

Partner Call Survey:

- The majority prefer the audio calls
- Will continue to post the slides online
 - Try to post in advance of the call
 - Will add the email address presenters into the meeting minutes

Case Count Updates:

- Cases (Cumulative): 387,917 cases
- Deaths (cumulative): 5,312
- Hospitalizations (current as of 1/8/21 am): 2,991
 - Confirmed positive: 2,693
 - ICU: 547
 - Ventilator Support: 351
- Ventilator usage statewide is currently at 36:

Hospitalizations:

- Presented by Kelly Parker with the Virginia Hospital and Healthcare Association and James Moss with VDH, the hospital coordinator
- Slight increase in the utilization percentage of ventilators across the commonwealth
 - Still relatively low compared to the total number of ventilators through the state
- Currently at 2,873 beds available
- 7-day hospitalization trend:
 - First and second peaks primarily in the eastern northern region
 - Third peak began middle to end of November and rapidly increasing ever since
 - This peak is a widespread statewide surge
 - Seeing some of the highest numbers of positive patients in regions to date
- Staffing of medical facilities is challenge right now.
 - Increase in clinical providers and nonclinical providers in the hospital settings that have contracted COVID-19 positive or are quarantined due to exposure
 - Vaccination efforts may help alleviate staffing challenges
 - Number of facilities across the state reducing elective procedures especially ones requiring overnight stays
 - Visitation restrictions becoming more prevalent
 - Long-term care partners are severely impacted
- VDH and the hospital association working closely together
 - Hospital Preparedness Program
 - Daily communications
 - Under unified command a more formalized structure and group established to look at this with a holistic perspective

SARS CV2:

- Presented by Dr. Brandy Darby, Veterinary Epidemiology with VDH
- Viruses continuously change through mutation
- COVID-19, a type of coronavirus

- Named for the crown-like spike proteins on the surface of the virus
- The spikes enable the virus to attach to and infect a host cell
- Scientists look for changes in the virus including changes that alter the spikes on the surface of the virus
 - Which helps us to better understand
 - How the virus is changing
 - How the virus spreads through a population
 - What happens when someone is infected with the new variant
- November of 2020, the UK reported a rapid increase in COVID-19 cases
 - Linked to a different version or variant of the virus called B117
- New variant might spread more easily from person-to-person
 - Does not appear to cause more severe disease or death
 - Could increase the total number of people who need clinical care
- Tried and true public health recommendations for slowing the spread of COVID-19 prevents the spread of the new variant (mask, social distancing, hand washing)
- The variant is in the United States including Colorado, California, Florida, Georgia, New York, Connecticut and Pennsylvania.
 - Could be in other parts of the US without having been detected
 - To date CCLS has not identified this particular variant in Virginia
- Aspects we are monitoring closely include
 - Any impact on immunity to the virus
 - Any impact on our diagnostic testing ability
 - CDC and the FDA evaluating diagnostic test performance against this variant
 - Appears all diagnostic tests detect current infections with the new variant strain
 - Any impact on monoclonal antibody therapy
 - No idea what influence this variant might have on treatment
 - What are we doing here at VDH
 - Working closely with our lab partners
 - Working with DCLS to sequence a subset of positive samples to screen for genetic variations in the SARS CV virus present in Virginia
 - Helps us to monitor for new emerging viral variants here
 - Crosswalk the health information we have for those different genetic variations to quickly see if there's any influence on virus transmissibility severity
 - Sent out a clinician letter on December 30th to healthcare providers about the emerging variant and the new requirement for passengers coming to the U.S. from the U.K.
 - Proof of a negative COVID-19 PCR or antigen test not more than 72 hours prior to departure

Vaccination Unit Update:

- Presented by Rachel Ellic with the Community Mitigation Team

- 481,550 doses of the COVID-19 vaccine distributed
- 68,250 doses allocated to the CDC pharmacy partnership for long-term care facilities
- 135,863 total doses administered
- 3,891 fully vaccinated (both doses) individuals to date
- Adverse reactions to the vaccine in Virginia
 - Arm pain at the site of injection
 - Fatigue
 - Other body aches
 - Sometimes fever for a couple of days
 - Also experienced after receiving other types of vaccines such as the flu shot
 - Several tools available to help monitor side effects, including an app accessed from our website called Vsaf
 - Information on website about allergic reactions after the first dose of the Pfizer vaccine
- Focused on the 1A priority group: Healthcare workers and long-term care facilities,
 - Healthcare systems and local health departments work collaboratively to educate personnel
 - Healthcare systems are vaccinating their own staff
 - If you haven't been contacted and are in that 1A category, reach out to your local health department or the call center (877-ask-VDHS)
- Long-term care facilities staff and residents vaccinated by CVS and Walgreens teams through the federal long-term care facility pharmacy partnership program.
 - Facilities not included in that program can work with their local health districts to ensure local vaccination of their staff and residents
- For the general public local health districts are developing district-specific plans
 - VDH is working to have more specific information available on the vaccine website soon including a map and links to individual health district websites which will provide current ways to access vaccines in that locality
- VDH is developing an eligibility tool to determine the COVID-19 distribution phase to help the public determine where they are in line and how to find access to vaccines
- Phase 1B vaccines
 - Allocated to frontline essential workers (police, HAZMAT, corrections, childcare, K-12 teachers, food and agricultural workers including veterinarians and vet techs and staff) and persons aged 75 and older as well as people living in correctional facilities, homeless shelters and migrant labor captives. The manufacturing industries grocery store workers, public transit workers and mail carriers including the U.S. postal service and private mail carriers as well as officials needed to maintain continuity of government.
 - Completed by local health departments, pharmacies, healthcare systems and pharmacy occupational based systems
 - Several weeks to several months to vaccinate Virginians in Phase 1B
 - Vaccine supply in the United States is still very limited.
 - Currently the federal gov allocates about 110,000 doses of vaccine to VA per week

- The amount of vaccine available in the US depends on the capabilities of manufacturers to produce the vaccine safely and is expected to increase gradually over the next few months.
- Phase 1C vaccines
 - Allocated to other essential workers (energy sector, waste removal workers, housing and construction, food service workers, transportation and logistics, institutions of higher education, faculty and staff, finance, information technology and communication, media, legal services, public safety and other public health workers), persons aged 65 to 74, and persons aged 16 to 64 with certain medical conditions or a disability that puts them at increased risk for severe illness from COVID-19.
 - Local health departments, pharmacies, and employer occupational health-based units to complete vaccination of essential workers.
 - Information will be coming out of the local health departments and local providers about when and how people who are eligible in 1C will have access to the vaccine
- CDC Advisory Committee on Immunization Practices makes recommendations for priority groups in each phase of vaccine distributions
 - If there is a sufficient amount of vaccine to cover an entire priority group it will be sent directly to the designated vaccinators to administer.
 - If there is not enough supply, the Virginia COVID-19 unified command will develop a COVID-19 vaccine prioritization and distribution approach for the commonwealth to follow
 - The unified command vaccine unit will draft a protocol, adapted from ACIP recommendations; get feedback from the COVID-19 vaccine advisory committee and provide those recommendations for the Virginia disaster medical advisory community for input
 - Virginia works with federal and community partners to develop COVID-19 vaccine distribution plans and ensures all eligible priority groups receive clear communication regarding how to receive the vaccine in a timely manner

Q&A:

- **What is the highest ICU bed occupancy seen in the past and how many cases per day were on that day?** *That's on the VHAA website and the highest occupancy seen is probably what's happening now. It is higher than it was back in March when we looked at the first surge.*
- **Is it recommended for those that have contracted the virus to get the vaccination? And if so, after what point or period after having been infected with the virus should they be vaccinated?** *It is recommended that those who have had known or suspected virus receive the vaccine due to the decreased risk of being reinfected within the 90 days. There may be reasons why the vaccine could be delayed, however, CDC and FDA have continued to recommend vaccination despite past history of diagnosis from the virus. You can be vaccinated when you no longer have symptoms from the virus.*

- **Could you address the potential overlap between the two different phases?** *Based on the governor's announcement on Wednesday and what we are doing at VDH right now, we will move into phases based on local health district capability; therefore, it will be different from district to district based on many variables. There may be some overlap of the phases*
- **Would you recommend that we also use four fans to create even greater air flow within our facility or is fresh air from the outside really all you're trying to achieve?** *We recommend working with HVAC professionals about specific ways to increase ventilation*
- **Could you provide a comparison of the replication rate of the original SARS CoV versus the variant that you're seeing?** *The original replication rate with the SARS Cov2 variability in Virginia is on or around 1, meaning that for every infected person, there is one additional case this person goes on to infect. We're still gathering rough data about the new variant but we think the reproductive rate for that virus is somewhere around 1.4 to 1.7.*
- **How are communities who are skeptical of the virus being informed and educated? Are you working with local organizations to make sure that the necessary information is going out to different communities?** *We have held telepress conferences and hosted community conversations in December and will host more. We're also working with a vaccine advisory workgroup which has over 100 members from different communities and that represent those that may have either skepticism or hesitancy in regards to the vaccine. We have hosted expert panels to talk to our providers and we plan to increase our marketing and our communications campaign. We've been fortunate to increase our medical reserve corps which help with our vaccination campaign and want to provide any messaging they can provide to their community members about the vaccine. All of the communications messaging is run by our health equity workgroup which has been part of the unified command since the beginning of the response as well as our functional needs partners.*
- **As people get vaccinated, are LTC staff and/or patients going to be excluded from being tested twice a week?** *That is a CMS requirement and we have not heard to date whether there has been any change but we will ask.*
- **Will there be a push from VDH to an organization like mine to coordinate vaccination or should we look at the website and reach out to VDH to coordinate vaccinations?** *Once we go into the appropriate Phase, 1B in this case, the local health districts should use their website and establish registration process and provide notification as to when clinics and events will be held.*
- **Is there any shortage of liquid oxygen or projected shortages and are there contingency plans regarding oxygen if a shortage occurs?** *The contingency plan is coordinated with the VHHA. We coordinate any supply equipment shortages in each of our facilities through our regional healthcare coalitions. Currently there is no either present or projected oxygen shortages.*

- **Is there any personal protective equipment that you find is more effective than others that's readily available to us, N95s, of course, or any combination of them for preventing the transmission of COVID?** *OSHA and CDC websites have information on environment-specific PPE requirements.*
- **What's being done to address the rate of vaccination across the commonwealth and bring all regions, to the extent possible, to an equal speed?** *We do acknowledge some differences in different communities being able to get all of those within 1A vaccinated. We continue to develop tools to provide more information about how to access the vaccine. We are increasing the work with the healthcare facilities that are doing vaccination. We are trying to bring all health districts at least up to par but again different demographics, different capacities and capabilities factor into this. We are working towards leveling the playing field across the state.*

NOTE:

Within the vaccination website there is a FAQs section. We have an extensive amount of questions and answers and have worked to increase the accessibility and searchability of the FAQs to make it easier to find answers.