**COVID Partner Call 11/13/20**

**Covid-19 case count 199,262/ 3,785 deaths**

**Modeling update- Justin Crow:**

UVA Bicomplexity Model ….model at the locality level, does not include policy changes or individual behavior which could change trajectory. Watching Case growth started a few weeks ago in North and South Dakota that doubled in four weeks and is radiating outwards. There is a smaller surge in Rhode Island, which is at 63 /100,000 cases. Virginia is currently at 18/ 100,000 cases. Surrounding states are at what is considered very high caseload area. Most VA cases are centered around SW Virginia and noted that most surges are areas that border neighboring states. 25 of 35 HD are in growth trajectories and 8 are in surge trajectories. 24 Border States are in surge and the others are in Plateau. UVA team continues to report case detection, onset and diagnosis. Over past few weeks, it shows at 4.3 weeks; however, there is some lag in data presently. Reproduction rate is just above 1, some area are just below 1 but expects that most regions will be above pone as data comes in. UVA team included some what if scenarios in the slide deck. Despite the numbers hospital capacity seems to be ok, but some areas are reaching 80% capacity. Northern VA is expected to have 120% bed capacity in February and does not take flu season into account. There seems to be a link to cold weather and transmissibility. 18 -29 can also be major source of spread.

**Testing team – Dr. Rossheim:**

Across the commonwealth we are doing 19,400 PCR per day which exceeds goal of 17,500 per day. 11 HDs have reported that half of their testing events were for vulnerable populations. National Guard are supporting testing. Average turnaround time is running at 3.9 days for testing. Antigen testing has 4 main sources of point of care antigen testing. 3 are directly from federal gvt. 1) B/D tests went to nursing homes. 2) Abbot Binax now card tests to some long term care, Long term care and HBCU’s 3) Abbot Binax now cards (2.6 million) To the state to utilize. 4) Funding – for purchase of antigen supplies. State has distributed 52,000 currently….. as we speak 300,000 are poised to go out today or early next week. 12,000 to higher education , 100, hospitals and healthcare, 50,000 to go to retail pharmacy chain for pharmacy distribution….an allotment to k-12 schools, and critical infrastructure networks. There is a multi-state collaborative to share information and purchase antigen tests.

**College and university resources- Dr. Katie Kurjian:**

Guidance is out and posted on VDH website, which is a 4 page document. It details how to minimize risk core steps everyone should take. Before leaving school should minimize contact prior to leaving or if not possible quarantine upon returning home. They could also get a viral test prior to leaving. Alternate strategy could be to get tested upon returning home if taking public transportation. Those that test positive should quarantine 10 days. Use separate bedroom and bath at home, avoid social interactions and crowds. Monitor signs and symptoms. It is important t to check with college or university before returning to school.

In collaboration with the antigen testing team, there are 6 different tests result scenarios with next steps.

**Virginia Industries for the Blind PPE options- Matt Koch:**

Manufacturing face masks and COVID swab kits. DGS provided special authorizations and have leveraged them for providing g items to that state more efficiently. Item list and pricing has been posted on the website. VIBonline.org has PPE listed front and center in homepage, with information sheets with product specific details, with pictures, prices and other information. Also offer reusable cotton facemasks for children’s for just over $1.50 apiece. New items are now being offered, a smart tomography for screening to identify those with high temperatures. Antimicrobial films and products. Logistic pressures are there, however they look forward to serving the state for PPE needs and are otherwise committed prior to December 1st.

**Antibody treatment that recently received approval- Kim Thompkins, VDH Pharmacy**

* <https://www.fda.gov/media/143602/download> --  See below for initial information with additional info forthcoming
  + The US Government has invested more than $2.77 billion to develop and manufacture therapeutics, including an investment in monoclonal antibodies.  The **first monoclonal antibody**, [**Eli Lilly and Company's bamlanivimab**](https://www.covid19.lilly.com/bamlanivimab) (LY-CoV555), received **FDA EUA approval on November 9, 2020**.  HHS announced that they have purchased **300,000 doses of this product through December**, with the option to purchase another 650,000 doses through next June as well.
  + The **Emergency Use Authorization (EUA)** for the use of **bamlanivimab** is for mild to moderate COVID-19 cases early in infection, with **positive results of direct SARS-CoV-2 viral testing** with following criteria for **adult and pediatric patients 12 years of age and weight at least 40 kg**, and are at **high risk for progressing to severe COVID-19 and/or hospitalization**.
  + **Bamlanivimab 700 mg will** should be **administered** to patients as soon as possible post-confirmed positive test results and within **10 days of symptom onset**. Administration will be **via IV infusion over at least 60 minutes** with an **observation period of at least 1 hour after infusion** is complete
  + Allocation and distribution will be similar to remdesivir in that **U.S. government will allocate supplies to state governments, allocating to hospital sites \*see below about the hospital facilities)** at **no cost**.  HHS anticipates that the demand will exceed the supply.  **HHS will utilize the Teletracking HHS Protect database to determine the state allocation** based on the reported number of hospitalizations and the number of positive tests in Virginia.
    - Sites must be linked to a hospital.  Administration sites will be broader than just hospitalized patients as with Remdesivir. COVID-19 antibody therapy sites will include the following:
      * Hospital-and community-based infusion centers
      * Existing clinical spaces (urgent care, emergency departments)
      * Ad-hoc new infusion sites (e.g. tents)
      * Possible home infusion, not determined at this time
    - Locations administering these therapies may be different than the locations prescribing/ordering.
  + Product will be stored and **shipped refrigerated to the site by AmerisourceBergen (ABC)**.  All sites will need an account with ABC.  ABC is utilizing accounts set up during the remdesivir distribution and working with states to add sites or make edits.
  + The estimated timeline will be for HHS to provide allocation each week on Wednesdays with the initial shipment **starting in November and remaining throughout the end of December.**  Shipments will occur post state decisions.  At first, shipments could be delayed into the next week. However, as shipping becomes more fluid, the goal will be for the shipment to occur within the same week or following day after the allocation from HHS.
  + The Commonwealth of Virginia is working through the **Virginia COVID-19 response Unified Command** to **help determine the allocation strategy and next steps for this therapeutic,**working closely to ensure an **equitable allocation process for bamlanivimab, similar to the process with remdesivir**.  The initial allocation will be about 1,000 doses for sites within the state of Virginia.

**Q&A**

**Q:** Joe Lurch –VA association of counties- IS there a consideration for possible shutdown after thanksgiving.

**A:** Not to their knowledge

**Q:** King George fire/Rescue- Will there be a CLIA waiver required for rapid antigen testing-

**A:** Anyone doing rapid testing will be required to have a CLIA waiver.