

**Virginia Department of Health Tele-Press Conference
on Virginia's COVID-19 Testing Developments
Moderator: Cheryle Rodriguez
January 4, 2022 - 9 to 10 a.m.**

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

Cheryle Rodriguez: Thanks. Good morning and thank you for joining our call today. My name is Cheryle Rodriguez and I'm the Public Information Officer for the Virginia Department of Health Office of Communications.

Today we are joined by the Deputy Director of the Office of Epidemiology, Dr. Laurie Forlano. She will give an update on COVID-19 testing activities and initiatives across the Commonwealth.

Today's call is being moderated by an operator so when we get to the Q&A portion of the call, please follow his instructions to ask questions. Now I'd like to welcome Dr. Forlano to share a brief update. Dr. Forlano?

Dr. Forlano: Thanks, Cheryle. Good morning everyone. Cheryle, I just want to make sure you can hear me all right.

Cheryle Rodriguez: Yes, we can hear you fine. Thank you.

Dr. Forlano: Great. Thank you. Happy New Year everyone. Thank you for joining this morning; hope you're staying warm during this winter weather. Today we're going to provide some information about COVID-19 testing.

So what I hope to cover today is a bit of an overview about when to get tested, how to understand a little bit more about the types of testing so a review on that and just in general, helping folks understand when they need a test.

Is it critical and what are their options? And also some information about what VDH is doing to help increase access to testing and help people find testing.

As everyone knows, testing is an important strategy to help reduce the spread of COVID-19 in combination with other prevention measures such as masking, vaccinations and distancing.

It is important to understand when a person needs to seek testing so I thought I'd start with that. The following are reasons to get tested for COVID-19. People should get tested for COVID-19 if you have symptoms of COVID-19.

A person who has come into close contact with someone with COVID-19 should be tested to check for infection. VDH now recommends -- this is a somewhat new recommendation, so we recommend now that all close contacts regardless of their vaccination status get tested after exposure if that's possible.

We prefer testing on day five after an exposure, but testing on days three to five post-exposure is also an acceptable window. A person who's been asked

or referred to get testing by their workplace or their school or their healthcare provider or health department, of course, that's also a category of persons who should be tested.

For all of the people that have been exposed, so a close contact, those persons as I said -- I just want to reiterate this -- should get a COVID-19 test three to five days after their exposure, ideally on day five.

There are many COVID-19 test locations in Virginia. I'll get into some detail about that later and some of those offer free testing. If you develop symptoms after your exposure regardless of your vaccination status that is -- that's a point at which someone should immediately isolate and seek testing for COVID-19.

Individuals with a fever should stay home until they're -- they don't have a fever any longer, and that's in the context of not using any kind of fever-reducing medication like ibuprofen.

Even if you do not have symptoms and your COVID-19 test is negative after an exposure, we'd still recommend people monitor their symptoms for ten days and follow any quarantine recommendations as is appropriate, and all of those recommendations are on our website.

Some settings like schools are conducting screening testing for COVID-19, and what that means is the regular serial testing of individuals who have not had a known exposure or do not have symptoms, and the intent with screening testing programs in certain settings is to try to catch some of the cases ahead of time to avoid some more rapid transmission in that setting or outbreaks.

We do know that people sometimes are seeking testing if they're anticipating gathering with family, for example, or before travel and people may want to consider self-testing for situations like that.

So they don't have symptoms, they haven't had an exposure but they may be traveling and they want to consider self-testing. However, during this time of very high community transmission, which is resulting in some strain on the healthcare system and testing systems, we are also asking people to consider the criticality of that kind of testing and whether other options might be possible during this time of very high community transmission.

For example, if you're a person who is asymptomatic or does not have a known exposure, is it possible to postpone that non-essential travel or postpone the gathering with others that may be more vulnerable to serious illness or hospitalizations, et cetera?

There's a lot of information about what to do after an exposure on our website. The steps to take are based on your vaccination status and there's information that is intended for the members of the general public, and there's also some information about the individuals who are healthcare providers.

Other sector-specific guidance, which includes testing such as correctional facilities or congregate settings, might differ from the general public guidance and we hope that that detail will be available from CDC soon.

So until that guidance is updated, VDH recommends following any existing sector-specific guidance for settings such as corrections facilities or

congregate settings. VDH has also posted interim isolation and quarantine guidance specific to K-12 schools, which includes some testing recommendations, so I'd just encourage people to go on our VDH Web site to better understand exposures and what to do and how testing might come into play there.

There are some people who have been exposed to COVID-19 who do not need to get tested if they do not have symptoms. So essentially people who have tested positive for COVID-19 within the last three months and have recovered - as long as you don't have new symptoms you do not need testing.

There are a lot of different types of testing kind of in two big buckets. A viral test tells you if you are infected with the virus that causes COVID-19. There are two types of viral tests.

There are rapid tests and then there are tests conducted in a laboratory. Viral tests use samples that may come from your nose or your mouth like the swabs that some of you may have experienced.

Rapid tests are performed very quickly in minutes and they can include antigen testing. There are some rapid tests that are nucleic acid amplification test or PCR testing. Those are less common.

Laboratory tests can take -- so tests that are conducted in an actual laboratory. Most people are familiar with that as being PCR but that can take some days to complete after your swab, so some testers and -- some test results, for example, antigen test results may need confirmatory testing.

Self-tests are the rapid tests that can be taken at home. There are rapid tests that are professional use only, so a healthcare provider would conduct a rapid test on you but self-tests are those that are self-administered.

They can be taken at home. They're relatively easy to use and they do produce rapid results, typically within about 30 minutes. COVID-19 self-tests are one of many risk reduction measures.

They are not perfect but they are definitely a helpful tool to help reduce risk along with vaccination, masking and distancing and that can help protect you and others by reducing your chances of spreading COVID-19.

There are some tools online through CDC. I believe some of the widgets are on the VDH Web site. One tool is a COVID self-checker that walks a user through a clinical assessment tool and can help you decide when to seek testing or care if you think you've been exposed or you think you've contracted COVID-19.

There is also an interactive viral testing tool to help with decision-making about whether to isolate or quarantine or follow other measures after getting tested. I don't think I need to say this to everyone, but there has been a surge in demand for COVID-19 testing in recent weeks, and that is due to a variety of factors.

It - in - some of those variables include an - obviously an increase in COVID-19 transmission, which is somewhat being fueled by the very transmissible omicron variant. Also contributing are the increased numbers of resulting cases and exposures and, therefore, people seeking testing.

There has been over the last couple of weeks increased travel, increased family gatherings due to the holiday season, and there was a recent renewed emphasis from CDC on testing recommendations so the combination of a lot of those factors is fueling the demand.

There are simultaneously issues regarding supply in some regard -- we'll get into that in a minute -- and not just the stuff or the supplies, but healthcare capacity in general is being strained due to staffing issues.

So our healthcare providers are being impacted by COVID-19 similar to the general public. They are being impacted by COVID-19 illness or exposure. That means that there are sometimes healthcare workers that need to be out of work, which is impacting capacity for healthcare settings to staff testing clinics in order to collect the specimens for laboratory testing, so there's a lot of factors at play: the increased demand, also people seeking antigen testing for a variety of reasons, healthcare capacity being strained so it was a bit of a combination of things all at once.

VDH is aware that many people are having difficulty accessing the rapid antigen testing and that is also a multifactorial problem. There are some challenges in manufacturing and supply chain issues that are having trouble keeping pace with this surge in demand.

These issues are not unique to Virginia. VDH has experienced supply issues with rapid point of – or point-of-care tests across multiple brands. We -- we've placed orders that have still not been fulfilled, and in total some of those

orders were weeks or months ago so we are experiencing that and being impacted by that.

The availability of rapid antigen testing might be strained for some time. Pharmacies are working hard and other retail outlets are working hard to maintain that retail supply of the antigen at-home testing kits as capacity allows.

You may be able to access those supplies at pharmacies, local health departments, through our library program or your healthcare provider. We do recommend that if you're purchasing your – if you're able to find the at-home test kits, that you secure those test kits based on your immediate needs rather than keeping a lot of extras on hand.

That will help with the supply issues. You can plan ahead hopefully for travel or planned events by making an appointment at a testing event or a pharmacy. And President Biden announced earlier this month that the federal government will be purchasing several hundred million rapid antigen test kits and shipping them directly to the public in a somewhat yet to be determined process.

We're getting more information about that hopefully very soon. An important point I want to bring up, and then we'll be able to move to questions soon -- VDH in Virginia in general has an adequate supply of PCR testing on hand and we have sufficient laboratory capacity.

Many healthcare providers offer PCR testing to their patients. It is possible that some healthcare providers may reserve that testing for people who have symptoms or more serious illness or those who have been exposed.

And as I said before, the healthcare capacity may be strained in some areas due to staffing issues, so there may be issues in some areas with temporary limited capacity for healthcare settings in order to collect those specimens.

But so far, we have heard that for the most part their PCR testing is accessible, so we would ask people to consider PCR testing if immediate test results are really not needed.

They -- those PCR results can take a couple of days to be processed so if you don't need that -- immediate test results, PCR testing is a good option to pursue and we would ask that you quarantine while waiting for your results if you've been exposed so you don't risk spreading illness to others.

There are a lot of different avenues where people can go to try to find testing. We have a – VDH has worked hard to provide a diverse testing landscape and options. We do recommend using PCR when available during this time of strained rapid antigen test supplies.

You can contact your healthcare provider if you're symptomatic or have a known exposure. We encourage you to seek at-home testing kits at local pharmacies or other retail outlets and check regularly for supplies as they get in shipments frequently.

You can use our testing locator online. That's not exhaustive but it does provide information. You can call your healthcare provider, and again consider that conventional lab PCR testing is an alternative to rapid antigen testing right now.

We really want to emphasize and encourage individuals to use hospital emergency rooms and those emergency medical services for medical emergencies only right now.

When you are ill, consider visiting urgent care or calling your healthcare provider if you're mildly ill for assessment and to talk through testing options, but emergency room care should really be reserved for those urgent and medical emergencies.

Contact your local pharmacy. Look at our – look at the website of your local health departments. Our local health departments typically provide the most current information on testing locations in their communities so that is a great resource.

And if you have had a known exposure or suspected exposure and have trouble finding testing and you are not symptomatic please quarantine at home, stay away from others according to public health recommendations, and as I explained those vary on vaccination status and whether or not you've been boosted.

We are offering a lot of different options and avenues for testing. VDH is one piece of the testing puzzle. Our local health departments work to provide community testing events.

There are 51 community testing events scheduled this week across all five regions of the Commonwealth. Some of those may have been impacted by the weather but 51 events were scheduled.

Most of those offer walk-up testing. Some are appointment-only. We've established a process to provide a variety of point-of-care and at-home self-testing kits to more high-risk settings like jails, prisons, homeless shelters, skilled nursing facilities, K-12 schools, federally qualified health centers and rural health clinics.

We continue our partnership with Walgreens, which offers free rapid antigen testing and 60 stores across the Commonwealth. Our library program - I'm happy to answer questions about that.

Currently, 45 – I believe 45 library systems have opted into the program. Many of those have several branches and I think 16 to 17 more systems are scheduled to begin participating in January, and we continue to supply them as supplies allow.

We previously provided federal grant funding to higher education institutions so they can provide free testing to students, educators and staff, and there are a few school testing programs that are in the works.

So I'm happy to answer questions on any of that. I think those are my comments for now so Cheryle, if you want to moderate questions that would be great.

Cheryle Rodriguez: Thanks Dr. Forlano. 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 information associated with COVID-19 testing.

If you have questions about other topics, please don't hesitate to reach out to the Office of Communications and we'll be more than happy to answer those inquiries. Now please remember to limit your inquiries to one question and one follow-up per person to allow time for everyone. Now we will begin the Q&A portion of today's call. Operator?

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

One moment for the first question please. The first question in the queue is from Kate Masters with the Virginia Mercury. Your line is now open.

Kate Masters: Thanks so much and thanks Dr. Forlano for holding this. My first question is you touched on supply chain issues, but I guess big picture I'm wondering if you could explain more.

I mean, what's preventing VDH from just purchasing, you know, millions of antigen tests with, you know, the federal funding that Virginia has received and scaling up its state testing program the same way we saw with contact tracing earlier in the pandemic?

Dr. Forlano: Sure. Thanks Kate for the question. So we have ordered and shipped a variety of - so I'll start with what we've already done - a variety of point-of-care and over-the-counter rapid antigen test kits for our programs that are funded through our federal grants.

Those kits have gone to settings like homeless shelters, confinement settings, jails, prisons, federally qualified health centers, free clinics, nursing homes, libraries and K-12 schools as product.

So we – and in addition to that, we have submitted orders both directly to manufacturers and through state contracts, and many of those orders have just not been fulfilled due to national issues with supply.

So we are shipping out -- VDEM – in partnership with VDEM any - as product becomes available to VDH, VDEM helps immediately allocate and ships those supplies to our designated grant recipients and designated high-risk settings like I said.

We do not receive any tests from the federal supply directly, and we do not have any stock of tests in our warehouse. We work with our state contractor and community partners weekly to assess availability of tests and project needs, and then we send in smaller purchase orders to cover, you know, kind of specific project deliverables until the manufacturing and market availability allows the full order to be fulfilled.

So part of it is just we don't have the supply to distribute. Another - factors - a question we've gotten is, for example, the library program or our school program, which uses proctored kits, so it's a kit that the user would call a telehealth guy that walks them through the test.

They get an official result. Those tests are different than the test kits we would provide for professional use. They are different products and intended for different types of settings.

So we do, but in short we ship out and fulfill needs as the supply allows us to do. Hopefully that answers your question.

Kate Masters: Yes. And I guess the other follow-up would be, you know, you mentioned that right now the state has plenty of supply of PCR testing, which to my understanding is mostly being done at local health department events or that's the type of testing they're offering.

But I've gotten a lot of reports of local health departments, you know, in recent weeks where their testing events are just completely, you know, overwhelmed by demand. You know, it seems there are relatively few staff members working compared to the number of people there, you know, reports of running out of tests.

I mean, do you know why that's happening, you know, why we're seeing these events get so completely overwhelmed?

Dr. Forlano: Yes. Thanks for the question. So I think I'll start by answering that question just by saying that public health or VDH and its local health departments are a – kind of a -- one of the many test providers.

And, in fact, we would -- we provide probably the minority of testing and the majority of testing is conducted by the private sector so healthcare providers, pharmacies, et cetera.

Public health is definitely coming to the table with what you're describing as community testing events, which do provide the PCR testing. I think that the

reason why some of these testing events in recent weeks are overwhelmed is due to the factors that I talked about earlier.

The – this surge is being fueled by a variant that is just very, very transmissible and those are resulting in very high case numbers, very high numbers of exposures and it is hard to keep pace with that.

In addition, our healthcare providers are being impacted by those cases themselves or exposures themselves and that's not unique to VDH. That's across all healthcare sectors.

So I do think the combination of the demand, the holiday season, travel, gathering, supply issues on the antigen side, which then pushed people to PCR testing -- it was just kind of a perfect storm.

For example, you know, prior to this surge many of the testing events were were sparsely attended so it's been a real, real shift.

Kate Masters: Thank you.

Coordinator: Next question is from Jenna Portnoy with The Washington Post. Your line is now open.

Jenna Portnoy: Hi. This question is actually a little broader than testing so if you can't answer it just let me know. But you referenced the strain on hospitals and part of this is because people are going to ER for testing.

Can you explain how sort of the surge is affecting hospitals compared to previous waves? We know the death rate is down and I wonder why that is. Thanks.

Dr. Forlano: Yes. I – I'll make one comment but I think your question is probably best directed to VHHA, our hospital association. But in general yes, we're aware of reports where hospitals are being impacted not only by high visits to emergency rooms, some of which may be for testing or mild illness, for example, but also that hospitals are experiencing some challenges with staffing due to cases and exposures in their healthcare staff. But I think I direct your question to VHHA and we'd be happy to connect you (unintelligible).

Jenna Portnoy: Okay, thank you.

Coordinator: Our next question is from Stephanie Hudson with (WAV)-TV. Your line is now open.

Stephanie Hudson: Good morning. Thank you Dr. Forlano. I'm just wondering, as this virus becomes endemic as noted even by our governor, why do we continue to recommend testing at this level?

For instance, if someone is vaccinated and they don't have symptoms and they just had a close contact, you know, it seems like we could get rid of some of the lines and some of this demand if people without symptoms or even people with symptoms- if they just isolated instead of going out to get testing.

Dr. Forlano: Yes. So a good question. I think there's a lot of components to an answer. I do – and I hope I've conveyed I do think there's different levels of criticality for testing.

Like you would still prioritize individuals with symptoms, you know, individuals with symptoms. I mean, that can help direct their clinical care, which is different than public health, you know, public health agenda which is, you know, broader population-based.

You know, if you can isolate for two weeks, for example, if you're symptomatic or you can quarantine for the recommended period if you're asymptomatic or exposed, for example, yes, that is an option.

That's not always a feasible option for many people. So we continue to focus on trying to meet the demands and trying to assure equitable access as best we can. But I think your point is well taken and that the, you know, trying to tease through whether a test is critical I do think is important to think about right now.

That's typically best done with a healthcare provider so we would recommend that sort of conversation.

Stephanie Hudson: Sure. Thank you. Especially I guess if you're waiting for five days to get the test results you may -- you might be at that point of isolation anyway.

Dr. Forlano: Right. Right.

((Crosstalk))

Stephanie Hudson: Let me follow up by asking then if we are continuing to test so many people, the – these recommendations out there. For instance, in our area with our community vaccination clinic we have one day of testing and then five days of vaccines.

Would it not possibly be prudent to change that or do we not have enough tests? So we did maybe two days of testing and three days of vaccination since we have kind of leveled off a bit anyway on people seeking the vaccine.

Dr. Forlano: Vaccine will remain an important strategy and remain a focus for VDH so I'll start with that. But on the testing question, we're definitely working with local health departments right now in very active conversations as to how we can increase community testing events or other avenues for testing in communities.

We want to do our best to try to match increased testing support via testing events, et cetera with the areas of the Commonwealth that are, you know, just kind of hotspots or really increased surge right now.

We are experiencing it everywhere but some regions are perhaps feeling it more than others, so we'd like to match those resources to those areas. So to answer your question more succinctly, we're working with health departments to make sure we match testing resources and support with them appropriately, and I think you'll start seeing the results of that over the next coming days and weeks.

Stephanie Hudson: Thank you.

Dr. Forlano: Like I said there are 51 testing events scheduled for this week, and I believe that's up from 30, you know, 30-something that were scheduled eight weeks prior. And, you know, just to piggyback on that I do want to emphasize the - I think a lot of the visibility of testing demand obviously is from the general public.

In addition to that, public health has really focused on some more vulnerable settings, for example, nursing homes, schools, persons experiencing homelessness or in congregate settings, and those programs are happening in the background, you know, to make sure that those settings have testing support to hopefully meet at least some of their needs in those settings where transmission (unintelligible) might really take hold and have a really concerning impact in some of those settings. So and we are focusing both on general public access, but also making sure we have solid testing infrastructure in those (unintelligible) settings.

Coordinator: And the next question in the queue is from Madison Doner with ABC13. Your line is now open.

Madison Doner: Hi there. Thanks so much for holding this meeting today. My question is I know that VDH has said that some of those cases have peaked, but it's not the highest point as it has been in the past.

So my question right now is pretty much when it comes to rapid testing and PCR testing, you know, how critical is it for you guys, you know, quantity-wise as far as how many tests you guys have on hand?

Dr. Forlano: I'll answer that in a broader context because again, VDH is not the sole testing provider in the Commonwealth. We do that in partnership with healthcare providers in the private sector.

Supply on the antigen side, as I explained previously is tight. But we – when VDH, the supply that VDH has access to, you know, that we order from manufacturers off state contracts, et cetera. We, as soon as we receive supply, it gets pushed out. I don't have a, you know, a number on hand, but that's how it works.

PCR testing and the system that offers PCR testing which includes health care providers and health care settings, that's a system across public and private sectors. And again, I, you know, I do think we have adequate PCR, you know, collection kits and laboratory capacity.

We are experiencing some strain on healthcare provider capacity to collect specimens, et cetera. But we're kind of pulling out all the stops with community testing events, et cetera, to hopefully help relieve some of that and also using you to help us get out messages.

Thank you very much to the public about when seeking testing is appropriate and when they might be able to not seek testing or different types of tests. Hopefully that helps.

Coordinator: Our next question is from Alex Thorson with ABC 8. Your line is now open.

Alex Thorson: Thanks for taking our questions. I'm wondering if, considering the CDCs, new guidelines regarding quarantine and isolation, does VDH think that those new

guidelines will impact the testing situation in Virginia as folks are looking for a test and as you mentioned, the strain on the ability to test folks? Do you think that these new guidelines will change anything in the Commonwealth as folks search for a test sometimes for days?

Dr. Forlano: I, you know, I think the reasons for the demand are again, multifactorial. I'm not sure the new recommendations from CDC are really the main driver there.

We were seeing this increase in demand prior to that announcement and anticipated some of it through the holiday season and travel, et cetera. So I'm not sure. It might be somewhat of a contributor but I'm not it's the main driver here.

Coordinator: Our next question is from Colby Johnson with WHSV TV. Your line is now open.

Colby Johnson: Yes, hi. Thanks for having me on guys. Dr. Forlano, I was just curious I know you guys have talked about a little bit about you have a lot of community testing events and collecting the necessary resources to kind of expand and offer as much testing as you can.

One issue, one area we've seen a lot of problems are with people not being able to get as many tests, not even as much testing available as Page County in our area with a lot of rural communities like that where it's a lot harder for these folks, maybe they only have one pharmacy really within miles and miles.

So what kind of ways are you guys trying to sort of ramp up your testing efforts, particularly in rural areas where I mean, throughout the pandemic and especially the last month or so? It's really been hard for people to get tests.

Dr. Forlano: Yes, I appreciate that a lot and thank you for bringing that up. So a few strategies we're trying to use to help ameliorate that, one for example, I'll bring up this in some rural areas we've tried to push out test kits through our library program or STAC program.

And people can find a participating library online. They do understand that libraries may not always have supply, but we're trying to feed them supply as best we can.

In Southwest Virginia we've worked closely with an organization called Health Wagon which you're probably familiar with. We provided a point of care test kits, at home test kits so they can get it out to folks in need.

We also, of course, have offered ample testing resources to schools across the Commonwealth, of course, including schools that may be in rural areas. And support to schools have included the provision of at home test kits for students, staff, et cetera. So hopefully that would take off some of the burden.

So I appreciate the challenge. We definitely understand transportation is an issue in rural areas, so hopefully some of these programs will help alleviate that. And as always, contacting the local health department for more local events is a good strategy.

Colby Johnson: Yes, thank you.

Coordinator: Next question is from Cameron Thompson with WTVR. Your line is now open.

Cameron Thompson: Thank you, and thank you for holding this Dr. Forlano. Regarding the school and library testing program like you've been mentioning, I know locally at least the libraries, you know, they're running out within a day of getting those new shipments.

For the Test-to-Stay program that's set to launch in some of the schools, obviously delayed because of the snow considering the spread we're seeing and the likely demand. Do you know what, if any, impact the current shortage might be having on the ability of this program to launch and sort of stay at capacity and what will happen if there is, you know, a shortage that impacts the program?

Dr. Forlano: Thanks, sure. So Test-to-Stay. So I'll start with before I get into Test-to-Stay school testing in general, in case folks don't know, we have one program called ViSSTA, where we provide PCR screening, testing support through partnerships with vendors. We provide financial support to public schools that are participating so they can hire support staff or needed supplies, technology, et cetera. And that program provides weekly screening testing to people who have not had an exposure or who have not - who are not sick.

We also have provided diagnostic testing supplies to K-12 schools. We've provided over 140,000 proctored at home test kits to K-12 schools across the Commonwealth for the testing of persons with symptoms or those who have had no exposure.

Test-to-stay is a newer development and as a result of CDC putting out some guidance and some publications in mid-December. It's a practice that consists of contact tracing and serial or repeat testing that will allow a school associated close contact to continue to attend school during what would have been their quarantine period at home.

So the purpose of that is to use the strategy testing, to contain the spread of COVID-19 while simultaneously minimizing the disruption for a kid who's been exposed so that kid can continue to go to school if they've been testing.

We will be launching the pilot phase of Test-to-stay, hopefully within the next seven to ten days. We had a bit of a pushback because of the snow. To ensure - and the pilot phase is to ensure that we understand all the operational issues and logistical issues before finalizing our guidance and making sure we really understand the resources needed for this program.

It is a high touch program. It is -- I mean not, you know, figuratively. It is -- it definitely is work on the local school. So we want to make sure we fully understand all the needs before we scale up.

We don't yet know what level VDH will be able to resource that program, for example, with free test kits. Ae will be providing free test kits to the pilot schools to make sure we can, you know, look at the program and evaluate it. And we'll be doing some financial modeling to determine what level of test kits we can supply.

We have less trouble with, at least right now with the proctored test kit product that we use for that program. So I'm hopeful that we won't have as much difficulty with that particular product. So hopefully that answers your question.

Cameron Thompson: Thank you.

Coordinator: And just a reminder, if you would like to ask a question over the phone, please press Star 1 and record your name. Next question is from Ian Munro with the Daily News Record Harrisonburg. Your line is now open.

Ian Munro: Hey good morning. So I was wondering about, you know, we're talking about supply issues. Is there any thought on VDH's part that some of it is from the delays caused by the FDA focusing on only a few types of tests?

I know that back in November after a lot of outcry about backlogs and focusing only on tests from a few companies that the FDA has kind of said, "Okay, we're going to refocus on getting more test kits out and viewing more of them."

Is there any thought from VDH that some of the supply chain issues that we're still seeing today are a bit of a hangover from FDA focuses on testing kits from just a few companies?

Dr. Forlano: I'm not sure I'm able to answer that question. I'm not sure I have enough information on the federal process. I think that question would be better directed to our federal partners. Yes, that's what I have to say about that.

Ian Munro: All right, well thank you.

Coordinator: Next question is from Ali Weatherton with ABC 13News Now. Your line is now open.

Ali Weatherton: Hi. Thank you for holding this, just a quick question. Obviously, we've seen that our pharmacies' Patient First urgent care facilities are out of tests especially in Hampton Roads.

And I saw yesterday I attended the Military Circle Mall Clinic. And I was told by officials there that they actually had to stop testing for a while due to the staff shortages.

Can you talk a little bit more about how that really is affecting you guys? I know hundreds, at least 500 people waited in line and some were turned away for that.

Dr. Forlano: It – okay so I think I understand your question to be is how is the surge impacting VDH healthcare staff (unintelligible)?

((Crosstalk))

Ali Weatherton: Yes, other the -- I mean, just with the staffing, I know you said some are getting sick.

Dr. Forlano: Sure.

Ali Weatherton: But is there just too much demand to keep up with the staffing?

Dr. Forlano: I do think the combination causes strain in some areas. So I think it's a combination of the two. VDH and its local health districts are definitely feeling the impact of COVID-19 among our own staff, similar to other healthcare settings.

I think we're in the middle of trying to assess that. But the local health districts are pretty resourceful and they do what they can because they understand the demand and the need and it's important.

So there will be instances where, unfortunately, the combination of just everything that we've discussed today, you know, increased demand, strain on the traditional healthcare, private sector healthcare system, short supply of antigen tests, et cetera, is just causing some of these back ups.

But I'm hopeful that we'll see some relief and some strategies coming to fruition in the coming days. And, you know, so just kind of reiterating whatever you covered today. Thanks.

Ali Weatherton: My follow-up question is the Chesapeake Health Department. I talked to the emergency management director there. He said that they have had to order testing supplies from a private vendor which has cost them apparently like \$55,000.

Is that happening with the health -- just health departments across Hampton Roads in Virginia or is that just an abnormal thing because some areas are out of testing?

Dr. Forlano: I would need more information on that specific situation. I do know that some localities, counties, states have made decisions to buy their own supply. So I'm sorry. I'm not sure I have enough detail on that particular situation to comment.

Ali Weatherton: Thank you.

Coordinator: Our last question in the queue is from Eric Kolenich with Richmond Times Dispatch. Your line is now open.

Eric Kolenich: Hi, Dr. Forlano. You had mentioned that the shortage of rapid antigen tests could last for a while. Have you guys spoken with the pharmacies throughout the state to find out maybe how long it'll take for them to get back to normal and how often they might get shipments until then?

Dr. Forlano: Yes, we are in regular communication with pharmacy partners for a variety of reasons, both on the vaccine side and obviously with pharmacies that offer testing. Some of the information admittedly is a bit anecdotal. You know, we just, we're in constant communication with pharmacies, so we get information that way.

It is hard to predict. So my earlier comments about it could last for a while is - I make that only because there is some unpredictability to the supply chain at the national level. So that was my intent there.

But yes, in short, we do communicate with pharmacies regularly. We have obviously a very strong relationship with Walgreens because we grant funding to support free antigen testing in some locations.

But many other pharmacies offer testing or they offer the purchase of rapid antigen test kit supplies. And I am certain that those pharmacies are working really hard to make sure their shelves are stocked as best as possible. And they are also, you know, in constant communication with federal partners to try to get information as it becomes available.

Eric Kolenich: Thank you.

Cheryle Rodriguez: I want to...

Dr. Forlano: (Unintelligible),

((Crosstalk))

Cheryle Rodriguez: ...thank everyone for joining our call today. Dr. Forlano, thanks for all your work in getting this together. There will be an audio recording posted on the VDH Web site as well as a written transcript. If you have some additional questions, please again, don't hesitate to reach out to the communication team. We're here to assist you with that. And thanks again for joining us. Have a great day.

Dr. Forlano: Thanks everyone for your time.

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

END