

**Virginia Department of Health Tele-Press Conference on
Virginia's COVID-19 Vaccine Developments
Moderator: Logan Anderson
August 10, 2021, 1:30 p.m.**

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

Logan Anderson: Good afternoon and thank you for joining our call today. My name is Logan Anderson and I'm a Public Information Officer for the Virginia Department of Health, Office of Communications.

Today, we are joined by state epidemiologist Dr. Lilian Peake, the Deputy Director of the Office of Epidemiology, Dr. Laurie Forlano and State Vaccine Coordinator, Dr. Danny Avula. They will be giving an update on the latest developments with Virginia's COVID-19 vaccine response.

And today's call, as you know, is being moderated by an operator. So when we get to the Q&A part of the call, please follow her instructions to ask a question.

Now I'd like to welcome Dr. Peake to share a brief update.

Dr. Peake: Good afternoon, everyone. So today we are reporting 1,759 new COVID-19 cases in Virginia. The weekly COVID-19 case rate has been increasing for over a month. And it's 30% higher this week compared to last week.

The number of people with COVID-19 who are hospitalized in Virginia has also been steadily increasing. Today 770 are hospitalized with COVID-19 compared to 396 on August 1. This increase aligns with the Delta variant becoming the dominant variant circulating in the United States and in Virginia.

Eighty percent of the cases in Virginia that had this special testing done to identify which variant they were were identified as the Delta variant.

So we know that the Delta variant is much more infectious. It spreads more than twice as easily from one person to another compared with earlier strains of the virus.

New data shows that people infected with the Delta variant have higher viral loads and that means the amount of virus in their body and that means it's easier for them to spread it to others. And it also may mean that they're at risk of having more severe disease but that is still being studied.

Because the Delta variant is more infectious, a higher percent of the community needs to be vaccinated to interrupt that spread from person to person.

The vaccination rate in the U.S. and in Virginia isn't high enough yet to curb that spread. And so that's why we're seeing this rapid surge in cases, especially in the areas with the lower vaccination rates.

A large majority of people getting COVID-19 now have not gotten the COVID-19 vaccine. When the virus is spreading rapidly like it is now, we will

see more cases and we'll also see some more vaccine breakthrough cases. That doesn't mean that the vaccines aren't working.

The vaccines do work for all the variants that are circulating in the United States including Delta. Overall we are seeing the vaccines work extremely well in protecting people from being hospitalized and dying. So COVID-19 is a vaccine preventable disease now. And if more people get vaccinated, we will see fewer people getting sick, hospitalized and dying.

I'll turn it over now to Dr. Laurie Forlano.

Dr. Forlano: Hi, everyone. Good afternoon. I'm going to just spend a few minutes talking about mitigation and, in addition to the important strategy of vaccination, what other steps we're taking in Virginia to stop the spread of this more transmissible Delta variant.

As Dr. Peake was alluding to, new data show that some fully vaccinated people who are infected with the Delta variant might be infectious and might potentially spread the virus to others.

So that finding, coupled with the trend of rapidly increasing cases that Dr. Peake just described, was a fairly pivotal discovery that led CDC to update its recommendation about wearing masks in areas of what we call substantial and high transmission even if you are vaccinated.

So in response to that revised guidance from CDC, the governor and VDH advise all Virginians to wear a mask in public indoor settings where there is increased risk of COVID-19 transmission and that applies to anyone aged two or older. It includes fully vaccinated individuals.

So to find out if you live or work in an area that's defined as substantial or high transmission, you can see that on a tool from CDC called the CDC COVID tracker. They color code it according to the level of transmission. And you'll see on that tool today, if you visited it, Virginia's statewide level of community transmission is substantial, which is colored as orange.

But it does vary from county to county. And you can see a county level view there. If you are in a low transmission area, which is blue, your overall risk of getting Delta as a vaccinated person is lower than if you were in an area with increased transmission, substantial or high, for example.

Unfortunately in the current moment most of Virginia's localities are experiencing or approaching substantial high levels. So we're advising everyone in those areas to wear a mask in any indoor public setting. If you are an unvaccinated individual, you should continue to mask regardless of the level of transmission and you should also take additional precautions, such as watching your distance from other people, washing your hands, avoiding crowded spaces or large gatherings.

I wanted to just spend a couple seconds talking about the anticipation of the start of the school year. I know that some school divisions in Virginia have already opened their doors to students, but we know it's on the top of a lot of parents' minds right now.

We strongly feel that children should return to full time in-person learning in the fall with those layered prevention strategies in place. And that includes the recommendation from the CDC for universal masking. Both VDH and educational experts believe that students benefit from in-person learning and safely returning to in-person instruction in the fall, that this fall 2021 is a shared priority of all of ours.

And the best way we can protect our kids and teachers that teach them as we return to in-person learning is to get vaccination for kids that are old enough to be vaccinated so those adolescents. For those who are too young to be vaccinated, masking and distancing and other strategies remain important.

And a really important point here is parents and supervising adults of our children can also get vaccinated. And that is a layer of protection for those children who are still too young to receive a vaccine. Vaccinated people are less likely to be infected. They are less likely to transmit the virus to others.

And people that are old enough, age 12 and older, can be vaccinated to protect those who are not yet old enough to receive a vaccine. So we can get vaccinated ourselves to protect those children who can't be.

Focusing on all of those layers of prevention is important, particularly during this time of increased transmission. But we all know, I think, what the governor has been very clear about, what will ultimately end the pandemic is vaccination. So with that, I'd like to pass the mic to Dr. Danny Avula.

Dr. Avula: Thanks, Dr. Forlano, and good afternoon, everybody. Just a quick update on where we are with our vaccination efforts.

We asked for really - you know, things were slowing significantly through the month of June. We are finally seeing an increase in the daily rate of vaccination. Our low point was about 11,000 doses a day. And right now we're just shy of 14,000 doses a day.

And while I'd love to say that is because of our increased outreach efforts and our really thoughtful campaigns, I think the reality is that it is the impact of

Delta and the fact that this is a more contagious disease that it is causing cases to surge and hospitalizations to increase around the country and that has put vaccination back on the radar for many Virginians.

That said, the outreach efforts have continued through the summer through our central vaccine team. And the local health departments continue to show up at events to do, you know, creative things out in communities to really make vaccination as accessible and easy as possible. And those efforts will just continue through the fall.

I think one of the really important things we should say about vaccination is that it is the most effective thing against this Delta variant. It is what will allow us communally to move forward to progress.

And, you know, we've talked about this reality a lot but COVID is not going to go away after this Delta variant. And we are going to see likely future variants. And we are going to need to learn how to live with this disease. Vaccination has to be the bedrock of that along with all of these other layers of prevention and mitigation that we're talking about here.

But right now, vaccination is our best option to protect us against severe disease. So even though the Delta variant is extremely contagious, even though we are starting to see more breakthrough cases, what we're consistently seeing is that fully vaccinated people are protected against the severe consequences of the Delta variant.

There are a few things on the horizon in the vaccine world that I want to update you on and that have implications for our efforts here in Virginia.

First that there's been a lot of national and international conversation about third doses. You may have heard that Israel has moved in that direction as of last week. The United Kingdom and Germany said that they'll start doing that for immunosuppressed individuals in September.

And our FDA is actually reviewing data right now. And we expect to have an answer sometime in the next week or two around either an approval and then potentially a subsequent recommendation from the advisory committee on immunization practices about third doses in the immunosuppressed population.

Knowing that that's likely coming in the next few weeks we're just looking at what kind of impact that will have in Virginia based on the numbers and the very significant delivery infrastructure that exists through primary care providers, through pharmacies, through health departments and other types of clinics.

I don't think there's anything that we're going to need to do differently for this segment of the population. And we're starting to prepare our plans for future news or developments about third doses or potential booster doses when those come down the road.

The second thing is that, you know, we will see an approval likely sometime in September for kids ages 5 to 11. And that will help with the school conversations. Certainly it will also help move us collectively forward in terms of the overall percentage of Virginians vaccinated, which right now stands at right about 64% of eligible individuals.

And then lastly the FDA is very close to providing full licensure. We expect that to happen sometime during the month of September. And that will - I

think what we've seen over the last couple of weeks is an increase in vaccination requirements.

The data has been just overwhelming in favor of both the safety and efficacy of vaccine. And that has led a lot of institutions, our federal government, our state government, many local governments and many private sector entities to require vaccination for their employees.

I think when FDA moves to full licensure in the next few weeks, we will see even more of that. And vaccine requirements will be very commonplace throughout the country.

That will create some logistical things that we're starting to think about right now about how people will be able to prove that they have been vaccinated. And so VDH has already built a pathway, a very simple pathway on the VDH Web site to download a PDF of your vaccination record.

No matter where you're vaccinated within the State of Virginia that does get uploaded to our state database. And if you go to the vdh.virginia.gov Web site, go to the COVID-19 page. There's a large button at the bottom of that that says, do you need a copy of your vaccination record?

You can click on that, enter some identifying information. It will send a two factor authentication to either text it to a cell phone or a call to a landline and you can download a copy of your PDF to provide proof of vaccination. Logan, back to you.

Logan Anderson: Thank you for those updates. Before we begin the question and answer portion of today's call, I would like to remind everyone that our call is focused

on the latest developments with the COVID-19 response and the rise of the Delta variant in Virginia.

For questions regarding other topics, please email them to the VDH Communications Office and contact information is available at www.vdh.virginia.gov/news. And I would also like to remind you to limit your inquiries to one question and one follow-up per person to allow everyone some time to ask a question.

And now we will begin the question and answer portion of today's call.
Operator?

Coordinator: This is the coordinator. Are you able to hear me now?

Logan Anderson: We are now, yes.

Coordinator: My apologies. I did have a technical issue. If you would like to ask a question, please press star 1. If you need to withdraw your question, press star 2. The first question today comes from Anne Sparaco with WVEC 13News Now. Your line is open.

Anne Sparaco: Hi. Thank you. This question is for Dr. Daniel Avula. Regarding the potential approval of the vaccine for ages 5 to 11 in September, I'm just curious as to, you know, what this effort is going to look like and how this would possibly change any mandates in schools when it comes to mass policies and vaccinations.

Dr. Avula: Yes. Thanks, Anne. So, you know, we have anticipated that we would have an approved vaccine for the younger age group sometime this fall. It looks to be happening a little bit quicker than we originally expected.

We were originally hearing reports based on the timeline of data submission around October. But we are hearing closer to September now.

We spent the summer recruiting a lot of pediatricians to become approved vaccinating providers through the CDC process and so have a number of pediatricians and a number of family physicians who have come on board and will be vaccinating providers.

We also continue to have the robust infrastructure of pharmacies that have actually delivered the vast majority of our vaccines to date.

And then health departments have really worked closely with their school systems. And we saw this happen at the end of the spring when we initially got approval down to age 12.

Health departments jumped quickly with schools to set up onsite vaccinations. Some of those have continued through the summer. And I very much expect that that will continue to be one of the delivery options into the fall.

As it relates to vaccine mandates, ultimately that is the decision of the General Assembly. And obviously the impending licensure that the FDA will provide the opportunity for the General Assembly to grapple with that question.

And then there was a question in there about masks that I will - I know either Dr. Forlano or Holly Coy are on the line and can answer.

Evan Watson: And, Dr. Avula, this is Evan Watson. I'm here with Anne if I can just ask a follow-up in her place. About vaccines moving forward and specifically future variants, I know transmission data about how that affects is kind of up in the

air right now. But why are vaccines also the best protection against future variants that could be even more dangerous and more transmissible than Delta, if you could explain that?

Dr. Avula: Yes. I mean, this is something we'll continue to watch with new variants. I mean, I think what we've seen with these variants that have emerged is that they all - you know, each variant is trying to survive. It's trying to evade the vaccine. And the Delta variant is doing a slightly better job of that.

And I think, you know, it's very likely that we're going to see another variant, that our existing vaccines are not as effective. And we have seen a decrease in overall efficacy with this Delta variant.

So remember that the Pfizer vaccine initially was around 95% effective against symptomatic COVID or the wild type strain. We've seen a lot of different studies, but generally in the high 80s. That is where the Pfizer vaccine is ending up. Moderna just reported that they're 92% effective against the Delta variant so a little bit better.

And this, you know, increase in breakthrough cases, you know, we're still - you know, it's new. This has just been starting to happen in the last few weeks. And so we're going to need to follow the science and understand is it because the vaccines are actually less effective than we thought or is it the combination of waning immunity in certain segments of the population? So these are all - there are so many different factors that are coming together.

As it relates to future variants, the pharmaceutical companies are in the process of developing booster formulations that actually incorporate these different circulating variants. And I think we very likely will see an annual booster just like we do with the flu, right?

The flu is a virus that shifts and mutates and there are different strains that predominate every year. And therefore we have a new formulation of the flu vaccine every year. I think it's very likely we see that scenario with COVID vaccination boosters in the future as well.

Dr. Peake: And this is Dr. Peake. There is one thing I would add is that the reason that the vaccination is so important against protecting against future variants is that the way that the virus mutates and changes is when it's making copies of itself.

And so when it's spreading rapidly, it has more opportunity to mutate. So the more people that are vaccinated and we stop that transmission from being so significant, the fewer chances the virus has of mutating.

Evan Watson: Thank you.

Coordinator: Thank you. And the next question comes from Daniel Crews with WSET TV. Your line is open.

Daniel Crews: Good afternoon, everyone. And whoever would like to chime in for this question, feel free. But, you know, there's a lot of folks who still haven't been wearing masks in places even with signs and things to say, wear a mask when you come in our shops and stores.

With this resurgence with the Delta variant, you know, what is your message to really drill into folks to take this seriously because we went through this last year? Things got better. We were told we could take the mask off.

Now, I think there's a lot of folks, you know, we'll do what we want to do, not taking it as serious as maybe they should. What is your message to them right now with these cases continuing to rise at the rate they are?

Dr. Forlano: This is Laurie Forlano. I can take the question, the part of the question related to masks. I think an important thing for people to remember is something I mentioned earlier is that there was new information from CDC that came out that told us that some fully vaccinated people who are infected with the Delta variant could become infectious and might potentially spread the virus to others.

So that knowledge, combined with the trend we are experiencing right now, these rapidly increasing cases, that is what led CDC to update its recommendations about masks. And I think we all acknowledge it probably was a little confusing to the public, but the science behind that decision is strong.

And wearing a mask right now does help do exactly what Dr. Peake just described. It lessens the opportunity for that virus to transmit from one person to another, which then lessens its opportunity to mutate and change and develop new variants.

So wearing a mask is a really simple step that all of us can take. Hopefully it will be temporary just to get us through this next wave and as more science comes out. So it seems to me that it's a very simple step we can take to protect each other and the people that we love.

So I hope that answers your question.

Coordinator: The next question comes from Bruce Potter with InsideNoVa. Your line is open.

Bruce Potter: Yes. Thank you for doing this and good afternoon. I have a question about the dashboard online. The chart that shows cases by vaccination status, which is very helpful to track these breakthrough infections and to see if they're increasing, it originally allowed the user to specify a date range.

And either last week or over the weekend, it seems to have been changed so that I can't see any way how you can specify a date range and it goes all the way back to, I guess, January 1 when, of course, hardly anybody was vaccinated. I just wonder why that utility was eliminated.

And then sort of an ancillary question is, do you ask people who test positive or who report a positive case whether they were vaccinated? And is that how this is being tracked?

Dr. Peake: Hi. This is Dr. Peake. I can address your questions. So it's a little bit challenging and a little bit of math so bear with me. But determining the percent of COVID-19 cases that were vaccinated is not the same as understanding if the vaccine is effective.

And so right now, looking at the percent of people who are - that are the cases that aren't fully vaccinated, it's a very good proxy for the risk. But as more people get vaccinated, so we have more vaccination coverage, we're going to expect that you'll see more people just because there are more people that are vaccinated. You're going to see more breakthrough cases.

And so it's not that the vaccine isn't effective. It's just the way that you're looking at the data. So we will be shifting this dashboard to look at rates.

The best way to understand how protective the vaccines are is to look at the rate in people who - the rate of people who get sick with COVID-19 among vaccinated people and compare that to people who are unvaccinated.

So we want to make sure that we are presenting data that conveys risk accurately. And so we are in the process of shifting this dashboard over to that new way of looking at this.

And your other question was - can you repeat that?

Bruce Potter: Yes. How do you determine - do people tell you whether they were vaccinated or not?

Dr. Peake: Right. So during the case investigation, that is information that the epidemiologists and case investigators collect. But we also do look through the immunization registry and match immunization registry records with our case records to identify cases in that way.

Bruce Potter: Okay. Thank you.

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

Amie Knowles: Hey. Thank you all for taking these questions. For the child vaccines, does it look like it'll be any different from the adult versions? And then for those parents that are generally vaccine hesitant, how do you plan to approach them?

Dr. Avula: Hi, Amie. It's Danny. So, yes, it does look like - and part of the reason that these trials for younger age groups have taken longer than the 12 and ups is because they are having to use different dosing strengths.

So we haven't seen any information on that. But that was certainly part of what was playing out in clinical trials. And so I do expect we'll see different strengths for different age groups and again why it would likely be even longer for kids down like between six months and four years of age as they continue to work on different dose strengths there.

And then how do we plan to address vaccine hesitancy with parents? You know, it's been a challenge all along the way, you know, from the beginning. We've had approval for 16 and 17 year olds with Pfizer and then subsequently 12 to 15.

And so we have part of our outreach effort, part of our communications campaigns have, you know, targeted different demographics to really help them understand the importance, the safety, the efficacy of vaccine.

I think it means acknowledging some of, you know, the misinformation that's out there but that have created a lot of fear. For example, that the vaccine causes infertility.

And so by understanding what makes parents hesitant, we can provide more helpful information. We can design our campaigns around that. There's a push right now around Gen Z, from the adolescents and young adults where we're seeing lower vaccination rates.

And the other thing we've learned is that so much of this has to happen through very personal connections and whether that's a trusted health care provider, a trusted faith leader or someone in your family.

And so we will continue to recruit health care providers. And we've worked a lot over the last couple of months in helping equip primary care doctors and other health care providers to ask questions of their patients and to be able to answer the latest questions that people are raising on the Internet and on social media. And then to continue to use strategies like our community health workers and our community ambassadors that really rely on their trust and their connectedness, because I do think for folks who are still vaccine-hesitant at this point it's just going to have to happen one relationship at a time.

Coordinator: Thank you. And the next question comes from Kayla Gaskins with WAVY-TV. Your line is open.

Kayla Gaskins: Hello. Thank you for taking these questions. So I guess this is for anybody. I just wanted to ask. How are we keeping track of the different variants? So say if you get a COVID-19 test and it comes back positive and do you know what variant you have? Does that come back with a regular COVID test or how many of those tests are then being sent off? How are we keeping track of, like, how prevalent, say, like the Delta variant is in Virginia, specifically, not just COVID cases or when new variants arise, which one you might have? So say you come in contact with someone. They have regular COVID or they have Delta. Like, how are we keeping track of that?

Dr. Peake: That's a great, great question. This is Dr. Peake. Both at the national level and in Virginia, we perform what's called whole-genome sequencing. So the CDC has contracts with some labs at the national level. And they perform whole-

genome sequencing for the entire United States and including some specimens that are from Virginia.

Also in Virginia, we work with the state labs and some of its partners to conduct - and they conduct whole-genome sequencing on a subset of the cases that we identify in Virginia. So both of those - we look at both of those sets of data to really understand what's happening.

The CDC has on its Web site the actual proportion of cases that are each type of areas of concern. And they have that both at the national level and each region. And Virginia is part of one of those regions. So you can look at that information.

And on our website, we also have information on the subset of those that are reported to Virginia. So you can see that on both - those websites.

And, you know, we're seeing a lot of consistency in what the CDC is reporting and what we're finding that we feel very comfortable with using those as estimates for what's happening. And right now, you know, both are showing that the Delta variant is the predominant strain.

Kayla Gaskins: Okay. So if you get a COVID test, you won't necessarily know what variant or what strain you might have if that comes back positive.

Dr. Peake: That's right.

Kayla Gaskins: Okay.

Coordinator: Thank you. The next question comes from Jackie DeFusco with 8News ABC affiliate in Richmond. Your line is open.

Jackie DeFusco: Hey, everyone. I just wanted to double-check on the concept of vaccine passports. I know you mentioned you're creating a mechanism for people to print off as PDF. And I know we're seeing a lot of businesses in the Richmond area start to, you know, require proof of vaccination at the door.

So is the state revisiting any conversation about doing something like that at the state level, developing an App, or anything like that?

Dr. Avula: Hey Jackie. It's Danny. You know, we continue to pay attention and to see if these are taking hold in other communities. Clearly some states, I mean, New York is probably the best example of one that's adopted that.

But I don't think much has changed in, you know, our stance from the beginning is that we did not want to create a way for people who had access to vaccine to somehow have, you know, have an advantage and have access to certain benefits.

And now that we're in a different place where vaccine access is much less the issue, we've seen the private sector kind of take that big step forward. And so there are a lot of places, certainly, if you wanted to travel, if you wanted to go on a cruise, some restaurants are starting to think through this where you would want to present proof of vaccination before getting to participate. We certainly want to support people. Make it easy for people to participate in those things if that's a requirement of a private sector entity.

And so in addition to the pathway that currently exists for you to easily download a PDF, there are certain entities that are requiring a QR code scan that tracks to your vaccine status. So we are looking through that right now. I think in the next couple of weeks or so, we'll have that functionality so that

those companies that are requiring you to have a QR code to be able to get on a flight or to participate in an activity, we'll provide that for Virginian's. But we aren't going to house the actual passport that's - or, you know, guidelines about how that should be used at all.

Jackie DeFusco: So just to clarify. Like, if you were to develop a digital platform or use one with a QR code, is that something that would be used across state lines, or is that something that's going to be unique to Virginia, similar to the contact tracing platform?

Dr. Avula: Yes. I mean, the way it's playing out right now is that a company will say, hey, we require proof of vaccination for you to participate in - with our service.

And what has just recently emerged is that some of the companies are saying we need proof of vaccination that can only be accessed through a QR code.

And so to make sure that Virginians have the ability to participate in those things, we want to provide that functionality. So that's what we're working through right now.

But we will not - you know, at least at this point, we're not planning on actually, you know, purchasing the platform or managing it as a state because there's too much movement in too many directions where lots of different entities are using their own ways of verifying vaccination.

Jackie DeFusco: Okay. And is there a timeline for that at this point as far as a QR code?

Dr. Avula: Yes. I mean, it's in development. I guess, two to three weeks. But it'll be in the next few weeks.

Jackie DeFusco: Great. Thanks.

Coordinator: Thank you. The next question comes from Jodie Fleischer with NBC4. Your line is open.

Jodie Fleischer: Thank you so much. In light of the high transmissibility of the Delta variant and the increase in breakthrough cases you guys are seeing, how concerned are you about the possible resurgence of outbreaks in long-term care facilities especially given that some of those facilities have particularly low vaccination rates?

Dr. Avula: You want me to jump in Lillian?

Dr. Forlano: I can. Yes.

Dr. Avula: Go ahead.

Dr. Forlano: I can probably address that. And Lillian, feel free to chime in here. This is Laurie Forlano. Yes, great question. We're definitely keeping track of the - and have throughout. You know, monitoring the situation in our long-term care facilities. Thankfully, we actually haven't seen - it's been pretty steady in a good way. We haven't seen dramatic increases in outbreaks in nursing homes, for example, yet. The vaccination rate among residents of nursing homes and other similar facilities is actually quite high. There's definitely pockets where that's not the case. We still have a ways to go with some staff in certain facilities.

So I think there are pretty strong mitigation strategies in place in those facilities. Testing remains in play. And again, vaccine rates remain pretty

favorable. We're still working on that because there's definitely turnover in staff. So I guess the short answer is we're continuing to monitor. We're definitely closely watching it because, of course, we have concern because that's our most vulnerable population.

So we're reconvening our Long-Term Care Task Force at the end of this month to touch base with them and make sure everybody's up-to-date on the data and the science and the mitigation strategies to apply.

Jodie Fleischer: Are you considering mandating for staff in those facilities?

Dr. Forlano: Mandating.

Jodie Fleischer: Vaccines.

Dr. Forlano: Vaccine. That's not been discussed to date. I know some facilities or corporate entities have done that as an organizational policy. But we have not discussed that yet.

Coordinator: Next question comes from Sabrina Moreno with Richmond Times-Dispatch. Your line is open.

Sabrina Moreno: Hi, everyone. Thank you so much for taking our questions. Dr. Avula, back in March and April, you had estimated that we would hit this vaccination log. And then we likely wouldn't reach herd immunity. But that was back when we didn't have the Delta variant and the rise in infections.

And I was curious. And this could be you answering or anyone else on the call. What are VDH's plans if vaccinations do not increase and we hit a worse surge that could more heavily impact kids?

Dr. Avula: I'll take a stab and then I'll let Lillian sound off too. So I think there's one other element that's relevant to that question, Sabrina, which is that with the increased transmissibility of the Delta variant that changes the target for herd community, you know. Because herd immunity is an estimate based on how contagious a particular virus or transmit - or communicable disease is.

And what we're seeing with Delta is that it's anywhere from two to four times more contagious than previous strains, which means we need more people to get vaccinated. And so, you know, I've heard national experts, quote, 90% to 95%.

But there's also a reality that this is so transmissible that the bulk of our population will likely be exposed to the Delta variant at some point in the next few months. And they're either going to be exposed to it fully vaccinated or they're not.

And so, you know, I think it's possible that we get to a place where we have 90% to 95% of the population who have immunity either through vaccination or through natural immunity as a result of having contracted the disease. And clearly, we would much prefer that people have that through vaccination because it means that we just won't see as steep a toll in terms of hospitalization and death.

So I don't know what that means for future variants or herd immunity. I mean, I think Dr. Peake talked earlier about the need for us to get as much of the population vaccinated as possible so that we don't give the virus as much opportunity to mutate.

And we can control that to some degree here in Virginia. I mean, we can work really hard to that goal here in Virginia. But this is also a global disease. And so it does raise large questions about do we have a coordinated enough global strategy to vaccinate people.

And the World Health Organization, as one example, has really called that into question over the last few weeks.

So I think back to my earlier comment, COVID is with us to stay in some form or another. And the vaccine science will continue to evolve. And we'll need to figure out through vaccination, through testing, through other mitigation efforts, how do we keep the community as safe as possible.

Dr. Peake: And I would just add that vaccination is our best strategy. But there are also other strategies. When the virus is spreading very quickly and easily like it is now, that's when we have to look at some of those other community mitigation strategies.

So there are other ways to reduce transmission, like masking and physical distancing and making sure that people are staying home when they're sick and staying away from others if they were exposed and could potentially be infectious.

So all of - we have to look at all of those measures together. When we have high vaccination rates, it doesn't require doing some of those other strategies. But when we don't have high enough vaccination and the virus is spreading rapidly, that's when we have to look at a layered prevention approach.

Sabrina Moreno: Thanks so much for that, Dr. Peake. As a follow-up, you know, as we're talking about preventative measures, what is your response to Virginia? So

we're kind of wondering why the state is not taking further preventative measures. You know, whether that be mask mandates, especially as we're kind of battling that increased (politicization) of science and of masks and mitigation measures.

Dr. Peake: The governor said that vaccination is our best strategy and that's what he focuses on right now. And there are other recommendations in place for people to make sure that they are keeping themselves safe.

Coordinator: The next question comes from Maria Leaf with WMAL Radio Washington. Your line is open.

Maria Leaf: Hi. So I just wanted to follow up on what was just said, because the governor did say last week at his news conference that the focus was on vaccination. Yet a lot of the counties have gone ahead and put in mask mandates. or they're encouraging you to wear a mask. So why is it a mixed message? If - we either need one or we need both. And I think it's confusing for a lot of people.

And just to follow up, I was wondering if you have any more specific stats to Northern Virginia as to how - what the increase in vaccination is around here. Thank you.

Dr. Forlano: Danny, do you want to start with the vaccine data?

Dr. Avula: Sure. Yes. So Northern Virginia continues to lead the pack in vaccination and particularly impressive in the adolescent category where some of the Northern Virginia, almost all of the Northern Virginia localities have north of 70%, some as high as 85% in that 12 to 15 category. So that has been really encouraging. I think in many ways, you know, adolescent vaccination is a reflection of parental ideology. And so where you have a high rate of adults

getting vaccinated, you have a much, much higher rate of kids getting vaccinated.

What we report on the public website is actually still an undercount, I think, because while we have statewide numbers on the federally administered doses through the Department of Defense and through other federal entities like the VA and Indian Health Services, we don't have - we don't yet have reliable locality data. We have been asking for this for weeks. They've given us different cuts. We've had some concerns with the data quality of that. And so we have - we hesitated to start to incorporate that into our public dashboarding for the locality data.

But we're continuing to work with the federal government on that and hope that sometime in the next few weeks we will have reliable locality data. If I had to ballpark it, I think it's probably somewhere between a 4% and 5% bump for the Northern Virginia localities based on federally administered doses.

Dr. Forlano: Thanks, Dr. Avula. This is Laurie Forlano. So to the other part of your question about masking, so to be clear. Virginia Department of Health, Virginia as a whole, we are recommending and I think have clearly recommended a combination of strategies, vaccination being one of them, masking being another. We've been clear that because Virginia is currently experiencing substantial transmission, if you go to the locality level, many, well, most localities in Virginia in this current moment are experiencing that substantial or high transmission. The public health recommendation is that everyone should wear a mask in indoor settings, even if you are fully vaccinated when you're in those areas that are experiencing those higher levels of transmission. So that recommendation remains true and consistent.

And other prevention strategies that Dr. Peake alluded to earlier, you know, also are appropriate depending on the situation. And in regards to any other policy questions, I think it's best that those are referred to the Governor's Office (unintelligible)...

((Crosstalk))

Maria Leaf: Right. Because he was asked directly about this. That - this is the question I have. And I think it's why it's confusing. He was asked directly at last week's News Conference if he was going to put a mask mandate in place. And his quote was, I'm focusing on the vaccine, which it sounds like what you're saying is we should be focusing on both. So why is there not a consistent message between the Governor's Office and the Health Department?

Dr. Forlano: So I wasn't - I was out of town. I wasn't at the press briefing. I think the way I hear the governor's message is while his focus is on vaccine I think he's very much supported our masking recommendations. In fact, I think he tweeted about it the same week, the public health recommendation. So I think we're all on the same page when it comes to masking recommendations and being consistent with CDC guidance, both in the general public and also in the school setting.

Coordinator: Thank you. The next question comes from Elisha Sauers with Virginia-Pilot. Your line is open.

Elisha Sauers: Hi. Thank you so much. I guess I wanted to ask, you know, in the beginning of the pandemic or in the earlier stages, we knew that, you know, we sort of had a profile of who the most vulnerable people were. As the virus has evolved and we got the Delta variant now, I'm wondering how the profile of the person who is being hospitalized now with a serious illness, how that sort

of differs or compares to who is at risk of serious illness before. In other words, we're seeing, you know, reports on the national news that children are being hospitalized more often now. I'm wondering what we're sort of seeing here in terms of that in Virginia.

Dr. Peake: Hi. This is Dr. Peake. So the risk factors for having severe disease are the same for the Delta variant as they were for the other strains. Because we have so many people who are older who are more at risk, who are vaccinated, that does change some of the proportions of who's getting hospitalized.

But that doesn't mean that they're necessarily at more risk right now. And so right now, with the Delta variant, it is, you know, it's just now emerging. And so we're looking at that data. And we have to do further analyses. We haven't - there hasn't been information that's come out definitively that it causes more severe disease.

So the - right now, because more people are being infected, like, we have a lot of cases right now then, of course, you're going to see that subset of people who do go onto have more severe disease, just like we did earlier. But the risk factors for severe disease have not changed.

Elisha Sauers: Let me see if I can rephrase that question. I guess I'm wondering, are you seeing an uptick in the number of younger people who are hospitalized now?

Dr. Peake: I don't think we've done a full analysis to compare that at this - we haven't done that yet,

Dr. Avula: Right. And anecdotally, at least in the Richmond area, you know, I've checked in with our local health systems. And that has not been the case. They are reporting, you know, more people with COVID-like symptoms, more people

coming through urgent care. But that has not yet been the case in our hospitals.

And what we're seeing in the southern states is really interesting. I mean, the reports out of Florida and Arkansas and Louisiana where their pediatric wards are seeing the highest numbers of children being hospitalized, that was not the experience of Israel or the United Kingdom as they dealt with the Delta variant.

And so it is something that is something we need to keep a close eye on and figure out. Is that a function of exposure? Because compared to last summer, you know, kids were on lockdown. Camps were canceled. Schools were closed. And so there just wasn't as much opportunity for infection.

And so I think, as Dr. Peake said, we need to continue to follow this. Get a little bit better data in Virginia specifically around pediatric hospitalization.

But so far, at least in Central Virginia, not seeing it here.

Elisha Sauers: Thank you.

Logan Anderson: Hello, everyone. This is our five-minute warning before the end of the call. We have time for one final question. Operator.

Coordinator: Thank you. And that question does come from Jenna Portnoy with The Washington Post. Your line is open.

Jenna Portnoy: Hi. When it comes to the breakthrough cases, can you tell me if you track the brand of vaccine people received and if you plan to report that, please?

Dr. Peake: Yes. So the studies on trying to understand the different vaccine effectiveness by vaccine have to be done in a structured way with a large dataset. So that - those are studies that the CDC is conducting right now.

Jenna Portnoy: But do you track the information of which, for your - for the Virginia cases?

Dr. Peake: We're not looking at that, analyzing that data, but we do report it to CDC...

Jenna Portnoy: Okay.

((Crosstalk))

Dr. Peake: (Unintelligible) be the large study.

Jenna Portnoy: Thank you.

Logan Anderson: 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 will be able to access these documents at www.vdh.virginia.gov/coronavirus/media-room.

Once again, if we were unable to answer your questions today, please email them to the VDH Communications Office. And thank you again for tuning in.

Coordinator: Thank you. That does conclude today's conference. We appreciate your participation. You may disconnect.

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