**VDH Partner Call, 10:00, 18 Sep 2020**

**Case Count Update – Suzi Silverstein:**

* 138,702 cases, 10,520 Hospitalizations, 2,949 Deaths
* Note that the jump in Deaths this week was largely due to catch up in data entry
* Testing data reported earlier today had errors, but has been fixed

**UVA Modeling – Justin Crow**

* See Slides at <https://www.vdh.virginia.gov/emergency-preparedness/emergency-preparedness/covid-19-information/>
* Model has evolved
  + Current methodology: “Adaptive Fitting”
  + Based on observed cases in each health district, not scenarios
  + Responsive to current trends 🡪 week-to-week volatility
* Analytic/Feeder Products
  + Case Detection – Days from Onset to Diagnosis
  + Social Distancing metrics
  + Reproduction Rate
  + District Trajectory Classification
  + Surge Detection
  + Age-specific attack rates
* Detection = time between symptom onset and diagnosis (positive COVID-19 test) – has varied throughout the pandemic, and in Aug was about 4.6 days
* Social Distancing (slide 6) – data from Google based on cellphones location data
* Slide 7 – Transmission Rate (the number of people a positive case is likely to spread the disease to) – has decreased at end of Aug, early Sep.
* Slide 8 – Health District Trajectories – some districts declining, some plateauing, some in slow growth, and some in Surge.
  + Declining and plateauing indicate direction (does not reflect the overall case number which may be still high in many cases)
* Slides 9 & 10 – surging areas – Central Shenandoah and New River (reflecting on-campus surges among 0-29 year olds). So far, not affecting other age groups or population sub-sets (at least not that can be detected yet)
* Slide 11 – Declining after a brief surge in early Sep. No college campus surge detected.
* Slide 12 – Other Districts with surges among 0-29 year olds (Thomas Jefferson) and 0-29 year olds and 30-49 year olds in Chickahominy.
* Slide 13 – Projections: Cases likely to peak in Virginia around Oct 11. Two what-if scenarios around Low Impact (10% increase) and high impact (20% increase)
* Slide 14 – projected surges are unlikely to significantly impact hospitals
* Slide 15 – Potential triggers that could increase or decrease spread
* Slide 16 – Website addresses and points of contact

**Community Mitigation Project – Rachel Ellick:**

* Working closely with higher education and other partners
* Partners in the working group included leaders in higher education, governor’s office and VDH
* There is no one-size-fits-all guidelines for each type of institution. Instead, the institution was given general guidelines and then was tasked to create their own plans to consider residence halls, dining facilities, classroom instruction, fitness centers, sports and recreation, etc., as applicable
* Required to have plans in place prior to opening, and were encouraged to work closely with their local health department in developing and implementing those plans
* Required to lay out roles and responsibilities for the institution and the local health department for testing, contact tracing, isolation and quarantine
* VDH has developed guidance for students to respond to outbreaks – guidance for staying on campus during outbreaks, and guidance for safely returning home to their families
* VDH has presented fairly regularly to the council of university presidents.
* VDH has a working group with campus medical providers that has been meeting regularly
* Other collaborations with larger institutions, the local health departments and VDH Central Office.
* VDH’s higher education website is kept up to date with all of the latest guidance.
  + <https://www.vdh.virginia.gov/coronavirus/schools-workplaces-community-locations/institutes-of-higher-education/>

**COVID-19 Antigen Testing – Brooke Rossheim**

* Slide 2: PCR-based tests used for months as primary diagnostic test; however, more interest in antigen testing as another option. Advantages of antigen tests:
  + Like PCR, antigen test is meant for diagnosis of COVID-19
  + Faster lab turnaround time than PCR testing
  + Less expensive than PCR tests
  + US Department of HHS distributing rapid point-of-care COVID-19 antigen testing devices and test kits from different manufacturers to nursing homes.
  + Positive test = high probability that person has COVID-19
* Challenges with Antigen Tests:
  + Antigen testing not as sensitive as PCR – can lead to more false negative results
  + May need follow-up PCR testing in some cases
  + Role in testing asymptomatic people is not clear at this time
* Slide 3: Commonwealth’s Antigen Testing Team (CATT): assists in providing direction and guidance on use of antigen testing, facilitates purchase and procurement, and ultimately the distribution of these tests as purchased from private vendors or received from the U.S. Health and Human Services (HHS) distribution. First meeting was earlier this month.
* Commonwealth’s Antigen Testing Team (CATT) members:
  + Office of the Secretary of Health and Human Resources (SHHR)
  + Virginia Department of Health (VDH)
    - Office of the Commissioner & Offices of Epidemiology (Oepi)
    - Emergency Preparedness (OEP)
    - Licensure and Certification (OLC)
  + Governor’s Testing Advisory Council (TAC)
  + Governor’s Long Term Care 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
* Slide 4: Virginia is also part of a Multistate COVID-19 Antigen Test Collaborative: A collaborative of 10 states that have agreed to purchase up to 500,000 antigen tests each to prime the pump for the vendors to make production worthwhile.

**Q & A Session:** No questions

**Special Announcement:** Battelle System for decontaminating N-95 masks. These systems will be demobilized in Virginia in early October due to low utilization. It can still be utilized by facilities in Virginia by sending them to other units.