**VDH Partner Call December 4, 2020**

* **Case count update. 247,380 cases, 4,160 deaths.**
* **Hospital Surge Update-Kelly Parker, VHHA & James Moss, VDH, Office of Emergency Preparedness**
	+ As most of you probably realize, a long-standing relationship, in terms of emergency response, the relationship goes back to the early days of public health. This relationship has been utilized, really been a force multiplier and leveraged us through any and all public health emergencies and natural disasters, from Ebola, and have seen it time and time again with COVID-19 response.
	+ In early March of this year, Virginia Hospital & Health care providers have been battling and dealing with the effects of COVID-19. More than 24,000 patients have been hospitalized and discharged. Many more triaged, tested. Throughout Virginia hospitals and health care systems.
	+ Now, we are seeing an uptick not only nationally, but cases increasing across the state. The takeaway for this is to understand and appreciate that Virginia hospitals are ready to deal with this issue.
	+ They stand ready, have sufficient capabilities. We are very fortunate in we haven't had to explore the use of alternate sites to, deal and combat and meet patient needs of the Commonwealth. And, and the takeaway is the hospitals are well positioned.
	+ We have been tracking daily operations of the hospitals and health systems since beginning of pandemic. You may be aware, VVHA has a public dashboard that has overall numbers of what is occurring and, at the, the hospitals within the commonwealth, so we did want to just highlight a couple of items from, from the numbers that we track. As of today, we have total of 1,854 hospitalized individuals who are confirmed with COVID-19 or their test results are pending. Of that 1,854, 1,486 of them are hospitalized and confirmed positive for COVID-19. And in addition to that we track specific capacities of the health care system. We look at confirmed positive COVID-19 patients.
	+ We look at how many of those are currently in the ICU and how many of those are currently on ventilator support. At the moment, we are currently statewide at 29% utilizing of ventilator as cross the state means we have significant capacity to increase ventilator usage if necessary. As of today, 3,195 available beds across the health system. That does not take into account all of the additional surge capacity that has been or is currently being added. And anticipation of potential surge by our health system.
	+ We track ICU utilization, as of this morning, statewide, 53% utilization of ICU beds does include surge beds. We are looking good in that respect. If you look at the VVHA dashboard on our website, we do also have a tab that shows our hospitalization trends in the seven days moving average. Early in the pandemic we sought surge early May, it was in our northern region and eastern region.
	+ When the shutdown occurred and the stay in place orders happened, we did see drastic decrease in hospitalizations. Around June, hit the lowest point of COVID-19 hospitalizations in the Commonwealth. The second surge, not as high as first, in July. Saw a decrease in hospitalizations through August and September. Since then, we have begun to see the drastic increase and rise in the seven-day moving average in hospitalization trends. It started increasing around the last week of September and has been steadily increasing since then.
	+ Current daily conversations with hospitals and health systems we have significant capacity to handle the surge. However, staffing is a significant challenge.
	+ The increases in case as cross the Commonwealth, health care workers are exposed in their communities and elsewhere, and that does require varying exposure or positive health care worker not working in the health care system. That is placing a burden on the health care system as a whole and on our hospitals potential ability to care for, for patients.
* **Vaccination Plan Update: Stephanie Wheawill, Director of Pharmacy, VDH**
	+ We have a number of weapons in the arsenal to help fight COVID-19 and now on the verge of adding one more which is vaccines. Before I get started with some, some detail, I want to emphasize important to understand that even with an effective vaccine to protect Virginias we will have to use other strategies as well quite some time, such as face coverings and social distancing.
	+ The Virginia Department of Health maintains robust public health emergency response, mass vaccinations plans for seasonal flu and building on decades of experience throughout our public health and emergency preparedness and public health vaccination programs and have been working since the summer to develop specific plans for, for the COVID-19 vaccination.
	+ Additionally, to help provide better, to help -- better prepare and communicate about COVID-19, we formed an advising work group which has over 100 members from a variety of backgrounds and diverse community leaders. We have been meeting since September 14th.
	+ The vaccine advisory work group has four subcommittees. One is vaccine safety, efficacy, two is partnerships, three is barriers to vaccination, and the final one is communications and messaging. To note that the vaccine safety and efficacy group is reviewing all data and studies about the vaccines being developed for Virginians. And all of the information as well as their, their review is provided within our vaccine advisory work group work site.
	+ Vaccine will be provided in a phased approach. Initially, the supply is expected to, to exceed, or not, not meet the needs. It is expected to increase over several months. And over those months specific groups will be identified to receive the vaccine within the first two phases. Vaccination will occur at clinics set up specifically for targeted groups which are referred to as, closed points of dispensing.
	+ The CDC advisory committee on immunization practices met this week on Tuesday. Monday, sorry, December 1st. And reviewed the data on the current epidemiology of COVID-19 and to make recommendations of who should receive a COVID-19 vaccination.
	+ They recommended as interim guidance broadly both health care personnel and residents of long-term care facilities be offered COVID-19 vaccine and initial phase of the vaccination program. Ahead of this meeting, they released an outline of ethical principles they will use on any decision or allocating vaccine. That was released November 27, 2020. In addition to science, which includes available information about the vaccine characteristics, as well as feasibility of implementation, just the storage and handling requirements, the ethical principles can we summarized by the following -- one, maximizing the benefits and minimizing harm, the allocation should maximize the benefits of vaccination to both individual recipients and the population overall. Two, promote justice by intentionally ensuring that everyone has the opportunity to be vaccinated. This includes removing unjust and avoidable barriers to vaccination that affect groups that have been economically or socially marginalized. Three, mitigate health inequities. Finally, four, promote transparency. So the ACIP recommendations for subgroups within the broad, again, just to re-emphasize, ACIP, recommendation for subgroups, broad categories of health care professionals and facilities.
	+ The unified command vaccination unit, adopted ACIP recommendations and developed priority, of allocation of doses will not be sufficient for the entire priority group populations. Identified by ACIP. Vaccination unified, the vaccination unit prioritization and comments were first elicited from COVID-19 vaccine advisory committee. And that, the recommendation as well as those comments were provided to Virginia's COVID-19 unified command, Virginia Disaster Medical Advisory Committee or VDMAC.
	+ VDMAC, was a group established in the spring to make decisions about resources and it includes public, members, include, public health, health care, ethicists as well as representative from the health equity work group for final determination.
	+ VDMAC plans to make that, that final decision today and VDH will provide a press release later today about the, the, prioritization from the, the VDMAC final decision. So, to note where we are with the vaccines.
	+ PFIZER and Moderna are two of six manufacturers in which the federal government invested heavily in. Most manufacturers are, both of these manufactures have released and are -- continuing to report findings from phase 3 vaccine trials. And, so far, the findings have been very favorable to be both safe and efficacious.
	+ The next step is for the manufacturers to submit a FDA emergency use authorization. We are preparing for this emergency, this FDA emergency use authorization to be forthcoming on Pfizer and Moderna.
	+ When the vaccine is approved by the FDA, the CDC will begin to allocate the vaccine to states based on population basis which they have told us to expect approximately a supply for about 2%, 2.6% of the population.
	+ We are expecting that the initial supply, that we will, the very first initial supply will be 70,000 doses of Pfizer vaccine if approved mid-December and moderna vaccine, if approved, one week following the initial doses and with a weekly allocation ongoing. VDH has worked with CDC to preposition the first doses of Pfizer, with health systems that have ultracold refrigeration to shorten the time line between the EUA release and initiation of vaccine administration. VDH has worked with Virginia hospital and health care association to identify hospitals that would be able to meet this requirement. And based on that, belief that -- that, that, those identified hospitals will cover over 90% of the health system work force.
	+ The vaccine will be distributed through the center for disease control and prevention centralized vaccine distribution system. Or, directly from the manufacturer.
	+ Providers have been asked to formally register to sign a COVID-19 vaccine provider agreement to receive and administer COVID-19 vaccine. The first step is to start with a provider intent form which is a nonbinding form for the providers to fill out, expressing the intent to provide vaccine. All of the information for providers is, is available on the VDH website. <https://www.vdh.virginia.gov/covid-19-vaccine/>
	+ To date there have been over 2,100 providers and that have submitted their intent and, and then, we have successfully enrolled over 100 throughout the entire fully, to be fully registered with the CDC provider agreement and profile.
* **COVID 19 Deaths: Rosie Hobron, Office of the Chief Medical Examiner**
	+ <https://www.vdh.virginia.gov/medical-examiner/forensic-epidemiology/>
	+ Background on average, Virginia sees about 1,400 deaths statewide from all cause mortality per week here in Virginia. And if you look at this per month, like what I did on the slide, Virginia manages nearly 6,000 deaths per month from all cause mortality. That means any deaths of any cause or manner. This equates to 70,000 deaths per year here in Virginia.
	+ Most recent total in 2019. There has been a lot of discussion, surrounding drug overdose deaths, suicide, homicide. In comparison to what has been going on with the COVID-19 restrictions. Several states reporting large increases in these types of deaths since the states and country implemented some restrictions and lockdowns in March.
	+ I want to highlight whether the deaths are affected here in Virginia. Before we continue, note that, suicide and homicide are manners of death. Whereas, a drug overdose is a cause of death. These aren't mutually exclusive categories. You can have a homicidal or suicidal drug overdose. There is some, although small, overlap in some categories on the graph. So, first, to discuss, going to be drug overdose deaths. Everybody knows, the opioid epidemic trending up. 2019, Virginia, high record drug overdose deaths. 1,624 deaths of any substance. The first quarter 2020, we had 452 drug deaths. And when the lockdown began, in the second quarter, 2020, we jumped to 624 drug deaths. That is a preliminary increase of 70%.
	+ When comparing the second quarter of 2020 to the second quarter of 2019. Specific jump. And while nearly all drugs, drug categories are on the Fentanyl, driving the deaths, in the second quarter of 2020, nearly 80% of drug deaths involve, Fentanyl, we have seen increases in several localities, really all over the state. And as of the -- December 1, we certified 486 drug deaths in the third quarter of 2020. So this is the continuation. But we still have nearly 300 pending investigations during this same time frame. And, to kind of just do basic math, about half pending investigations turn out to be fatal drug overdoses. Which means that once the cases are finalized for the quarter, we are on target to have same number of fatal overdoses third quarter as in the second quarter of 2020.
	+ overall this means that we are on par to have well over 2,000 drug deaths in 2020 which means, a minimum of 25% increase in 2020 numbers compared to 2019. 2019 was already rectified. Health and addiction and treatment side, specialists are increasing this to stress, strain, unemployment, bills, lack of face to face contact with people in recovery to attend meetings with their peers. These could be major triggers for people in recovery to start using again.
	+ Comparing, April to September 2020 numbers, to the exact same time frame in 2019, we have had a few less suicides during that time span. Forecasting out our 2020 numbers for the whole year compared to the last few years, we are expected to have, very similar annual total to what we have seen for the last, three, four years.
	+ Preliminary suicide totals from the four regions, breaking it up for 2020, again not really seeing any dramatic spikes, or, or even minimal spikes in any particular region out of state. Overall that's good news. And I would now, -- as of now, we are not really seeing significant impact of the COVID-19 restriction on suicide numbers here in Virginia like many other states are reporting. And lastly, I want to talk homicide numbers. Since that has been another big discussion point in the media.
	+ When you compare preliminary homicide numbers in April to September, 2020, to the same period in 2019, we are, at an increase from last year. As of right now, that increase is 6.6%. In 2019, on average, 38 homicides per month statewide. Since, the COVID-19 restrictions began, we have been averaging about 45 homicide per month statewide. We did have a notable increase in homicides in September and November, with 57, 55, homicides effectively. The death investigations aren't always instantaneous, some case maze turn out to be homicides. Looking at kind of the numbers, we will be well over, 500 homicides statewide once 2020 is over.
	+ This will be the highest number of homicide that Virginia has seen in the last 15 years, with the record high statistic of 477 statewide in 2016. Some of the numbers, some localities that have the highest rate of numbers and rates of homicide, Richmond City, 71, confirmed homicides, nearing an all time high of 77 in 2017. These are all-time highs in the last, 15, 20 years. Norfolk is at 45 homicide this year. Approaching an all-time high. Last 15 years. 48 in 2016. Hampton, 21, high, high of 25 and 2016. Roanoke has 16 homicide in, 2020. Which is nearing an all time high of 18 in 2017. And then the small, city of Petersburg, has highest rate of homicide, in the last three years, currently has 19 homicide. Approaching its record of 21 in 2019.
	+ Many localities in Virginia are approaching record high numbers of homicides in the last, 15, 20 years. Unclear if there is any direct association between COVID-19 restrictions and homicide. There needs to be further investigation into this. We have been hearing major reports of domestic violence and types of violence.
* **Local COVID 19 Vaccination Tabletop In A Box, Aaron Kesecker, VDH Office of Emergency Preparedness.**
	+ <https://www.vdh.virginia.gov/emergency-preparedness/training-education/>
	+ The purpose of the 2020, COVID 19 vaccination Tabletop-in-A-box is to provide an opportunity for Whole Community Partners to examine, discuss and refine support needed to execute a mass COVID 19 vaccination program.
	+ There is no designated time limit for the exercise. It should be up to the agencies or districts conducting it to make that determination based on local plans. We have developed a series of objectives that should be sought to be accomplished, that include, but are not limited to:
		- Increase stakeholder knowledge of the local COVID 19 Vaccination Campaign Plan and their roles to support execution of the plan upon arrival of COVID vaccines in the Commonwealth.
		- Validate support needed to counter Preparedness Gap Analysis estimates in accordance with the COVID 19 Vaccination Campaign Plan.
		- Assess the partners Support requirements for the phases of the Vaccination Campaign Strategy in accordance with the Vaccination Campaign Plan.
		- Evaluate the ability of locality Logistics Section to provide facilities, services and support in support of vaccination distribution in accordance with established plans, policies and procedures.
		- Demonstrate the ability of the Public Information Officer to deliver coordinated, prompt and actionable incident information in response to the distribution of vaccine in locality in accordance with existing plans, policies and procedures.
		- Demonstrate the ability of the locality to coordinate the management of vaccination distribution operations within locality in accordance with existing plans, policies and procedures.

* This exercise is designed to be scalable and adaptable for application at the regional, sub-regional, facility and provider level. The target audience should be determined by the agency/District.
* The TTX is designed to be conducted in modules. The first, should be a briefing for attendees of the local vaccination campaign plan.
* Modules:
	+ Local Vaccination Campaign Plan Briefing
	+ Phase I Vaccine arrival
	+ Phase II Vaccine arrival
* Supporting Documentation:
	+ Situation Manual w/ Discussion Questions-That can be added to at the districts discretion. There also supplemental questions/discussion points that can be adapted to an operational exercise environment as injects, should it be needed.
	+ TTX PowerPoint
	+ Facilitator/Evaluator Briefing Slides
	+ Exercise Evaluation Guides (Developed using the DHS Core Capabilities, Public Health Emergency Preparedness Capabilities and Healthcare Preparedness and Response Capabilities, to meet the needs of the whole community)
	+ After Action Meeting PowerPoint Slides
	+ After Action Report Template
* **Governors Executive Order Enforcement, Julie Henderson, Director of the Office of Environmental Health, VDH.**
	+ So on May 26, 2020, the governor issued order 63, required all patrons in the Commonwealth, age 10 or over when they're entering, exiting, traveling through any type, any specific settings that are listed in the executive order, that people must cover their mouth and nose, and wear a face covering. Now we have since transitioned to use the term mask. But, within the executive orders, face covering was used at that time.
	+ There are specific sections in the order in paragraph C, VDH was tasked with enforcement, for those working in the districts. So the enforcement of the provisions in EU63, and -- EO63, and EO63, mask, face covering, and EO67 addresses specific business sectors, and it, it talks a lot about requirements of the sectors have to follow outside of just wearing a face covering. So say a restaurant. That includes, at a time it included occupancy, minimum capacity, but also had restrictions on what they're required to do as it relate to seating people. So not around people to sit at a bar, and stand around in settings, tables have to be 6 feet apart.
	+ So any violations of that executive order, the governor and the executive order, gave power if you will to Virginia Department of Health to enforce the orders. And gave us some tools in how to do that. So, any willful violation, refusal, failure, neglect to comply with orders issued pursuant to 32.113 in the code of Virginia. Meant that any violations were punishable as a class 1 misdemeanor. So, it also allowed for the health commissioner to be able to seek relief in circuit court for violations of the order. That was under 32.1 in 27 of the code. This is all specifically laid out within the executive orders.
	+ Due to the continued community spread, continuing cases and restrictions in the executive orders and also numerous complaints we are receiving by the call center, health departments, we created online reporting tool, back in June. A central place for us to access all complaints. And we continue to get those. We do see trends. So when there is a new executive order, you can expect we see increasing cases, or increasing complaints.
	+ When the governor just amended EO67, back on November 15th. We saw pretty big spike in reports then. And we also see when we see case increases, we'll see an uptick in reports.
	+ There is expectation that we will reach out to the businesses and ensure that they're in compliance. So on December 1st, we, or as of December 1st, we received 53,160 complaints through this online tool that we created. And the local health district, respond to the complaints by contacting the owners and operators. Mentioned earlier, making sure they're aware of the requirements.
	+ Providing education, information about the spread of COVID-19, what the orders require and then how establishments may comply with the requirements. So businesses have done things like, outdoor dining, have been really creative and take-out, offering take-out, curb-side delivery. Those things. We have collaborated with executive branch agency whose have authority over relationships with the sectors. So that might include Virginia Department of Agriculture, we have worked a lot with ABC, especially when it comes to obviously, restaurants or anything that requires a license for alcohol.
	+ we have also been working with -- department of Labor and Industry. As you know they, they promulgated emergency temporary standard. There is a fair amount of overlap between the requirements and the governor's executive orders and the Department of Labor and Industry, emergency temporary standard. So when we continue to get complaints, employees not wearing masks or the manager, the owner of the business not requiring their employees to wear masks or not providing masks, we seek first to educate the owner and operator. If we continue to get noncompliance or complaints, then often times we will refer that to the Department of Labor and Industry.
	+ The other thing that we make sure to do is, you know, we don't conduct in sections, we do conduct notices of violations to business sectors really outside of our normal scope of authority. Think of the health department issuing permits and inspections for restaurants, campground, and hotels. But we are also charged under the executive order, with enforcing businesses that we do not normally have relationship with. That's why we work collaboratively with the department of agriculture, but, ultimately, it is VDH's responsibility to enforce the executive orders if it lead to a class 1 misdemeanor or injunction.
	+ Main focus of enforcement has been for restaurants and bars, if they hold a permit to operate. Enforcement of the order provisions really begins once we provide them with information and education efforts have failed. I mention we received 53,116 sections as of December 1. 3,690 of those resulted in an enforcement action. Local health departments have been able to achieve collaboration and compliance largely through education efforts with businesses. And enforcement actions for that number, that includes notice of violation. And a suspension of, if a restaurant, of their operating permit.
	+ The large majority of them we will send a notice. Whether it is a business we regulate normally or one outside, outside of the scope in the executive order. We will send a notice, violation. It is that is our term, really a letter. Notifying them we received complaints. And or we made observations. Of noncompliance and what we observed, what the complaints entailed and what action they can take to correct that. To date, we have only pursued an injunction against one business. This restaurant is located in Hanover County. They continued to operate. That restaurant now, they are in compliance. And they have been requiring their employees to wear masks. And, and have been, you know, really a partner with us. In receiving their, their permit. We also suspended their restaurant permit for a period of time. So, to date, VDH has filed one class 1 misdemeanor charge against a business owner. In the district. And, the class 1 misdemeanor to a restaurant.
	+ We had suspended that permit back in July. We continued to receive complaints. And so, we went back in, after continued complaints. And the establishment had over 300 people in the restaurant, and their occupancy permit was 99. We suspended the permit. Then filed class 1 misdemeanor, really because the owner had been given notice, had the restaurant permit suspended in July and were continuing to, not comply with the orders. So, it was that we felt like it warranted that class 1 misdemeanor.
	+ Complaints have increased in recent weeks. After an executive order change, or the governor notifying people we are seeing an increase in cases we usually see increase in complaints. We are averaging 275 per day. This is statewide. That's been since November 14th. And, they mainly pertain to, you know what I talking about, mask usage, essential businesses, congregation at restaurants and bars, really key complaint areas. The vast majority of our permit suspensions involve bars. So that's not just defined for us in code.
* **Testing Update, Dr. Brooke Rossheim, VDH**
	+ As of December 3rd, 3.36 million PCR tests have been completed. We are now doing about, recently, we have done more than 30,000 PCR tests per day. The seven-day moving average positivity rate is 8.8%. That is rising. And the average lab turnaround time is, 1.82 days. Which is also on the increase.
	+ As of, yesterday, it was total of almost 344 antigen tests and seven-day moving average, positivity rate is 10.8%.
	+ We continue to distribute antigen cards, antigen cards, so, we have had small requests for 2,000 cards or less.
	+ We have also distributed cards to all of the local health districts in Virginia and in late December of this year, the local health districts will get another shipment that will be even larger. And then, just briefly, the groups that we are working with, to get antigen -- to get antigen tests to, working with a large retail pharmacy chains, working with statewide, EMS counsels, we are working, we are sending more card to free clinics.
	+ We are working with several large primary care networks. And, also, with the department of behavioral health and developmental services.
	+ We do plan on retaining approximately 10% of the antigen cards to support emergency needs or outbreak responses.
* Questions?
	+ Question about the opioid numbers with Fentanyl, any tracking of regionalized numbers provided in terms of the spike we are seeing this year?
		- Response: A published a quarterly report on drug deaths and spread sheet on death by locality and year.
		- <https://www.vdh.virginia.gov/medical-examiner/forensic-epidemiology/>
* Conclusion:
	+ Next week, we will have Dr. Rossheim back, we can get a detailed report from testing, and we will have an update on vaccination if anything new to share.
	+ Justin Crow will be coming back to give update on modeling data as the numbers are increasing.
	+ If there is anything else anybody would look to hear about, make sure you send me an Email. Any additional questions we didn't have time to answer, email those as well. And we will be back next Friday, at 10:00. Thank you so much. Have a great weekend.