

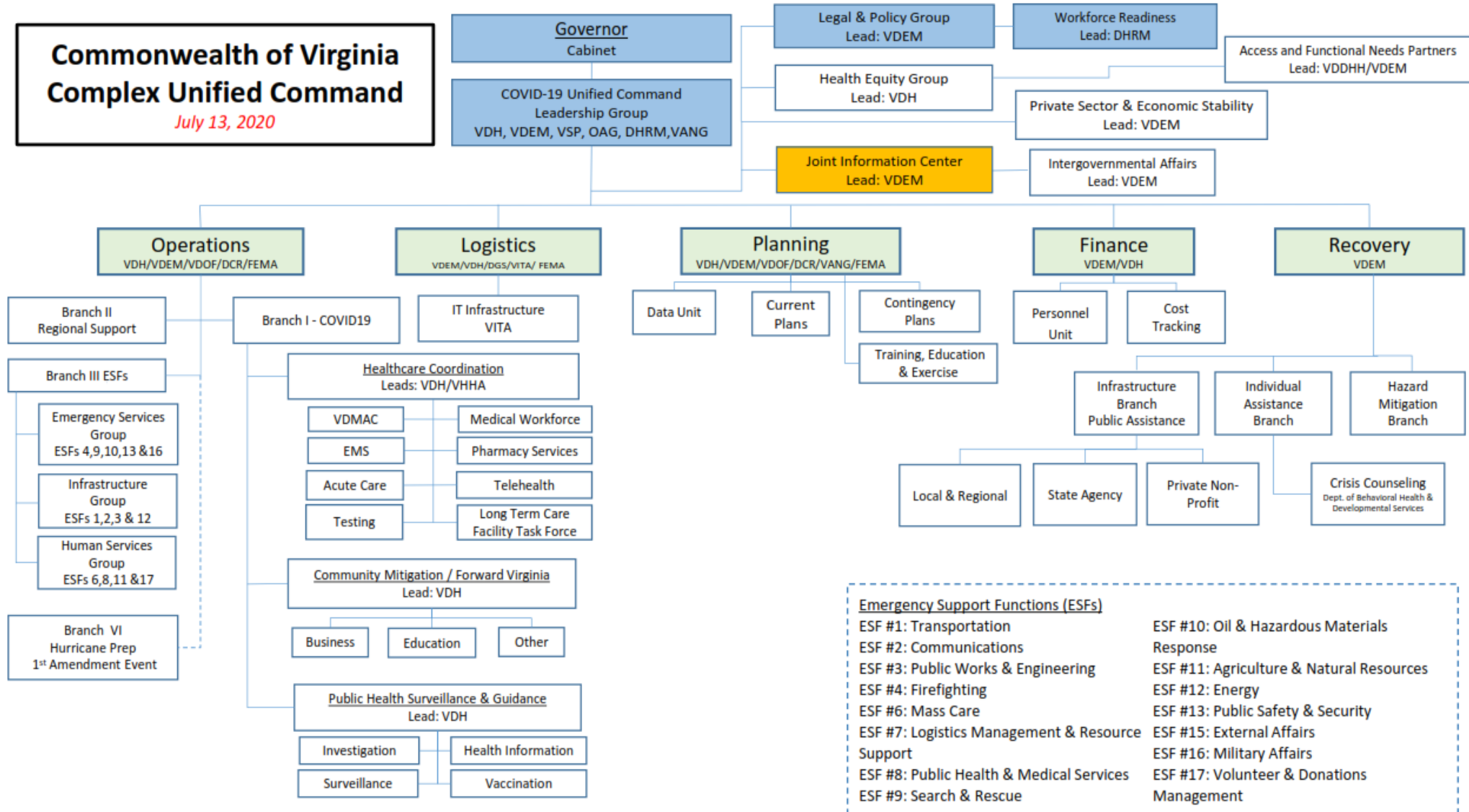
**VIRGINIA'S
HEALTH
IS IN YOUR
HANDS.**

Do your part,
stop the spread.

Virginia COVID-19 Testing Update

October 13, 2020

COVID-19 Organizational Chart



Testing Goals & Objectives – PCR/Community Testing Team (Formed April 2020)

1. Facilitate testing initiatives across the Commonwealth to reach testing goals and <10% absolute positivity goal

- Objective: Facilitate and implement community testing events to meet demand
- Objective: Establish and maintain a diverse set of contracts to support testing mission
- Objective: Communicate health district level data with VDH leadership and district directors to understand current trends

2. Support Point Prevalence Surveys in at-risk facilities (i.e., SNFs, ALFs, jails/prisons)

- Objective: Schedule and implement PPS in identified facilities (missions)
- Objective: Monitor where outbreaks are occurring and work with outbreak team to develop testing plan

3. Create infrastructure to enhance and maintain testing access across the Commonwealth

- Objective: Continue to work with pharmacies, address barriers, and explore reimbursement mechanisms
- Objective: Enhance lab capacity and testing turnaround times through the establishment of the OneLab concept
- Objective: Work with the Testing Advisory Council to consider use of new technologies to support testing

4. Prioritize testing for vulnerable populations and ensure utilization

- Objective: Collaborate with the Health Equity Working Group to formulate proactive strategies for reaching vulnerable populations
- Objective: Collaborate with the JIC/PIO's, VDH Partners, and Health Districts to provide appropriate messaging
- Objective: Ensure equitable access to testing for those with accessibility and functional needs

5. Continue to track costs and funding needs

- Objective: Formalize and submit requests for additional federal funding and track approval and disbursement
- Objective: Determine grant reporting requirements and develop mechanism for continued insight into spending by local health districts

Statewide View: High-Level COVID-19 Metrics, Cumulative

Updated 10/7

Key Metrics, as of 10/7

Total Cases:
153, 691

Total Hospitalizations:
11,345

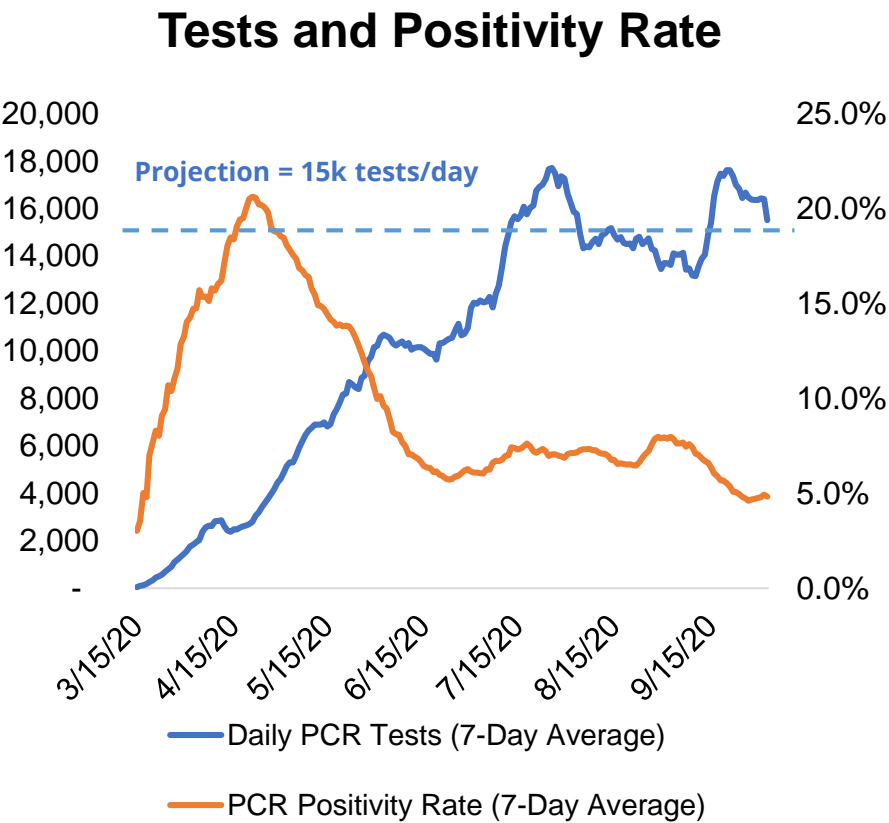
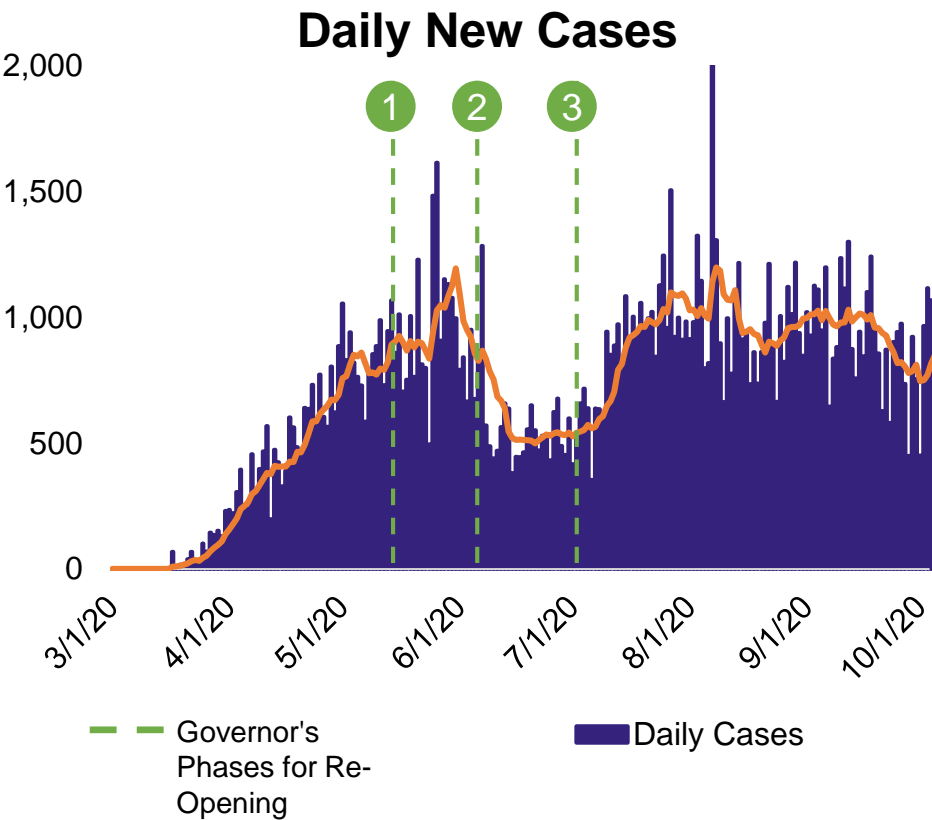
Total Deaths:
3,303

Total PCR Tests:
2,170,313

Quick Facts

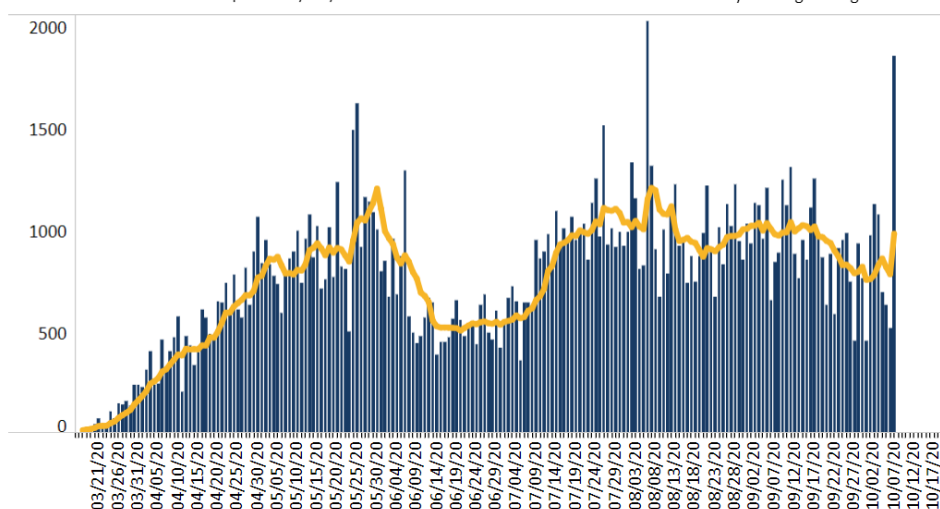
- As of 10/6, Virginia's 7-day average daily new cases is 809 (10 cases per 100k).
- As of 10/3¹, the daily tests 7-day average is 15,518 (down from 16,116 last week) and the 7-day average positivity rate is 4.8% (up from 4.5% last week).
- As of 10/7, 1,003 patients are hospitalized with COVID-19, 228 patients are in the ICU, and hospital capacity is at 79%.
- As of 10/7, the Effective Reproduction Rate (Rt) in Virginia is 0.87. An Rt less than 1.0 indicates the virus is shrinking within the population.

1. To account for delays in adding more recent data, a 3 day buffer is applied to lab data. The latest day of full data as of this report is 10/3.



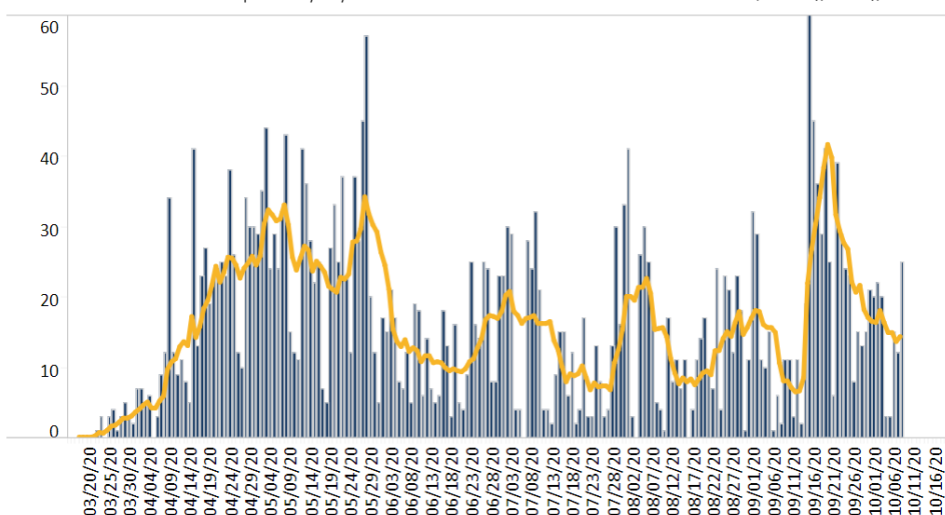
Total Cases by Date Reported - Virginia

Number of new cases VDH reported by day.

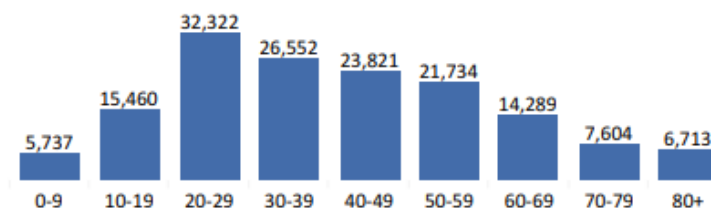


Total Deaths by Date Reported - Virginia

Number of new deaths VDH reported by day.

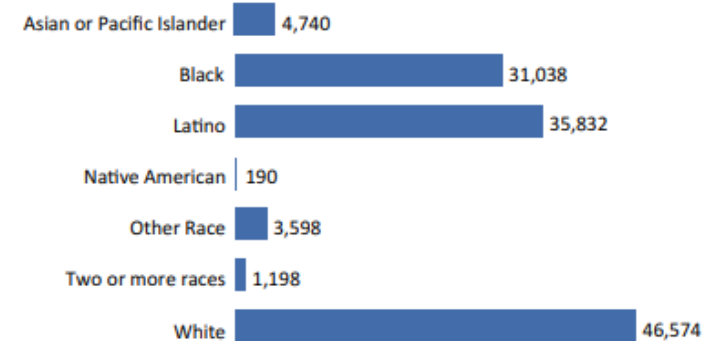


Cases by Age Group - Virginia



Not Reported: 1,303

Cases by Race and Ethnicity* - Virginia



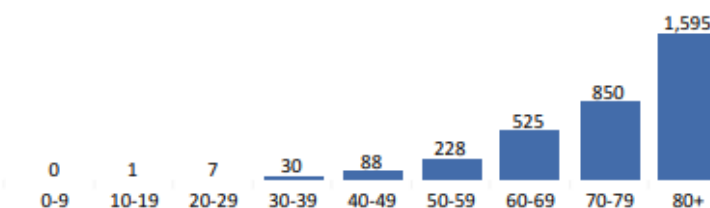
Not Reported: 32,365

Cases by Sex - Virginia



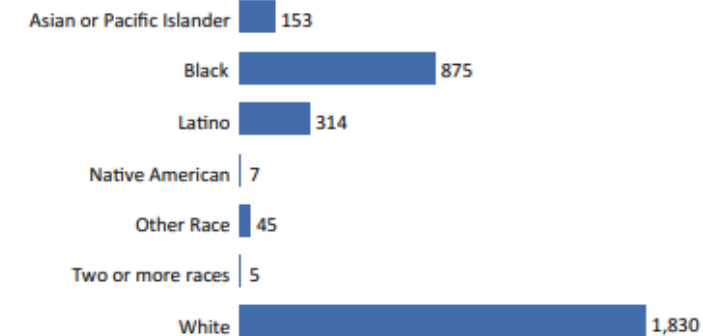
Not Reported: 1,013

Deaths by Age Group - Virginia



Not Reported: 4

Deaths by Race and Ethnicity* - Virginia



Not Reported: 99

Deaths by Sex - Virginia

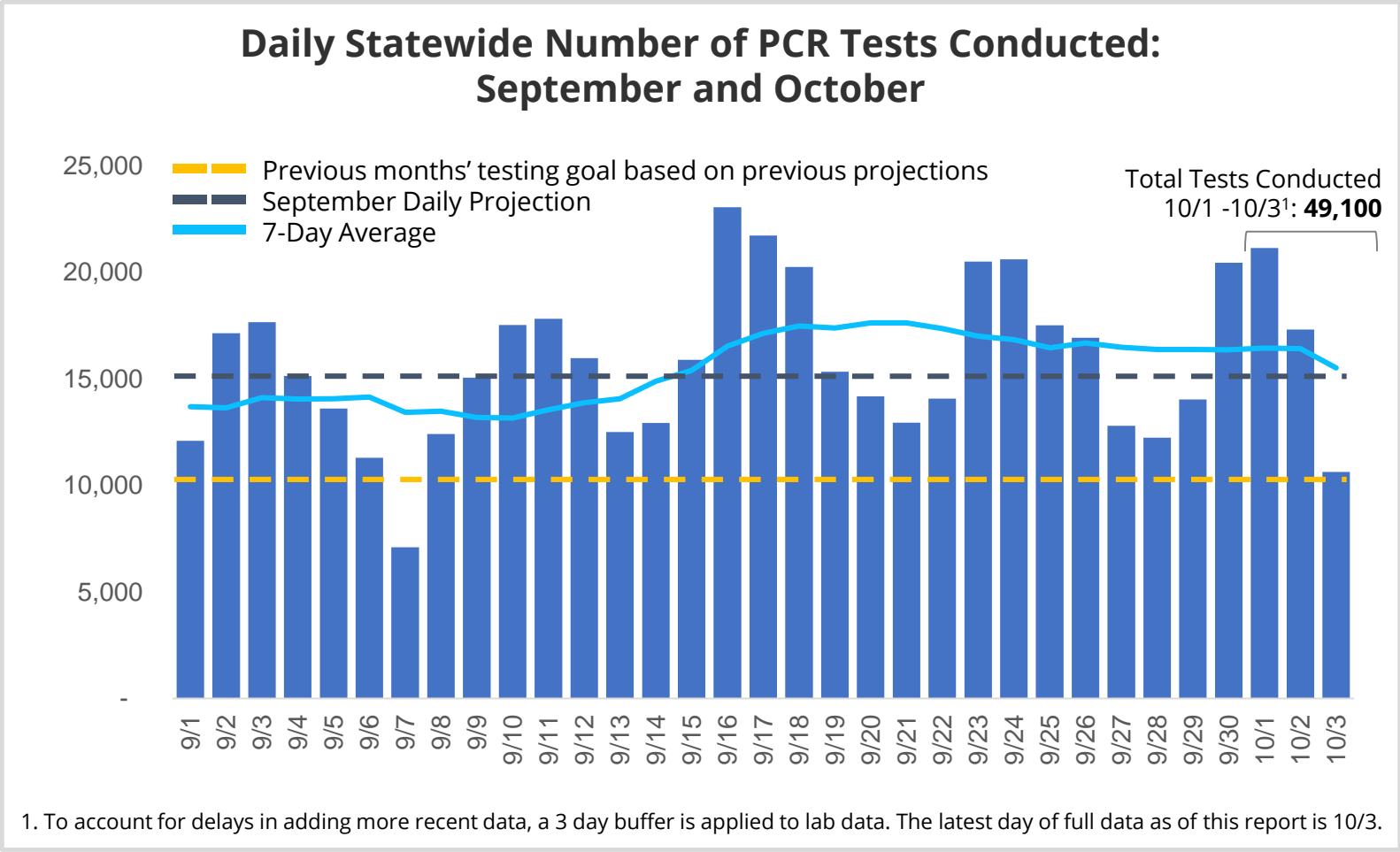


Not Reported: 10

Statewide View: PCR Tests Conducted

Updated 10/7

The UVA Adaptive Fit Scenario is used to develop an overall picture of expected cases statewide for the month of September. This projection, coupled with an assumption of 10 contacts per case and an overall goal of expanding testing capacity, suggested a target of 450,000 tests for September (15,000 tests per day).



Recap: Progress Towards September Testing Projection

September Projection² 450,000

Total September Tests 470,921

2. Testing projections are informed by The UVA Adaptive Fit Scenario, the Harvard Global Health Institute, and the goal to increase testing capacity across the state.

In September, Virginia conducted 470,921 tests and exceeded the monthly testing projection of 450,000. In the first three days of October, Virginia conducted nearly 50,000 tests.

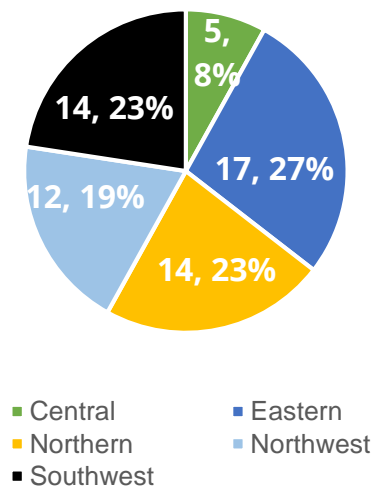
Updates: Community Testing Events This Week (10/4-10/10)

Region	Health District	Events	Estimated Tests	Individuals Targeted
Central	Chesterfield	1	100	General Population
Central	Crater	2	200	Low-income, people of color, elevated health risk due to COVID-19, living in multi-generational households, uninsured or underinsured, individuals with access and functions needs
Central	Richmond	2	525	Low-income, people of color, elevated health risk due to COVID-19, living in multi-generational households, uninsured or underinsured, individuals with access and functions needs
Eastern	Peninsula	4	335	Low-income, people of color, elevated health risk due to COVID-19, living in multi-generational households, uninsured or underinsured
Eastern	Three Rivers	9	150	General Population
Eastern	Western Tidewater	4	275	Living in multi-generational households, uninsured or underinsured, individuals with access and functions needs
Northern	Alexandria	1	60	Low-income, people of color, elevated health risk due to COVID-19, living in multi-generational households, uninsured or underinsured
Northern	Arlington	2	100	Low-income, people of color, living in multi-generational households, uninsured or underinsured
Northern	Fairfax	2	200	Low-income, people of color, uninsured or underinsured
Northern	Loudoun	9	550	General Population
Northwest	Central Shenandoah	3	1500	Low-income, people of color, living in multi-generational households, uninsured or underinsured
Northwest	Rappahannock	8	160	Low-income individuals, people of color, uninsured or underinsured
Northwest	Thomas Jefferson	1	150	General Population
Southwest	Alleghany\ Roanoke	2	350	Low-income, uninsured or underinsured, individuals with access and functions needs
Southwest	Central Virginia	2	400	Low-income, people of color, elevated health risk due to COVID-19, living in multi-generational households, uninsured or underinsured, individuals with access and functions needs
Southwest	Cumberland Plateau	3	300	Low-income, elevated health risk due to COVID-19, living in multi-generational households, uninsured or underinsured, individuals with access and functions needs
Southwest	Lenowisco	3	370	Low-income, people of color, elevated health risk due to COVID-19, living in multi-generational households, uninsured or underinsured, individuals with access and functions needs
Southwest	Mount Rogers	2	70	General Population
Southwest	West Piedmont	2	300	Low-income, people of color, elevated health risk due to COVID-19, living in multi-generational households, uninsured or underinsured, individuals with access and functions needs

Events Planned
62

Estimated Tests
6,095

Events by Region



Data source: REDCap. Numbers represent only Community Testing Events self-reported by LHDs to REDCap. LHDs may hold events that are unreported. Data reported Tuesday-Friday will be counted in the following week's SitRep.

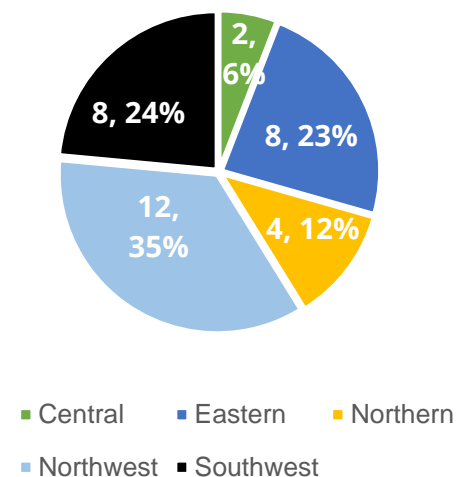
Updates: Community Testing Events Next Week (10/11-10/17)

Region	Health District	Events	Estimated Tests	Individuals Targeted
Central	Chesterfield	1	120	General Population
Central	Crater	1	50	General Population
Eastern	Norfolk	2	30	Low-income, people of color, elevated health risk due to COVID-19, uninsured or underinsured
Eastern	Peninsula	4	275	Low-income individuals, people of color, elevated health risk due to COVID-19, living in multi-generational households, uninsured or underinsured
Eastern	Three Rivers	2	160	General Population
Northern	Alexandria	3	150	Low-income, people of color, elevated health risk due to COVID-19, living in multi-generational households, uninsured or underinsured, individuals with access and functions needs
Northern	Fairfax	1	100	Low-income, people of color, elevated health risk due to COVID-19, living in multi-generational households, uninsured or underinsured, individuals with access and functions needs
Northwest	Rappahannock	7	450	Low-income, people of color, uninsured or underinsured, individuals with access and functions needs
Northwest	Thomas Jefferson	5	140	General Population
Southwest	Alleghany/Roanoke	1	150	General Population
Southwest	Central Virginia	2	185	Low-income, people of color, elevated health risk due to COVID-19, living in multi-generational households, uninsured or underinsured, individuals with access and functions needs
Southwest	Cumberland Plateau	2	400	Low-income, elevated health risk due to COVID-19, living in multi-generational households, uninsured or underinsured, individuals with access and functions needs
Southwest	Lenowisco	1	100	Low-income, people of color, elevated health risk due to COVID-19, multi-generational households, uninsured or underinsured, individuals with access and functions needs
Southwest	Mount Rogers	2	160	General Population

Events Planned
34

Estimated Tests
2,470

Events by Region

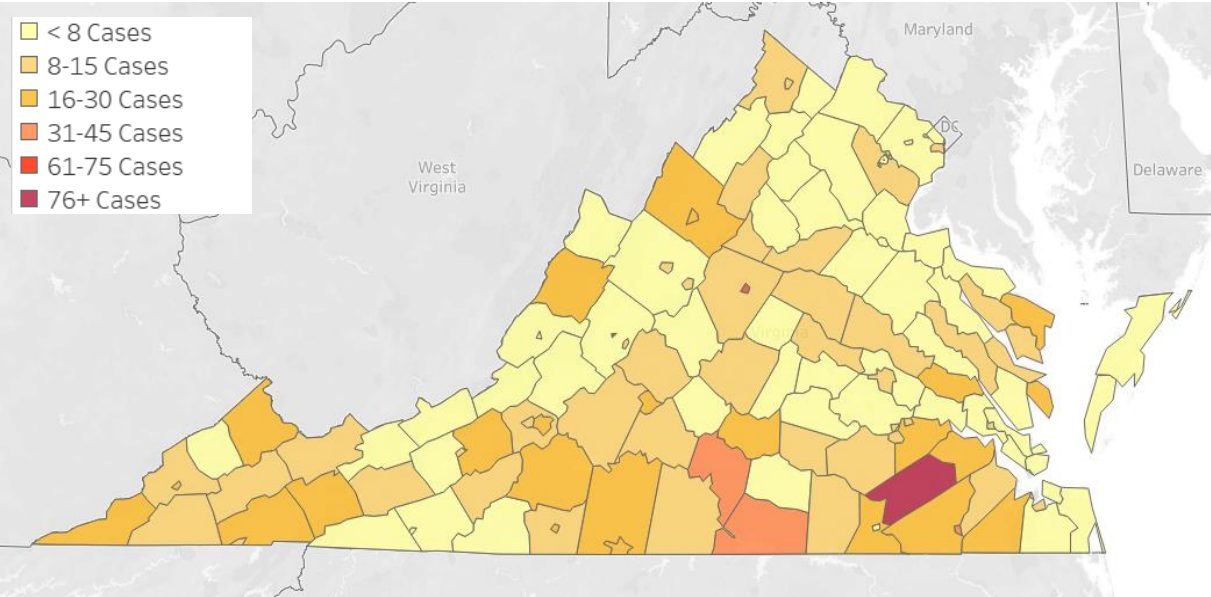


Data source: REDCap. Numbers represent only Community Testing Events self-reported by LHDs to REDCap. LHDs may hold events that are unreported. Data reported Tuesday-Friday will be counted in the following week's SitRep.

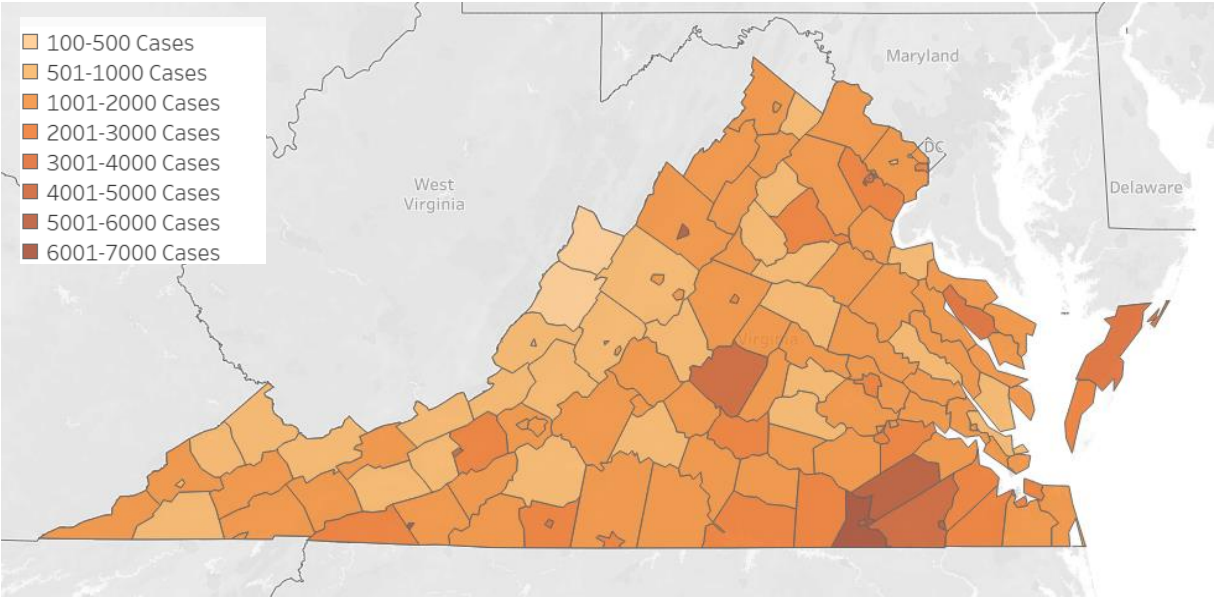
Statewide View: Cases and Growth

Updated 10/7

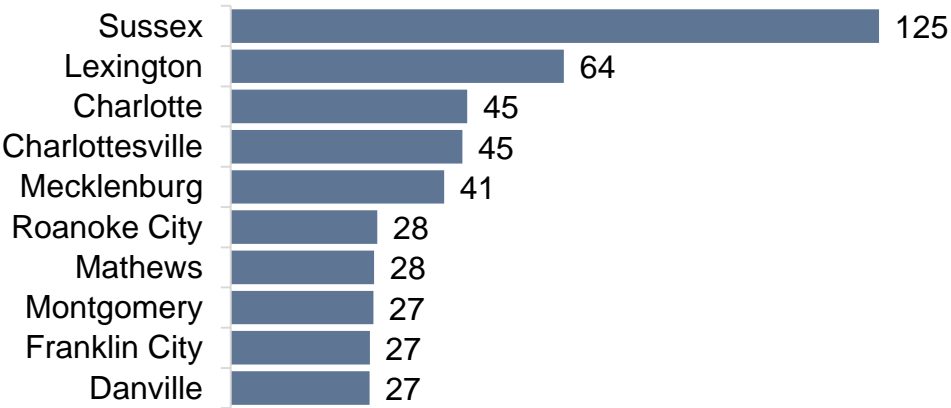
7-Day Average Daily New Cases Per 100k



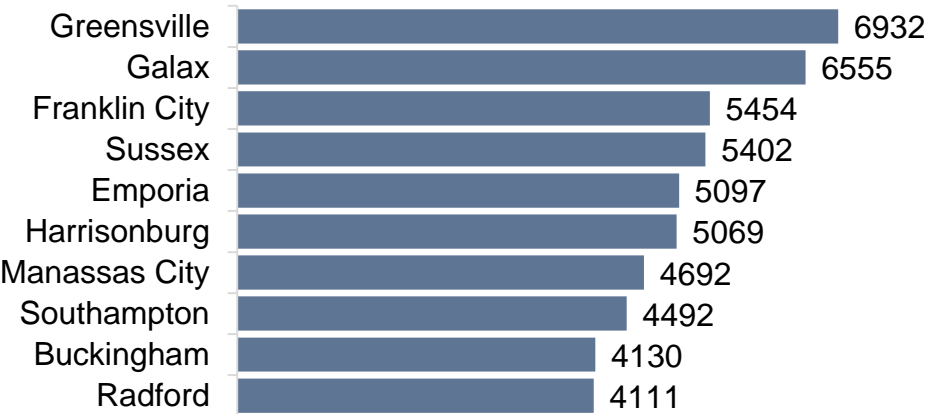
Total Cumulative Cases Per 100K



Top Localities Sorted: 7-Day Average Daily New Cases Per 100k



Top Localities Sorted: Total Cases Per 100k

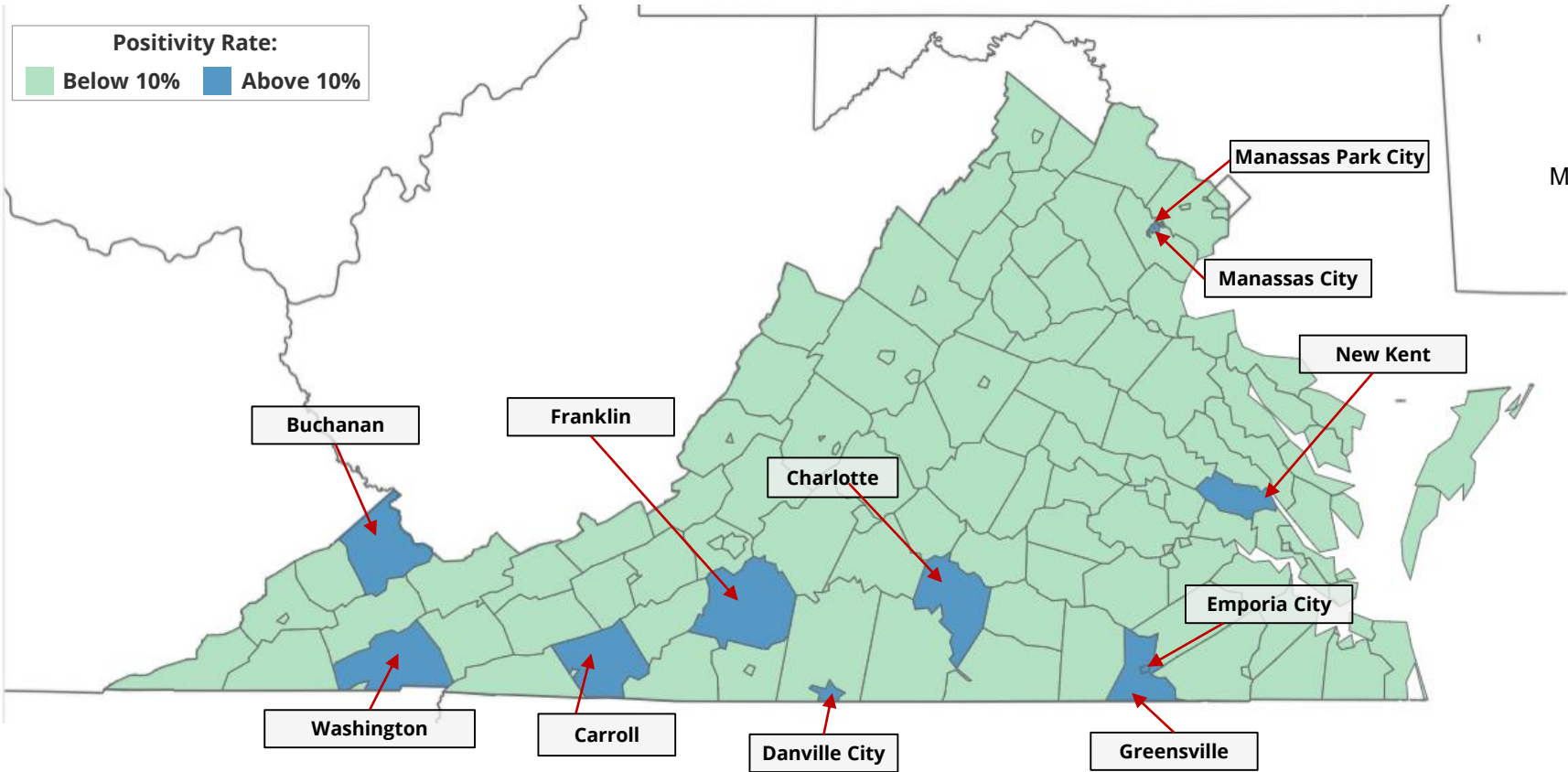


Data source: VDH Website (PublicUseDataset-Cases), NCHS 2018 Population Estimates

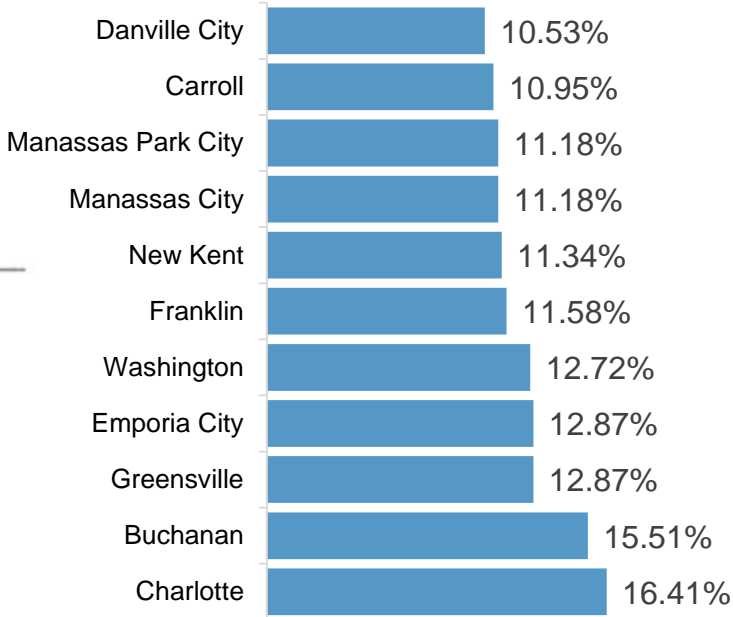
Locality View: Positivity Rate

Updated 10/7

7-Day Positivity Rate by Locality



Localities with 7-Day Positivity Rates over 10%



These localities have a 7 day moving average of daily positivity rates over 10%.

Quick Facts

- Virginia’s 7-day positivity rate of **4.8%** is 0.1 percentage points above the national average of **4.7%**.
- **92%** of localities (122 of 133) are meeting the absolute goal of 7-day positivity rates less than 10%.
- **8%** of localities (11 of 133) have positivity rates above 10%, and the locality with the highest 7-day positivity rate is **Charlotte** (16.41%)

Updates: Testing Locations

Testing location data as of 10/2, pharmacy updates as of 9/25, cases data as of 10/6

Testing Locations¹:

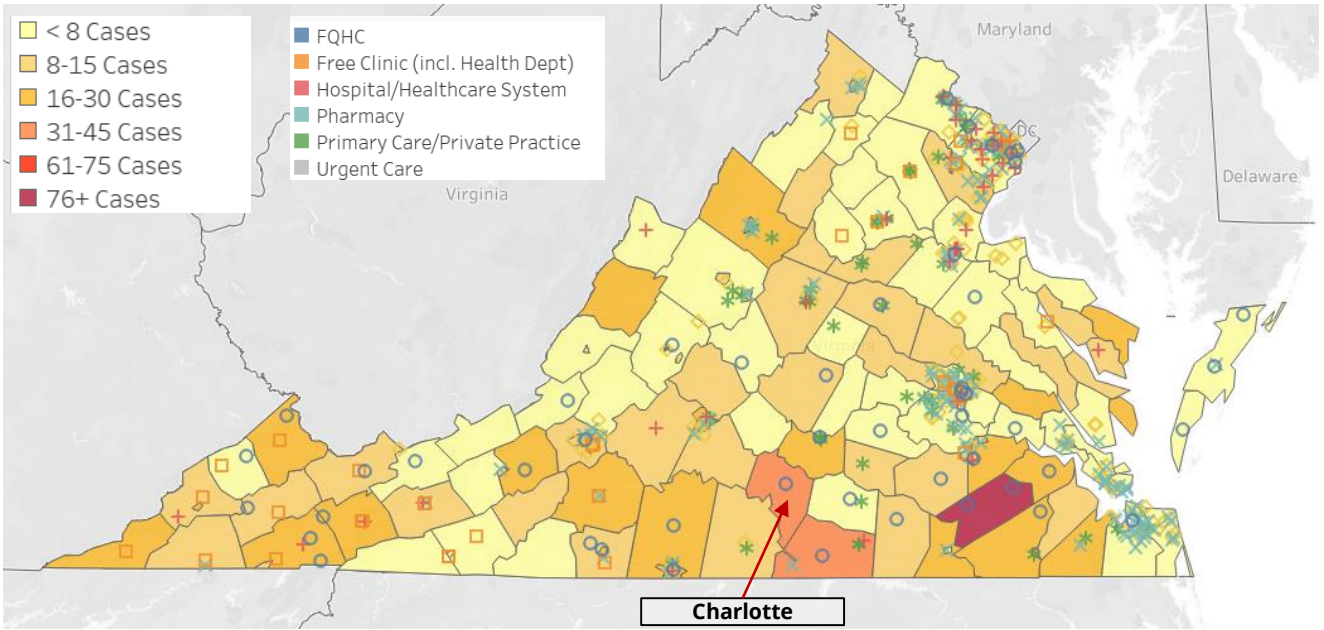
	This Week	Reported Last Week	% Change
FQHC	48	48	0%
Free Clinic (incl. Health Dept)	41	41	0%
Pharmacy	151	150	1%
Hospital/Healthcare System	56	56	0%
Primary Care/Private Practice	58	56	4%
Urgent Care	140	141	-1%
Total Testing Sites	494	492	0.41%

1. Showing permanent locations - does not include community testing events (CTE)

Pharmacy Testing Locations: 151

Partner	Locations	Activities
CVS	109	CVSHealth utilizes a website to maintain an accurate list of testing locations.
Walmart	14	No change
Rite Aid	8	Opened two new sites on 9/25
Independent	4	No change
Walgreens	16	Planning to open two new sites on 10/9 and two additional sites on 10/16
Kroger	NA	Exploring potential partnership to use at-home testing kits in congregate care settings

Map: 7-Day Average Daily New Cases Per 100k and Testing Locations



Localities with High Daily New Cases Per 100k and Limited Testing Locations			
Locality	Local Health District	Daily New Cases Per 100k	Permanent Testing Sites (#)
Sussex	Crater	125	FQHC (2)
Charlotte	Piedmont	45	CVHS Charlotte (1)

- **Crater** held two CTEs this week, as reported in REDCap.
- **Piedmont** does not have any CTEs planned, as reported in REDCap.

Commonwealth's Antigen Testing Team (CATT)

The Commonwealth's Antigen Testing Team (CATT) was formed on [September 16, 2020](#) to assist the COVID-19 Unified Command (Within Healthcare Coordination - Testing) to provide direction and guidance on the indication and use of antigen testing, facilitation of purchase and procurement where appropriate, and ultimately the distribution of these tests as purchased from private vendors or received from the U.S. Health and Human Services (HHS).

This team will comprise of individuals currently serving on the Commonwealth Multistate Collaborative Agreement Purchasing Team, the Governor's Testing Advisory Council, the [COVID-19 Unified Command](#), and others as such as:

Commonwealth's Antigen Testing Team (CATT)

- Office of the Secretary of Health and Human Resources (SHHR), Secretary of Public Safety and Homeland Security (SPSHS)
- Virginia Department of Health (VDH)
 - Office of the Commissioner, (Ocom) & Offices of Epidemiology (Oepi), Emergency Preparedness (OEP), Licensure and Certification (OLC)
- Governor's Testing Advisory Council (TAC)
- Governor's Long Term Care Taskforce (LTCTF Taskforce)
- Department of Medical Assistance Services (DMAS)
- Department of General Services - Procurement
- Department of General Services - State Lab (DCLS)
- Other Departments where Antigen testing may be deployed: DOE, DOC, DBHDS, etc.
- Virginia Department of Emergency Management (VDEM)
- Virginia Hospital and Healthcare Association - Emergency Management Program

COVID-19 Diagnostic Testing

- **For initial testing and specimen collection, RT-PCR** (nucleic acid amplification test (NAAT) using reverse transcription polymerase chain reaction to detect SARS-CoV-2 virus from the upper respiratory tract) **is generally the preferred initial diagnostic test for COVID-19.**
- **COVID-19 antigen testing** can also be used as an initial diagnostic test.
 - Antigen tests indicated for use in SYMPTOMATIC people suspected of having Covid-19
 - Sensitivity of antigen tests is lower than molecular/RT-PCR tests.
 - Possibility of testing someone with COVID-19 but results are negative (false negative).
 - Growing use for of rapid point of care antigen testing in asymptomatic patients (off-label use) where there are delays in testing turnaround times.
 - Clear advantage in providing more timely results for patient awareness/management and implementation of appropriate public health measures.

Rapid Point of Care (POC) Antigen Testing

Provided Directly by HHS

- **BD Veritor/Quidel Sofia tests**
 - Skilled Nursing Facilities
- **Abbot BinaxNOW Ag test**
 - Nursing Homes
 - Assisted Living Facilities
 - 3 HBCUs
 - Norfolk State University
 - Virginia State University
 - Hampton University

To Be Provided or Distributed by the Commonwealth

- **BD Veritor Tests**
 - Ordered through the multistate agreement (State Alliance for Testing) intended primarily for skilled nursing facilities using Coronavirus Relief Funding
- **Abbot BinaxNOW Ag test (shipped by HHS to VA for distribution; 167K week 1, 127K week 2)**
- Free Clinics/Federally Qualified Health Centers
- Local Health Districts
- Retail Pharmacies
- Educational Centers (K-12, Institutes of Higher Education)
- Critical Infrastructure, First Responders
- Correctional Facilities (State & Local Jails)
- Dept of Behavioral Health and Developmental Disabilities
- Community Settings Serving Vulnerable Populations

Testing Team Next Steps

- Collaborate with Office of Health Equity and the Unified Command's Health Equity Working Group (HEWG) to provide Local Health Departments additional awareness, resources, and strategies to increase testing in vulnerable populations.
 - October 19, 12-1 pm, via webex
- Continued to develop metrics and refine models which help to identify gaps in testing for underserved populations; Provide additional Surge Testing via the VDH Central Office Team and Local Health Districts; PCR and Antigen Testing.
- Work in close collaboration with Community Partners, VDH Office of Communications, HEWG to ensure adequate and appropriate messaging.
- Utilize partnerships to help inform future response elements to COVID-19 (i.e vaccination strategy).

Questions?

Parham Jaber, MD, MPH
Chief Deputy Commissioner, Public Health and Preparedness,
Virginia Department of Health
Parham.jaber@vdh.virginia.gov