**VDH Partners Call, 10:00, 14 Aug 2020**

* Case count updates – Suzi Silverstein: 104,838 Cases, 8650 Hospitalizations and 2,370 deaths as of today
* Unified Command Updates - Bob Mauskapf
  + In-Progress review on COVID-19 is proceeding well – surveys and interviews
  + VANG went off active duty at the end of July. Extension of National Guard was approved. Continuing to review mission and services
  + CDC at Farmville ICE should be wrapping up their mission this weekend
  + VDEM/VDH working improvement plan items for recent Hurricane in a COVID-19 environment table top exercise series
* COVIDWISE app- Julie Grimes
  + App has been available for download since last week
  + From the VDH webpage, click on the link for COVIDWISE app for details on downloaded
  + First of the nation app with the Apple and Google framework – privacy protection is an important part of this technology and this app ensures that
  + In addition to the link and instructions, there is a video that explains the importance of the app
  + There is also an FAQ for the App
  + Messaging information and Fact Sheets are also available for download in multiple languages
  + App privacy policy and Contact Us link available
* PIO Update- Lauren Opett
  + 1800 media request answered and thousands of call center calls
  + Visited several places in Virginia with FEMA administrator – Acomack, Virginia Beach EOCs, EMAC, Surry County EOC, Pamunky Reservation, and State EOC
  + Know your zone tool is available on line at KnowYourZoneVA.org site updated
  + Updated hurricane in a COVID-19 environment preparedness guide has been added to the KnowYourZoneVA.org site. (See COVID-19 virus symbol next to information that is COVID-19 specific). Adding additional language version of the document
  + Graphics used on social media available for download from this website: <https://www.vaemergency.gov/hurricanes/storm-season-graphics/>
  + POC [Lauren.Opett@vdem.virginia.gov](mailto:Lauren.Opett@vdem.virginia.gov) if you have questions
* Antibody study interim report - Dave Trump
  + Handout available on the webpage
  + Project started in early June to test adults for antibody (whether symptomatic or asymptomatic) to determine if they had exposure to COVID-19
  + Around 3100 participants have completed testing. Good representative group of people based on demographics, income status, known COVID-19 illness and exposure history, etc.
  + About 2.4% of Virginia adults likely to have had exposure to COVID-19. Variance by Virginia Region – highest in Northern Region, lower in other regions
  + Not surprisingly, the Hispanic population had higher numbers of COVID-19 exposure, but was surprising how much of a discrepancy 14.4% compared to 1.1% in non-hispanic population.
  + 80+ age group had a higher percent positive than expected (could be due to low sample size), but generally adults over 60 had lower exposure than other groups.
  + See handout for other data
  + Report should be wrapped up in a few weeks
  + Also doing a pediatric serology study in Northern Virginia
* Remdesiver Update Stephanie Wheawill
  + Have been working closely with HHS and Amerisource Bergen to make Remdesivir available for purchase by hospitals
  + Working to ensure equity in allocation.
  + Supply of remdesivir is increasing and meeting the needs for the hospitalized patients
  + Weekly request process for hospitals in place
* Testing Update Parham Jaberi
  + See slides on VDH website
  + Over 1.3 million PCR tests as of 13 Aug
  + Statewide Percent Positivity rate current 7-day average is 7.3%
    - Number of tests per day peaked in mid-late July. Has fallen off slightly due to the VANG teams demobilizing on July 24th, and no longer doing facility Point Prevalence Survey Events. The VANG has been given approval to come back on active duty through the end of December, but there will be new teams and new team members this time, and we expect them to be able to start testing again towards the end of August
    - The next several slides show the testing trends and percent positivity by Region
      * Southwest Region has had an upward trend in percent positivity, with 7-day average increasing to 8.3%
      * Central Region has also seen a recent uptick in percent positivity rate, with 7-day average increasing to 7.9%
      * Eastern Region has seen a decline in percent positivity rate, but still high compared to other regions as 9.5%
      * Northern Region continues to decline – now at 5.9% positivity for 7-day average
      * Northwest Region percent positivity has remained steady and low at 5.1%
    - Testing Turnaround Times (TAT) have been decreasing the past two weeks. Now showing less than 1 day for hospitalized patients, about 2 days for public health lab turnaround, and about 3.4 day TAT for commercial testing
* Vaccine Update – Mike Magner
  + Slide 2 – Pediatric Immunizations provided (all pediatric vaccines combined) – comparing 2019 doses administered (blue bars) to 2020 doses administered (red bars). The grey line represents doses administered in 2020 as a percent of doses administered in 2019.
    - For the first 10 weeks of 2020, we were doing better than we were in 2019. But after Coronavirus was detected in Virginia in early March, there was a very significant decline in Pediatric immunizations in Virginia.
    - Week 31 is the week that ended on Aug 5th
    - As you can see, we are still way behind where we were last year, so we have to catch up.
    - These are the routine immunizations that children need to protect them from infectious diseases that are vaccine preventable
  + Slide 3 – Showing adult vaccines administered, comparing last year to this year. Same pattern, only much more pronounced. Before Coronavirus hit Virginia in March, we were doing a lot better this year compared to last, but since then, remarkably worse
  + So what are we doing about this? Focused effort on immunizations over the next several months
    - Back-to-School immunizations – Aug/Sep
    - Influenza Vaccinations – Sep to Nov
    - COVID-19 Vaccination effort – potentially beginning in Oct, but more likely Dec-Jan timeframe
  + Next slide – Influenza vaccine – this is more for our local health districts – timeframe for flu vaccine delivery for different vaccine programs
    - VVFC = Virginia Vaccines for Children, VVFA = Virginia Vaccines for Adult (free vaccine program based on eligibility)
    - Chargeable Vaccine = Vaccines that are available for low cost
    - EPR = Emergency Preparedness & Response program Flu vaccine – for use during exercises (free to anyone)
    - Non-VDH Vaccinators – if participating in a VDH flu vaccine event or exercise, and providing vaccine – must complete training and pass the test (includes MRC and other volunteers working with public health
    - The FAQ link goes to the CDC FAQ list for flu
  + Next Slide - Reminder that the State HAS NOT waived back to school immunizations this year, even if school is virtual.
  + Next Slide – COVID-19 Vaccine. Operation Warp speed funded the mass production of multiple vaccines that are still in clinical trials. Some vaccine could be ready as early as Oct, but we don’t expect to get a significant number of doses until Dec/Jan timeframe (or later). But VDH is preparing now
    - Each dose of vaccine will need to be tracked, and we are standing up data systems to do that. Data will be down to the recipient level of detail for several reasons
      * Most vaccines will be 2-dose series and cannot mix and match vaccines, so we will need to know who got which dose, on which date
      * We want to track vaccine coverage in real-time so that we can get the right amount of vaccine to the right place at the right time
    - As there are multiple vaccines in play, they will likely have different storage requirements – some will be stored at refrigeration temps (4C), some at normal freezer temperatures (-20C), and some may require Ultra Low Cold storage (-70C)
    - Currently we have no -70C holding capability in Virginia for vaccine storage. We are working the issue, but are holding off on purchasing until we get more guidance
    - Once vaccine comes off the lot, it will likely be shipped in 100 dose increments. CDC will centrally manage the distribution, in working with the states.
      * Some vaccine will go to public health departments
      * Some will go to pharmacy chains
      * Some will go to private providers, LTCFs, hospitals, etc.
        + Providers will need to be enrolled in our Virginia Immunization Information System (VIIS) to receive the COVID-19 vaccine
        + We did something very similar during H1N1 in 2009-2010
  + Next Slide: Virginia is working on our COVID-19 state plan that is due to CDC by Oct 1st. We expect to beat that timeline.
    - As I mentioned, most vaccine will be a 2 dose series, separated by 21 or 28 days
    - CDC plans to “kit” the vaccine by including the required ancillary supplies (needles, syringes, etc.)
    - CDC is working on some contracts at the federal level to support state vaccination efforts – these may include contracts with distributors and pharmacy chains, etc., to distribute and administer vaccines
    - We will likely see additional federal funding to assist our state efforts, but we don’t have details yet
    - Private providers will not be allowed to charge for the vaccine, but may charge the administration fee – billing will likely go to patients’ insurance or some other federal fund to be established
  + Next Slide: VDH Planning processes
    - Flu: waiting on our protocol and standing order – should be ready soon
    - Working on messaging campaign
    - Ordering supplies and equipment to support all of our vaccination efforts
      * Local Health District needs survey completed – identified $1.4 million worth of supply and equipment needs. But after further analysis, it was determined that this is a gross underestimate – the real value is about $5.6 million. This includes freezers, refrigerators, portable fridge/freeze units, along with medical supplies
      * Of course, before we order all of this stuff, we will need to know where we are going to put it, so we are looking to identify storage space, either in state owned or contracted facilities
    - The Unified Command has established a Vaccine Branch, and we are also standing up a Vaccine Advisory Group – the advisory group will be made up of medical and community stakeholders outside VDH and will review VDH plans and policies and provide feedback
    - Standing up our COVID vaccine pre-registration system for providers
    - Beginning target population outreach to increase acceptability of the vaccine
* Q&A
  + Joe Lerch: on the vaccination is there any understanding on the federal level on glass bottle shortage. A: Mike - will need to follow up with the CDC and get back to you at the next call
* Next call on Friday, Aug 28 at 10:00.