**Conference Call Notes for 5 Jun 2020**

**VDH Partner Call, 10:00am on 5 June**

* Case Count Updates
* CMS Data on nursing homes – published at CMS.Gov
  + Requirement was reporting as of 1 May 2020
  + CMS only reports Skilled Nursing Facilities
  + VDH reports all Long Term Care Facilities
* Michelle Oblinsky (VDEM VEST):
  + VEST is 250 people from government and private organizations
  + Have been activated since Mar 16
  + Incident within an Incident responses:
    - Flooding Events
    - Protests
    - Working on hurricane aspects of plan
      * Working with FEMA Region III to develop a hurricane plan supplement – includes web links to other pages to address specific concerns
* Marshall Vogt (Contact Tracing):
  + As reopening occurs – ramped up tracing is necessary
  + Using “Box it in” model
  + Scaling up efforts to hire people to augment existing PH staff and MRC volunteers
  + About 200 people brought on to date, 70 undergoing testing today
  + We have a system – SARA Alert – to help us find and trace contacts and automates some of the processes. For example, SARA Alert system will automatically reach out to cases and collect data from them
  + Bringing online a new proximity app – Google Apple AI – opt in application.
    - Uses the blue tooth radio on your phone to notify people near you if you become a case.
    - Privacy and confidentiality is protected by this App
* Dr. David Trump (Serology Testing update):
  + Antibodies for COVID-19 cannot be detected until 2-3 weeks after an infection begins
    - Can only tell us about a past infection
  + Unknown if antibodies can protect against a future infection
  + Antibody tests are not perfect
    - Likely 2% of Virginians have been exposed
    - Likely 15-50% of positive test results could be false positives based on likely prevalence rates
  + Antibody tests have a role in:
    - Identifying sera donors
    - Helping to investigate existing outbreaks
  + In some previous testing in Virginia, about 2% of antibody tests in people that were not cases tested positive – could all be false positives.
  + Working to enroll people in a new study to examine prevalence of antibodies within the State. Will be representative of Virginia as a whole but will not predict prevalence by locality.
  + Working to add more capacity for serology testing in the future – to look at specific areas that are underrepresented in current data to better understand prevalence
  + How do you interpret a positive test?
    - Does not prove immunity
    - No change to requirements for the person to use PPE, wear a mask, etc.
    - Should not be used to determine return to work, or admit/don’t admit decisions to LTCFs, etc.
* Jennifer Freeland (MRC Update)
  + Over 18,000 MRC vols in the database, including 9000+ that joined since February
  + MRC Volunteers are supporting testing and contract testing events, call centers, etc.
  + Metrics provided on numbers and types of missions
  + MRC Volunteers will also support upcoming elections
* Bob Mauskapf (Testing and PPE Update):
  + Testing – state has exceeded 10,000 tests per day, each day this past week
  + Addition of CVS testing sites has improved these numbers. (CVS will test undocumented aliens – this is in answer to a FAQ)
  + PPE – still seeing a challenged supply chain
  + Remdesivir – received and will be distributed immediately
  + Beginning to plan Mass Vaccination distribution protocol
    - Mass Vaccination testing has been done annually for many years
    - MRC has been involved in Mass Vaccination testing
    - Will do flu vaccinations in September to test our Mass Vaccination plans again this year to make sure that we are ready for COVID-19 vaccination efforts
* Resources to find suppliers of PPE is on the VDH webpage

<https://www.vdh.virginia.gov/coronavirus/health-professionals/infection-prevention/>

Q & A Session:

* Is there an update from Red Cross on where we stand with blood supplies in Virginia? A: No. Will try to get data for next week’s call.
* Question about proximity app – is this for the State of Virginia or a specific population? A: (Marshall Vogt): it is my understanding that this app is being developed for Virginia and is Virginia Specific – and is opt in. Not sure how the app will work with people traveling out of the State or at the borders, mixing with residents from other states. Will need to also follow with a public info campaign to make sure that people understand the app and are encouraged to use it.
* Serology project – is this going to be open to people to opt in? A: (David Trump): will be hospital system based – specific patients will be approached. People outside the hospital will not be able to volunteer for testing.