over the last couple of months show the effectiveness of vaccine. And I think with the - I believe a couple of other large scale studies that came out last week, the CDC said we have enough data.

We can, you know, really firmly make this recommendation. We're not worried about people who are fully vaccinated either contracting the disease or spreading the disease. Because even if they were to contract it they have such small amounts of virus. So I think, you know, what we've done here in Virginia is we've come into alignment with the CDC guidelines and that should be really encouraging for people

I think for so long people were like well if I can't - if nothing is different about my life then why should I get vaccinated? And hopefully, this marks a difference and it's a difference that's based in science. So I think that's the take home message for everybody who is considering getting vaccinated or has been vaccinated.

Is that the data is really good that you're safe if you're fully vaccinated. And if you were waiting to get vaccinated because you wanted to see this happen

then now's the time. So I - my hope and, you know, the jury is still out on whether the numbers are showing it. You know, we've seen some plateauing of the numbers of late, but that's better than a decrease in numbers.

So perhaps we will see the sustained interest in getting vaccinated over the next few weeks, which would be good for everybody.

(Amy Knowles): Thank you.

Coordinator: Our next question is from (Sierra Jenkins). Go ahead. Your line is open.

(Sierra Jenkins): Hi Dr. Avula. Can you hear me?

Dr. Danny Avula: Yes. Hi (Sierra).

(Sierra Jenkins): Hi. So with COVID restrictions lifting next week, Virginia hasn't quite, you know, met that threshold of vaccinating 70% to 75% of its population. So I was just wondering - and if I'm confusing that with the national percentage please let me know, but is there anything that the Health Department is trying to do between now and then to kind of speed up that process of getting people vaccinated?

Dr. Danny Avula: Yes. I mean obviously we've been trying to get as many people vaccinated as quickly as possible. And I think that that sense of urgency hasn't decreased at all, right? You - what you noted is true nationally, yes. But it's also true for Virginia. We want to get somewhere between 70% and 80% of our population to immunity. And we want the majority of that to happen through vaccination.

Because remember what - natural immunity can also contribute to the concept of herd immunity. Right? People who have actually contracted COVID themselves will have some degree of natural immunity. The data has shown that vaccine mediated immunity actually is much more robust. We've seen much better antibody results for people who are vaccinated.

So we really want to press Virginia to that goal of 70% to 80% of all people vaccinated, as we can. Now obviously there's a gap because young children aren't eligible to get vaccinated yet. And so realistically, it may not be until we have authorization for younger children, that we get to that goal of herd immunity.

I guess maybe to clarify, what I started out saying in terms of our progress, was also the President's goal which is separate than herd immunity. But the President's goal of saying we want to get to 70% of all adults with at least one dose by July 4. So, you know, I think and as I said in the opening, we're definitely on track. We're at 65% now. It'll take about somewhere between 7000 and 8000 new adults newly vaccinated each day, for us to meet that goal, which I think we can easily do.

So what are we doing? I mean I think we're continuing to try to reduce barriers to access. We are, you know, getting out to where people are. We are getting more vaccine to providers so that people who are hesitant and have questions, can have those questions answered.

And again, I hope that the newfound data around the value of vaccination not only in protecting yourself but also protecting your community, and now not needing to wear a mask once you're fully vaccinated, we hope that all of those things will be motivators.

So yes, I think there are lots of examples of just where we are trying to be more present, trying to get vaccine out to communities who haven't necessarily had as much access. And we'll continue to do that until we reach our goals.

(Sierra Jenkins): Thank you.

Coordinator: Our next question is from Alex Littlehales. Go ahead. Your line is open.

Alex Littlehales: Hey Danny. This is Alex from 13News here in Hampton Roads. I guess I'll ask you to, for my question, ask you to play a little forecasting for me. So, you know, recently the CEOs of both Moderna and Pfizer have expressed that a third booster shot of both of their vaccines could be coming soon, if not available sometime in the fall.

And as we know from COVID time that things happen a lot faster than we all really anticipate. You know, the fall would be just around the corner before we know it. So I just kind of wanted to check in. You know, if booster shots do become available in the coming months, how exactly would that work here in Virginia?

I know that's a couple of months away, but would it be appointment based like it has been? Would it be, you know, opened up to walk-up clinics like we've seen? What would be the differences between the first and the second shot administrations versus this third shot?

Are there going to be campaigns to get people who are fully vaccinated, their third shot? Have even those conversations even happened yet? I'm kind of curious because that seems to be a big topic moving forward.

Dr. Danny Avula: Yes. A couple of thoughts about that, Alex. I mean one, so many of those decisions really need to be rooted in the data, right? At this point we don't know how long vaccine mediated immunity will last. We know it lasted at least six months because that's about the amount of time that people, you know, started getting vaccinated in the clinical trials, to now.

We don't know if that's going to last eight months, 12 months or beyond. And so there was a form earlier this week where Dr. Fauci, Dr. Bourla who is the CEO of Pfizer, and then the CEO of Pharma, you know, kind of just were asked their thoughts, you know, what's going on with boosters? And clearly, Pfizer and Moderna have been working on boosters for months now because of the uncertainty around variants. Right?

We saw the emergence of the UK variant, South African variant, and now we're watching the Indian variant. And so they started to work on boosters that would incorporate some of the variants to provide additional protection. But what we're also seeing in the meantime, is that the existing vaccine is actually incredibly effective against these variants.

And so based on that alone, that wouldn't necessarily be a huge impetus to jump into boosters. Now what would be is if at eight months or 12 months we started to see the impact of vaccination start to wane. Right? If your immunity starts to drop that's when you need a booster. So I - it's really hard to speculate on the timeline because so far, you know, six months in, immunity still looks really strong.

And so I think, you know, my guess would be that we probably won't need to look until - look to boosters until 2022. But for the second part of your question, we have just a ton of infrastructure that we didn't have before in

terms of supply chain and distribution. The pathways through providers and pharmacies.

And so I think, you know, if we find a booster is needed we would clearly encourage it but we also have many, many, many outlets where people can go to get this. And I don't know that we would need the same degree of, you know, mass vaccination infrastructure.

Because remember, when we did that we had no protection. Right? Like nobody had been vaccinated and only people who had actually contracted COVID had any kind of immunity. But now as we're talking about the prospect of boosters, people still will have some degree of protection with waning immunity.

So it's a very different context that will not require just the same degree of emergency response. And I think we can more effectively rely on our existing pathways and primary care providers and free clinics and health departments and pharmacies.

Alex Littlehales: Thank you.

Coordinator: Our next question is from (Cameron Thompson). Go ahead. Your line is open.

(Cameron Thompson): Hey Dr. Avula. I was actually going to ask the exact same question about booster shots. So I'm good. Thank you.

Dr. Danny Avula: Thanks (Cam).

Coordinator: Our next question is from (Brett Hall). Go ahead. Your line is open.

(Brett Hall): Hey Dr. Avula. I was also going to ask about the boosters. But I also wanted to ask, I mean this, is there any want - is there any like going to be a postmortem on how this went in the Health Department, from your standpoint? I know you've been running on the fly for seven, I guess really 15 months now.

But, you know, is there any - this vaccination process, is there going to be a look at how things could go better? Because I mean as experts have said, this might not be our last pandemic.

Dr. Danny Avula: Yes. That's really true (Brett). No doubt there will be - I don't - we don't have a timetable for it yet, but we certainly have started talking to some of our partners about kind of doing a larger scale after action review of our response. In some ways I still feel like we're very much in the midst of our response. I mean while it feels really different than it did four months ago, because of the scarcity at that point, because of the need to build up so much new infrastructure at that point.

The fact remains that we are, you know, we've got a few months ahead of us before we - we're hitting our herd immunity goal. So I think it'll more likely be late fall or towards the end of this year where we pause, where we see how we've done and start to really think through - yes, think through every step of this and figure out what we need to learn from and what we need to improve upon the next go around.

I think the other thing that is pretty clear is that there are hundreds of millions of dollars that are coming in. The federal government is directing to states and localities to improve the public health infrastructure. And so as that money starts to get committee, you know, there will just be an ongoing

reflection and assessment about what are those needs; what infrastructure do we need to build up?

So I think towards the end of this year we'll have a much more prescribed process for that after action reflection.

(Brett Hall): Okay. And actually the other question I was going to ask and I'm not sure if you're the guy to answer this one, but - because I know you weren't as involved in the contact tracing side or you were, but not leading the effort. Will - as these I guess large venues or large gatherings get opened back up and if you have (unintelligible) this population that I know we've talked in the past about Evangelical Christians and a lot of them being hesitant to get the vaccine.

But say you have a, you know, Christian concert somewhere, there's an outbreak, will the Health Department be monitoring these outbreaks when the restrictions go away? Is still going to be a part of this?

Dr. Danny Avula: Definitely. I mean I think, you know, back to your earlier question as to what infrastructure do we need to build; what - how - systemically how do we need to be more prepared, a big part of that now and moving forward is having sufficient capacity for the case contact investigation and the contact tracing work.

And so yes, absolutely that work will continue moving forward around COVID. It, previously I mean we would do that with a lot of other disease states. And then I think the other piece that will really be helpful in those situations is our increased access testing. We need to remember that as case rates decrease and more people get vaccinated, that those are all really good things.

But testing is still a really important part of our overarching containment strategy. And so we - there are already a lot of federal dollars that are flowing in to increase access to testing as well.

(Brett Hall): All right. Thank you very much.

Coordinator: The next question is from (Kate Andrews). Go ahead. Your line is open.

(Kate Andrews): Hi there. So I wanted to ask you about the masking changes and, you know, is there any aspect of that, you know, rather abrupt change in direction, you know, both nationally and in Virginia, that concern you? You know, do you think that there's going to be an uptick in spread, you know, among people who have not been vaccinated, including younger children?

Dr. Danny Avula: Yes. Clearly I hope not (Kate). I think that the data is really good around people who are vaccinated. Right? And that's why the CDC came out with its guidance. It's why we - and, you know, it's why we aligned our policies and procedures to the CDC guidance. And again, hopefully that's an incentive for people to say okay, now that the data is so good and there are newfound freedoms with being fully vaccinated, the hope is that it will drive many, many people to get vaccinated.

I think it's happening at a good time just in terms of us moving into the warmer months and there being less transmission in general. And what we've seen so far, I mean really in the last couple of weeks, have been remarkably low rates, I mean really dating back to the beginning of this pandemic. So, you know, I think we will keep a close eye on it. Things will continue to get better the more people will get vaccinated.

And we will still urgently pursue, you know, getting to that 70% to 80% mark for vaccinating everybody.

(Kate Andrews): Okay. And secondly, how long do you expect to continue as Vaccination Coordinator for the state?

Dr. Danny Avula: I'm looking at my transition plan now. It's hard to know. I mean again, while the work is very different...

(Kate Andrews): I figured.

Dr. Danny Avula: ...that - the work is very different now but it still is important. So started thinking through all of the strategies and really aligning the resource through the state, it's yes, so I'm hoping sometime over the summer I'll start to transition out.

(Kate Andrews): Okay. Well good luck. Thanks so much...

Dr. Danny Avula: Thanks so much.

(Kate Andrews): ...for talking with us.

Coordinator: Our next question is from (Jill Palermo). Go ahead. Your line is open.

(Jill Palermo): Hi Dr. Avula. Thanks so much for doing this again. My question is about who we're now targeting, you know, as we go to try to, you know, work toward this last, you know, however many percent it is now, less than 20%, to herd immunity and then hopefully beyond that. But I'm wondering what information is the state looking at to determine who and how we should be targeting these last few folks.

And also, you know, is there any new strategies that are being employed?

Dr. Danny Avula: So with the first question (Jill), on who and the how, I mean we have over the last few months, kind of taken it district by district and in many cases even a census tract by census tract look at what our vaccination rates are in each community.

You know, we really rely on the expertise and experience of our local health districts and our network of partners, to know, you know, what communities do we have lower vaccination rates in and how do we improve that? And so, you know, at a macro level, the macro state level, we've done really well in our 65 and up population.

I mean we're at 80% plus there. Where we are not doing as well and it's not just us in Virginia, it's everybody, is young people. So if you look at, you know, kind of our 16 to 30 population, we're at about 40% there. So there's a lot of focus on that segment of our community. We're starting to think through how do we need to reach that population better?

We've used some community ambassadors in that age group, but I think it means doing more onsite at employers, like making it really convenient for young adults who aren't necessarily against being vaccinated, but just haven't been compelled to go make an appointment or to, you know, go out of their way to get vaccinated.

And so I think by reducing those barriers by making it as easy as possible by showing up at - I mean all of the things that, you know, that we've talked about over the last couple of weeks, the ways that health departments are getting out in the communities, right?

They're going to bars, they're going to grocery stores, they're going to places - to restaurants, the places where people are; setting up outside of baseball games and festivals. So I think those kinds of strategies have just put this front and center for a younger demographic who's not going to go out of their way to get vaccinated.

And then I think, you know, social media is something that we have used widely through more traditional social media means. But I don't know that we have like maxed out our presence on Tik Tok or Instagram or Snapchat that might lean towards the younger population.

So our comms team is actively sort of thinking through what messaging and what media do we need to get to a younger demographic through.

(Jill Palermo): Okay. And then I have - thank you for that. And also I have one more question about when will we know it's time for a booster? When will we know it's time for a booster? Will we see cases picking up? I mean are people going to have to be starting to test positive for us to know it's time for a booster?

Dr. Danny Avula: I believe that one outcome that we can anticipate is just increasing case rate in people who have already been vaccinated, right, for the breakthrough case rate. I think in the background the, you know, the manufacturers and scientists are constantly doing studies to figure out what antibody counts you see at different stages beyond your vaccination date.

And so I would guess in the next three to six months we'll start to see studies that show hey, you know, people who have been vaccinated start to have waning immunity at nine months or at 12 months. So I think those are the two

things that will likely point us towards the need for a booster - an increase in rate of breakthrough cases, and the science telling us that immunity is waning in people who have been vaccinated.

(Jill Palermo): Okay. Thank you so much.

Coordinator: Our next question is from (Sabrina Marino). Go ahead. Your line is open.

(Sabrina Marino): Hi Dr. Avula. Thank you so much. I also can't wait to see the Tik Tok. I think that's - it'll make my day. But so I have two questions for you today. The first is I know we've talked about this before, we talked about it last week. But with Governor Hogan in Maryland kind of announcing yesterday that \$2 million of an incentive program for people to get vaccinated in other states, hinting at kind of shifting towards us to help with reaching our final leg of herd immunity, I was wondering what that might look like through the VDH's standpoint.

All of these programs in other states are super tied to their health departments, and Maryland is - has higher vaccination rates than even Virginia. So I was kind of wondering if any new developments have occurred as we're seeing these announcements and more of them pop up across the country.

Dr. Danny Avula: I mean it's something we talk about every day and have been for several weeks. It - I don't know. I'm torn (Sabrina). I feel like there clearly are some benefits of incentivization. It'll be interesting to see what the longer term impact of that (unintelligible). For example, in Ohio when they announced their big, you know, \$5 million prizes they saw a big jump in vaccination rates, but those have since fallen away.

And I don't know. I think that people are kind of - there are really good points on both sides of the incentivization argument, right? There are people who say the harder you try to get me to do this, the more I'm not going to do it. And there's also the kind of forward thinking, is this the precedent we want to set? Right?

Like there are huge individual and practical incentives to getting vaccinated. The individual incentive being it protects you from getting COVID; it protects you from hospitalization and death. The practical one being you no longer have to wear a mask when you're fully vaccinated. And if you are, you know, as we start to think about younger people, school aged children, the reality that you don't have to quarantine if you're potentially exposed and you don't have to miss school days or go back to hybrid school; or you don't have to miss 14 days from your sports team. Right?

There are all these very practical examples that will compel people to get vaccinated. So - but clearly sometimes we need a little bit more. So we are - I don't see us doing this large scale, you know, use of federal funds or Virginia dollars to incent that way.

I think what we will likely do is take a much more nuanced approach to segments of our community. So I think (Jill) asked the question earlier about, you know, how are we approaching - how are we doing this differently in some segments of our population.

I mean I think it's like if we go out to rural Virginia and we know we're seeing lower vaccination rates there, are there specific incentives that would move the needle? Things like, you know, passes to state parks or hunting and fishing licenses like some other states have done.

So at the end of the day yes we're thinking about incentives a lot. We are still making really good progress without this. And I think there is some hesitation at least on my part personally, to overly rely on incentives for something that is inherently good. And I don't want to set a precedent that we can't meet with all other types of vaccination moving forward.

But as we really want to get to herd immunity for the good of society, we'll have a more targeted and local approach to the way that we do that.

(Sabrina Marino): Yes. Thank you for that. And this is a separate issue, but I was wondering if you have - if there were concerns on how the state is opening up next week but the vaccination rates kind of vary based on income and locality. And so it's kind of a double question.

Is the statewide percentage of people vaccinated enough to protect residents in those localities where say barely 30% of its population has received one dose?

Dr. Danny Avula: No. Because this disease spreads locally. Right? So in communities that have really low vaccination rates there is going to be more risk if people are not following the guidelines. And so if you're not vaccinated and you're not wearing a mask then you're not only putting yourself at risk, but you're going to put your community at risk.

And that is going to happen to a higher degree in communities that have lower vaccination rates. So I think the core message is vaccination is good for you; it's good for everybody; and now we are confident in the science that if you're fully vaccinated you can go mask free. If you are not vaccinated you really do need to wear a mask to protect yourself and to protect others.

(Sabrina Marino): Thanks. I appreciate it.

Coordinator: The next question is from Shannon Lilly. Go ahead. Your line is open.

Shannon Lilly: Hi Dr. Avula. This is Shannon Lilly with CBS 6. My question is just do you know where things stand as far as the number of people still missing second doses?

Dr. Danny Avula: Oh, I - it's been a week or so since I've pulled those numbers Shannon. I'm sorry. While - but I'll - what - the last set of numbers we pulled, it was 6.7% of people who had had their first dose and then 42 days out or more. So beyond that six week recommended time period.

Let me pull the numbers again, probably Monday and then we'll have those. So we'll get them out. But that was...

Shannon Lilly: Okay.

Dr. Danny Avula: ...at the end of last week, 6.7%.

Shannon Lilly: Thank you so much.

Dr. Danny Avula: Yes.

Coordinator: The next question is from Heather Curtis. Go ahead. Your line is open.

Heather Curtis: Hi Dr. Avula. Heather Curtis from WMAL Radio. Thanks so much for taking our questions. I have a question about - related to boosters. As you know, some place like Office Depot and Staples are offering to laminate vaccination cards for free.

I was on a press call recently with the AAA and they said don't do that because if you need a booster they'll need to mark that down on your card. And if it's laminated, obviously that's not going to work. What's your advice on whether to laminate vaccine cards?

Dr. Danny Avula: Yes. It just seems like a very - just like a practical concern, right? Because once it's laminated you can't write on it again. I don't know. I don't have strong feelings about it. I mean I think if it helps you keep it in place and know where it is, I think - I don't even know if there's room on there for a booster. I can't remember my card.

But yes, I don't have a great answer. I'm sorry. If...

Heather Curtis: That's all right.

Dr. Danny Avula: ...you put it in your purse or your wallet that seems just as good.

Heather Curtis: And do you think that people...

Dr. Danny Avula: But, you know...

Heather Curtis: Oh, I'm sorry.

Dr. Danny Avula: ...I mean people can always get new cards. Right? I mean so if that's a concern, you know, the place where you got vaccinated can always look it up and issue a new card.

Heather Curtis: Okay. So people who if you don't need a booster until 2022 like you speculated, people won't be, you know, people won't be - people won't be in trouble if they've lost their vaccination card between now and then.

Dr. Danny Avula: Right. Exactly.

Heather Curtis: As I'm sure lots of people will.

Coordinator: I show no further questions at this time.

Melissa Gordon: And with that, I want to thank everybody for joining our call today. There'll be an audio recording posted on the VDH Web site as well as a written transcript. You'll be able to access these documents at [VDH.Virginia.gov/Coronavirus/Media-Room](https://www.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 disconnect at this time.

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