**VDH Partner Call Notes**

**11 Dec 2020 at 10:00:**

**Case Count updates:**

* Cases (cumulative): 274,438
* Hospitalizations (cumulative): 15,864
* Deaths (cumulative): 4,370
* Ventilator usage statewide is current at 31%
* ICU Bed Occupancy Statewide is currently at 79%

**UVA Modeling Update:**

* See slides at <https://www.vdh.virginia.gov/emergency-preparedness/emergency-preparedness/covid-19-information/>
* Current Model = Adaptive fitting
* Cases per 100K: VA is at 35.2, which is high, but neighboring states are much higher
* New cases in Virginia are highest in the Far Southwest and Northwest regions, and some Counties in Central Region
* 28/35 Health Districts in growth trajectories
  + 17 in surge
  + 11 in slow growth
  + (Most of Central Region Districts in slow growth, with Richmond and Chesterfield in Surge growth)
* Case Detection time continues to improve (decline) – down to 4.2 days from date of symptom onset to date of detection
* R0 = 1.130 (statewide) with Central Region at 1.283
* Projections:
  + Adaptive fit: Peaks on Feb 7: down to 32,000 (compared to previous projection of 47,000 last week)
  + More Control Scenario: cases peak at 27,000 on Jan 24
  + Less Control Scenario: Peak on Feb 7 with 56,000 to 77,000 cases
* Adaptive Less-Control scenario projected outcomes:
  + All Hospital regions expected to peek close to or above their 80% capacities
  + Eastern and Northern Regions are projected to exceed their 120% capacities
* Key Takeaways:
  + Thanksgiving holiday likely caused a short-term lag in testing and case reporting, which may be masking some infections.
  + This week’s projections were heavily influenced by this lag. The UVA team suggests last week’s projections may be more useful, particularly the “less control” scenario.
  + Cases are surging nationally.
  + Despite the Thanksgiving data lag, cases are surging in 21 of Virginia’s 35 health districts.
  + Due to surges and data lag UVA and RAND suggest using:
    - 3-day rather than 7-day averages to identify trends
    - Measures using report or confirmation date over date of onset.

**Testing Update:**

* See Slides at <https://www.vdh.virginia.gov/emergency-preparedness/emergency-preparedness/covid-19-information/>
* PCR-based COVID-19 tests for home use:
  + Prescription nasal swabs
  + Prescription saliva tests
  + Direct to consumer nasal swab
    - Just received FDA Emergency Use Authorization
    - FDA press release available at: <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-first-direct-consumer-covid-19-test-system?utm_medium=email&utm_source=govdelivery>
  + Another test in piloting right now would allow the patient to receive their test result at home after completing the swab

**Vaccination Unit Update:**

* The CDC Advisory Committee on Immunization Practices (ACIP) met on Dec 1 to establish priority group
* The VDMAC voted on Dec 4th to adopt the ACIP recommendations
* However, the ACIP is not a recommendation for the COVID-19 vaccine, just a recommendation for priority groups
* The ACIP will meet again after FDA approval of any specific vaccines
* The ACIP noted that HCWs have experience high numbers of infections, and LTCF residents have had high numbers of infections, and higher numbers of severe infections
* Recommended priority groups:
  + Phase 1A: HCWs and LTCF staff and residents
  + Phase 1B: Essential Workers (still to be defined)
  + Phase 1C: Adults at risk for severe infection and adults over 65 years of age.
* VDH is expecting to receive over 480,000 doses of Pfizer and Moderna vaccine doses by end of December, which should almost be enough to vaccinate the entire population of Phase 1A priority group persons in Virginia (of which there are about 500,000 today)
* First shipments of Pfizer vaccines will go to geographically diverse hospitals around the commonwealth that have ULC storage capacity
* LTCFs will receive their vaccines from the CDC’s pharmacy vaccine program from CVS and Walgreens
* Additional vaccine allocations will continue after December
* The FDA’s VRBPAC endorsed the Pfizer vaccine for EUA yesterday
* The FDA approval through EUA could occur by Saturday
* ACIP will meet after FDA approval to review the vaccine data and make their final recommendations
* It is expected that the vaccine will be shipped early next week
* The Moderna vaccine will be reviewed by the FDA’s VRBPAC on Dec 17 and this will be followed by another ACIP meeting
* For the most current vaccine information, please go to the VDH COV-19 Vaccine Website
* To be added within a few days:
  + EUA Fact Sheets
  + Vaccine Administration fee billing information
* VDH outreach includes:
  + Community Conversations
  + Monday, DEC 14: webinar on what every healthcare provider should know
  + Tues and Thursdays sessions starting next week on Vaccinate with Confidence
  + Satellite media tour on Dec 18
  + These events and more will be announced on the VDH website

Community Mitigation Update:

* EO 72 – replaces EO 63
* EO 72 will be effective Dec 14
* Section 1: Stay at home order:
  + Virginians should stay home between 12 am and 5 am, with certain exceptions
* Section 2: Update of EO 63 guidelines
  + Requires all employees to wear masks at their workplace (even if not customer facing)
  + 10-person gathering limit
  + Indoor sports: 25 participants and spectators total limit
  + Outdoor sports: Each athlete allowed 2 guests
  + This 10-people limit does not apply to Religious and Education environments, as long as other guidelines are followed
* Section 3: Added an outdoor mask wearing requirements:
  + When at least six-feet of distance with other people cannot be maintained
* Section 4: States that EO 72 should be followed where it conflicts with the current DOLI regulations
* VDH December Holiday Guidance:
  + Gatherings should be limited to 10 persons or less
  + Activities defined as Lower, moderate, and higher risk
  + See: <https://www.vdh.virginia.gov/coronavirus/schools-workplaces-community-locations/social-gatherings/> (Click “Holidays” mid-way down the page)

Q&A:

* What percent of cases are from airborne, respiratory droplets, surface contact, and bathroom (toilet) transmission events? A: In general the SARS-COV-2 virus is thought to spread from respiratory droplets, not airborne spread. This is a person-to-person spread. There is some limited airborne spread in places where people are in close proximity. Surface contact is not seen as major contributor for spread.
* What is the accuracy of the home PCR tests? A: According to CDC, Nucleic Acid Amplification testing is considered highly accurate. The Antigen tests are not as accurate as the PCR tests but are still pretty good.
* Will VDH lead regional collaboration with all of the healthcare coalitions with regard to vaccine prioritization? A: Decision will be made by the Virginia Unified Command. VDH will work closely with the local health districts and provide them guidance that they can use to coordinating with their local partners.
* Regarding EO 72, is this EO replacing the previous EOs? A: Yes.