**VDH Partner Call, 10:00, 28 Aug 2020:**

* Case Count Update: Suzi Silverstein:
  + Cases: 117,592; Hospitalizations: 9,460; Deaths: 2,550
* Nursing Home Infection Control Survey update: Kim
  + Infection control and emergency preparedness – two separate regulations
  + Emergency Preparedness regulations:
    - Emergency plan has to be reviewed and updated annually
    - All Hazards approach and community-based risk assessments
    - Continuity of Operations
    - Evacuation and Shelter in place plans
    - Emergency Lighting and power
    - Fires, Floods, water issues, etc.
    - Requirement to work with local emergency preparedness coordinators in planning effort
    - Training on emergency procedures for staff
    - Full-scale or table top, community based exercises required annually
    - A real world emergency or disaster can be used to meet annual requirements for exercise
    - Emergency and standby power systems, generators and fuel
    - The emergency preparedness plan regulations does not specifically address a requirement for a respiratory plan – cannot hold them to specific requirements or make specific recommendations
* Testing Update: Dr. Parham Jaberi:
  + Slides available at <https://www.vdh.virginia.gov/emergency-preparedness/emergency-preparedness/covid-19-information/>
  + Testing encounters and number of cases has decreased the past couple of weeks
  + Percent positivity has stayed very steady statewide
  + 7-Day testing average about 13,072 per day, but decreasing in recent days – due to turnover of testing team members
  + Will still meet August testing goals
  + New testing teams coming on board in September
  + VDH Testing efforts focused on:
    - Community Testing Vulnerable Populations
    - Congregate Settings Point Prevalence Surveys
    - Outbreak Testing Long term care facilities, places of employment/schools, etc.
  + Increasing testing capacity:
    - Continue Private Contracts/Turnkey Vendors
    - Partnership with Retail Pharmacies
    - “One Lab” Model
    - Multi state Compact Agreement
    - Partnerships with Federally Qualified Health Centers, Free Clinics, Retail Pharmacies, Primary Care Providers, etc.
    - Virginia National Guard – returning September 2020 (4 testing teams)
  + Each LHD has been provided a target number for testing based on number of cases and presumed contacts (Cases x 8)
  + Point Prevalence Survey – Testing of all people working or residing in a facility, including asymptomatic individuals in those facilities
    - Baseline testing for Long Term Care Facilities (one baseline event per facility)
    - Outbreak testing (as often as needed to control outbreaks
  + Testing Turnaround Times (TATs) – continues to improve:
    - 0.7 Days for Hospitals
    - 2.1 Days for Public Health (DCLS) laboratory testing
    - 2.3 Days for Commercial laboratories
  + Mulistate Compact Agreement (Non-PCR based antigen testing)
    - Working with other States to develop a contract and purchase large numbers of antigen tests
    - Purpose is to increase buy power and to prime the pump to increase the overall production of testing systems
  + Next Steps:
    - Continue collaboration with the Governor’s Testing Advisory Council (e.g. determine alternate testing strategies antigen, saliva testing, etc.), testing priorities, community messaging, and information dissemination of new technologies
    - Implement One Lab Model
    - VDH Central Office to Hire Regional Strike Teams that will respond to “hot spots”/serve as surge support across the state.
      * Positions have been advertised but having difficulty filling with qualified applicants
    - Local Health Districts have received some funding to hire additional personnel locally
    - Preparing for school and university outbreaks
  + Testing remains a cornerstone strategy to our containment efforts. Symptomatic patient testing still has a higher priority than asymptomatic testing, but in the context of contact tracing and outbreak response, testing of asymptomatic testing is still an important tool.
* Antigen Testing Considerations – Dr. Shaina Bernard
  + Slides available at <https://www.vdh.virginia.gov/emergency-preparedness/emergency-preparedness/covid-19-information/>
  + Interpreting antigen test results – need to consider:
    - Clinical and epidemiological context of the person who has been tested
      * Why was the test performed?
        + Diagnostic Testing (symptomatic or known exposure)
        + Screening Testing (in congregate settings – LTCFs, Correctional, Education, etc.)
        + Surveillance (To monitor for a community or population wide level of infection – testing of random individuals in a population – results would not be treated like diagnostic results – de-identified data)
    - Performance characteristics of the test (e.g. sensitivity, specificity)
      * What test was performed?
      * Molecular vs Antigen testing:
        + Molecular tests test for RNA, Antigen tests test for antigens (proteins from the virus)
        + Molecular tests usually need to be tested in a lab with a 1-2 day turnaround time; Antigen tests take about 15 minutes
        + Molecular tests are generally more expensive than antigen tests
        + Both tests have high specificity (low false positive rate), but Molecular tests have higher sensitivity (lower false negative rate) compared to antigen testing
    - Prevalence of COVID-19 in that particular community
      * What is the positivity rate over the previous 7–10 days?
  + Interpreting Antigen Results:
    - Symptomatic OR Asymptomatic Close Contact:
      * Antigen Positive result: Indicates Current infection
      * Antigen Negative results: Do not rule out infections
* Emergency Preparedness Updates – Suzi Silverstein
  + Table Top in a Box exercises – available for education institutions (K-12, Higher Ed and residential) to use to assess their COVID-19 response plans. Exercises are designed to be ready to use.
  + Training resources also available at the same webpage <https://www.vdh.virginia.gov/emergency-preparedness/emergency-preparedness> and select Training from the menu on the left.
  + Vaccination updates – will be provided on the next call on Sept 11. Budget was submitted for approval this week