COVID Partner Call

Friday, February 5, 2021

- **Introduction: Suzi Silverstein, Assistant Director, VDH Office of Emergency Preparedness**

    - We have 521,467 cases, 6,032 deaths, our percent of ICU capacity is 82%, but with surge bed it is only 54%. We have 9.1% of our population vaccinated with at least one dose of vaccine. We will begin our call today on vaccination

- **Vaccination Update: Bob Mauskapf, Director, VDH Office of Emergency Preparedness**

    - About a year ago the Virginia department of health stood up in response to the threat that we were seeing a worldwide for COVID-19. I don't think it was actually labeled COVID-19 at that point.
    - We had an Incident Management Team (IMT) stood up looking at the tracking and epidemiology and now here we are a year later. Our numbers going down. The percent of positivity is down below 10%. The hospital numbers are improving. Our vaccination numbers have improved.
    - The vaccination campaign is certainly a heavy lift, one the VDH can shoulder alone. We stood up the Virginia Emergency Support Team with the State preparedness coordinator and Health Commissioner as the incident commanders.
    - We have established a Joint Information Center. Now that we have a larger group of information officers solidifying the messaging and making sure we have the appropriate responsibilities and responders for questions that come in and take a look at media and we'll look at constituent requests and those requests coming from officials.
    - The JIC will also help in the resource acquisition and distribution of materials and personnel. Command and staff coordination is already enhanced with this unification and outreach to local and regional communities has proven very effective as we go further into the vaccination campaign.
    - Our numbers of available vaccines have increased from 105,000 to 122,000 this week. You will recall that the press was saying we were 50th in the country in relationship with shots in arms as against the population or doses received in the Common Wealth. We're now 10 and this day it comes from the New York Times. That's the one that everybody's been using or going. We are 10 in the nation in those areas right now.
    - Our local Health districts and long-term health facilities and our communities with local health districts, um, health systems also working with corrections and other partners has been enhanced greatly.
    - Long-term care facilities being administered by Walgreens and CVS all the first doses have been completed. They're working strongly on second doses right now. And in addition to that, the federal government announced a phase 2 for the pharmacy program and they'll be providing doses just to CVS, but eventually to other pharmacies.
    - We are working have CVS to make sure the registration processes are consistent with what's ongoing right now to make sure that the allocation and prioritization is consistent with what's been announced by the governor and that we are attempting to continue to implement. Those doses that we receive will not come out of the state allocation, but will be directly to CVS and

eventually to Wal-Mart, Walgreens and other large pharmacy chains. The effort to improve our registration system and process is ongoing. We have tested the new prep this week. We have also been working with an improved call center process and in fact the new call center management. And the prep registration process and that is being melded together. We continue to reconcile data.

- A lot of the short falls account for showing in the beginning to do with data not being entered by the vaccinators. Every single one of them to make sure they're on board. A lot of that was system problems and a lot of that was people problems.
- That's been reconciled and redistribution has happened and that vaccine where it failed to happen. They're also concentrating better on race and ethnicity tracking that we did a lift yesterday or the state data manager.
- We have done a deeper dive into race and ethnicity numbers and starting today, you'll see improvement in those numbers.

- **Vaccination Update: Mike Magner, Central Region Coordinator, VDH Office of Emergency Preparedness**

  - Local Health Departments (LHDs) continued to vaccinate people in phase 1a and 1b this past week.
  - So far, LHDs have vaccinated over 240,000 people at Points of Dispensing (PODs).
  - o There are over 100 POD events scheduled this week by LHDs
  - VDH is prioritizing health equity efforts – several PODs have occurred and several more are planned in cooperation with faith leaders and community leaders to conduct community vaccination events that are targeted towards vulnerable and underserved populations
  - o VDH has been working to improve our race and ethnicity data collection efforts – all providers have been contacted and urged to provide this data so that we can measure our successes in health equity and determine where we can improve
  - · State allocations for the upcoming week are about 120,000 doses. This number excludes the doses provided to the Long Term Care Facility partnership with CVS and Walgreens
  - · CVS/Walgreen LTCF update: 1236/1356 facilities have completed first dose clinics as of Feb 3rd, including
    - o 100% of Skilled Nursing Facilities
    - o 81% of Assisted Living Facilities and Others
    - o This program accounts for over 119,000 doses administered in Virginia
    - o All facilities included in that project should be completed with first doses by mid-February
  - While all Assisted Living and Skilled Nursing Facilities are included in the CVS/Walgreens Federal partnership, there are other types of long term care facilities and congregate care settings
  - o These include Independent Living Facilities, Independent Care Facilities for Individuals with Intellectual Disabilities, Behavioral Health Group Homes.
  - o Some of these facilities are included in the CVS/Walgreen partnership, but many are not.
  - o VDH and Department of Behavioral Health Service have been working collaboratively to identify independent pharmacies that can vaccinate these other facilities and we have been allocating Moderna vaccine towards this effort
  - · Hospitals continue to vaccinate healthcare workers and other 1a and 1b members. Hospitals have provided about 350,000 doses
  - · Virginia has activated Part 2 of the Federal Pharmacy Allocation - CVS will receive a separate allocation of 26,000 doses (outside of Virginia's scheduled allocation) for some of these stores across the state.

- o We still don’t know which stores are to be included
- o VDH will be working with CVS to funnel existing waiting lists to CVS so people who have signed up for a vaccine waiting lists will not lose their place in line
- Public disclosure of locations and amounts of vaccine will begin next week – we are reaching out to providers via email today to let them know that this is coming.
- To support this effort, VDH has worked with Deloitte to implement The COVID-19 Vaccine Doses Distributed and Administered Tracking System (COVATS)
- COVATS is a new tool that is organized by VtrckS ID and VIIS Short Name (Org Code). It shows the following information for every provider in Virginia administering the COVID-19 vaccine:
    - · Doses Distributed (by vaccine type)
    - · Total Doses Administered
    - · Net Redistribution
    - · Difference Between Distributed/Administered
    - · Pending VIIS Records
- VA Department of Corrections (DOC) provided an update on vaccine success: as of End of Day 2/1, DOC had completed over 13,660 vaccinations of staff and inmates, and were expected to administer an additional 3,500 vaccines by the end of this week.

- **Testing Update, Dr. Brooke Rossheim, VDH**

    - I have 10 slides and I will go along to let everybody know what slide number I'm on. So the first slide number 2 is just a summary of from yesterday. Suzy has already given a more up to date summary. I generally put the slides together the night before.
    - Slide 3 shows the epidemic curve by PCR testing and this is as of yesterday. I have already looked it up as of this morning. You can see that cases have peeked and are now going down. You can see that our 7-day positivity rate on the slide says 11%. As of this morning it is 10.8%.
    - Moving to the next slide, which is Antigen tests. As you can see the antigen tests are also -- the positivity rate is also going down. The 7-day positivity as of yesterday, 9.2% as of this morning. 9.1% and you again this is state wide data and you can see the link that is there also.
    - I wanted to give you a little bit of an overview of data that's out there about how well antigen tests have worked. I know people have concerned about the accuracy of antigen tests. I wanted to sheet studies because now we have some bigger studies that have been done and to take a look at some of the data.
    - So the slide I'm on is terms and abbreviations in epidemiology. It is to make sure we're all talking the same language. So the first term is sensitivity and that's a term that I'm sure these are all terms that you heard before. Sensitivity is basically asking among people with the illness what percentage of these people will have a positive test. And obviously you want to have a high percentage.
    - So basically what we're asking is among people who have COVID-19 what percent of the time is that test going to be positive. That can be -- in this case we're talking antigen test. It can be PCR, some other test that's been development for the future, but for right now, we're talking antigen test. Excuse me.
    - Now the next term is specificity. With that, it is among people who do not have the illness. Without the illness, who percentage of them has a negative test. And again, obviously we want a high number. So what we want is we want a test that has high sensitivity and high specificity. Okay? And then you're going to see the term SX and that's a term used to indicate symptoms -- people who are symptomatic to people who have 1 or more COVID-19

symptoms. That can be fever, cough , fatigue, muscle aches. Their loss of taste, loss of smell, you know, there's a whole variety of COVID symptoms and then the term ASX and that is asymptomatic and this is people who don't have any symptoms. So moving on to the next slide.

- One of the things you may have seen is that the Biden administration has reached a deal with the illume company to purchase 8.5 million ILLUME antigen tests. It is unique in that it is currently the only viral test that is available without a prescription. Every other viral test requires a prescription.
- The ILLUME test is also one that is done at home. So that sample is collected at home and the test is actually performed at home by the person themselves. The ILLUME test received its FDA emergency use authorization in mid-December of 2020. It's one of the uses of ILLUME that may be very helpful is that it may be used for homebound patients or patients who can't come to a testing site or, ah, you know, and that's a big advantage because if you've got someone who is very frail, it may be quite difficult to get that person to a testing site and if you can just mail them a home test, that's a good thing.
- ILLUME is not the only home test, but it is the only home test that is available without a prescription. And it's about $30 a test.
- So now I want to get into some of the studies that have been done. This first study is from Massachusetts. So this was a community testing study in Massachusetts. Basically they set up a testing center and I believe it was in Boston and they took adults and children both symptomatic and asymptomatic.
- So if you like at the slight, you see SX and ASX. They use the Binax now COVID-19 an Antigen card. That's the card test. All of these studies use PCR as the reference. The PCRs consider the gold standard and that's what you're comparing the -- that's what the antigen test is being compared to.
- The swab is a nasal swab for the antigen test and this was about 2300 people. So this is a good size study. So what you see is if you look down at the bottom of the slide, if you look at everybody, the 2300 people, you see it is sensitivity of 77.4%. What that means is that out of people who had COVID-19,77.4% of them tested positive.
- That's kind of a moderate sensitivity. It's not sky high, you know, where would we like to see it? Ideally you would like to see 95% or above, but we know that antigen tests are not as sensitive as PCR tests. And so this is kind of in line with that kind of statement. Now, the specificity of the test among those people who did not have COVID, you can see the specificity is very high. 99.4%. So basically if this test was negative basically these people did not have the illness.
- Then we can break it down a little further. We look at symptomatic adults. So that's 355 people and you can see that the sensitivity is good. Sensitivity of 96.5% is quite respectable. Specificity of 100% which is, you know, obviously you can't get any better than that. And just to let you know, there is no such thing as they perfect test whether it's PCR, whether it's any test. There is no test that is perfect. Even PCR tests are going to be some false positives, some false negatives.
- So then you look at asymptomatic adults and we have 974 of them. What we see is that the sensitivity drops off. The sensitivity drops down to 70.2%. So the test doesn't quite perform as well in terms of identifying those people who have COVID who are asymptomatic. One of the things that we believe is that people who are asymptomatic probably have a little less virus than people who are symptomatic. So that would be in line with that. Again, we see that

the specificity is very high and we know among antigen tests that they're very good in terms of if you do not have COVID.

- If you do not have COVID, there is a very high likelihood that the antigen test will be negative. Again, not perfect because there is no such thing as a perfect test, but very good. So this is -- overall this is not too bad. So if we go to the slide of antigen testing 3, this is another study that was done and this is published in morbidity and modality weekly report which is the flagship journal of CDC. And this is looking at a student's or I should say people at 2 university campuses in Wisconsin. And so as you would imagine, you've got that 90% of participants that are college-aged students that are 18 to 25. And then you do have some people who are older who are staff members, faculty. Again looks at both symptomatic and asymptomatic people.
- So this is using the Sophia test, which is another point of care antigen test. Again, PCR is used as our -- that's what we're comparing against. PCR is our gold standard. Again, we're using nasal swabs to get the specimen and this study looks at about a little less than 1100 people.
- What we see is that in symptomatic adults, we see that the sensitivity is about 80%. So again, that's about where we expect antigen tests to be. 80% is a pretty reasonable figure. Specificity again for those people who do not have COVID, specificity is 98%. So very high which again is a feature of antigen tests. Antigen tests are good in terms if people do not have the illness. The vast majority of the time, the test is going to be negative.
- Now, if we look at asymptomatic adults, we notice a difference. Our sensitivity goes down quite a bit T. goes down to 41.2%. So if you are someone who has COVID, but you have no symptoms, if you're an adult, at least in this study, the test is only positive 41% of the time. So that is, you know, that's not exactly what we're looking for. So that's an issue.
- The specificity again very high. 98.4%. So the test is able to identify people who are -- who do not have the illness. And the last study that I want to talk about is another one that was published in the morbidity, mortality weekly report. This is one from Pima County, Arizona. They tested people over 2 weeks. Basically another community testing event. 93% adults, 7% children, both symptomatic and asymptomatic people. Again, they're using the binex now card. PCR is the gold standard and this time we have 3400 people. So we've got a good sample size. So if we look at everybody, so adults, children, symptomatic, asymptomatic, what we find is a sensitivity of 52%. That's lower than what we expect to see.
- Typically we would expect to see a sensitivity that is a little better than that. The specificity 99.9%. So very high. That's something that we expect to see. If we look at just the people who are symptomatic, so that's 827 people, the sensitivity goes up somewhat. It goes up to 64.2%. So that's a little better, but we would like to see a little better than that. Specificity is 100% and I will tell you that it is -- it's pretty unusual to have a test where either the sensitivity or the specificity is 100%.
- Now if we look at the asymptomatic people, which is about 2500, what we see is a sensitivity of 35.8%. Now, this is definitely lower than what we expect to see with an antigen test. So this obviously is not a very good number.
- We would definitely like higher than that. Specificity very high 99.8%. So then we go to the next slide which is more of a summary slide.
- What do all these things tell us? If you look overall, the sensitivity of the test of these -- according to these studies, sensitivity is better in symptomatic people. So roughly in the 60 to 80% range. And that's kind of about where we think of antigen tests.

- It is a finding that's been noted. Sensitivity is not as good with asymptomatic people. So if you're looking for illness in asymptomatic people, you know, the sensitivity of antigen testing so far is coming at around 40 to 60% at least in these studies which leads to the next point. If you have a situation where the antigen test result does not correlate with the clinical picture, so for example, you have someone who is symptomatic, they have a fever. They have a cough. They have -- they have lost their sense of taste or smell and the antigen test is negative, that person needs a confirmatory PCR test.
- The same goes for the person who is asymptomatic. So they have no symptoms and they well is no known contact with anybody with COVID-19 and they come up with a positive antigen test. So again, the clinical picture and the test results don't match each other. In that case again, the recommendation is for PCR tests. And the last thing I will leave you with is this is a limited amount of study data.
- These three studies use two different types of tests. So the overall thing is you need more data to really get the true story of how these -- to get a better handle on these numbers because with the Binax now, we saw one study that showed really nice data and we saw another study that showed data that really wasn't that nice.

- **Fatality Management Update: Ed Porner, VDEM**

  - Thankfully I'm able to report that there hasn't been a lot of activity in mass fatality. In the beginning of January, we did have some issues with saturation and response time as everybody knows mainly in the southwest and central regions.
  - We are back up to speed as far as anything that we have to stock pile. We have not received any resource requests in the last couple weeks at least for anything related to mass casualty. That's very good news as some of the other speakers mentioned that the infection rates are going down.
  - The forecasting is looking good; however, we're looking at keeping an eye on COVID variances as we go forward just in case we need to keep the stock pile up. Since I have everybody here, let me give you a rundown of what we're working on.
  - We have resource requests and missions to date. About 2,600 at this point. So those are individual resource requests from different claimants. As far as special projects, the health equity working group is going.
  - We delivered over a million masks and almost a million sanitizers. School equity group, up 500,000. Masks to date, the antigen tests were mentioned previously. We delivered almost a million of the Binax Now tests
  - There's also governor's projects in the works shipped to qualified sites and nursing facilities. PPE supplies to support vaccination plans and sanitation supplies for adults in care facilities state wide.
  - One item of concern we have is delays in production and shipment. So it's getting -- it has been taxing a little bit to try to source those right now. It is not at a critical level, but they're coming in bits and just be patient with us.
  - VDEM is buckling down in partnership with VDH for vaccine distribution and stand up in coordination with the regions both VDEM and health regions.

- **<u>Question and Answer Session</u>**

  - **Question:**

- Hi, everyone. Thank you so much for this presentation. This is Nick Woodmyer from Representative Spanberger's office. My question and was one of the speakers touched on it early in the presentation. Can you go into detail about some of the difficulties DDH is expecting with regards to trying information sharing, between the new pharmacy partnership, health care systems and as the vaccine expands to other pharmacies? What are they doing to keep track of how many vaccines have been administered and we really appreciate an update on that effort in particular.

- **Response:**
  - Mike Magner, VDH

    - I know there are a lot of different systems that talk to each other. Prep Mod and other systems feed data into our Virginia immunization information system.
    - The pharmacies that are involved in our vaccination efforts for a long-term care facility, CVS and Walgreens are using their own systems which feed into a federal systems that transmits the data into our Virginia information system -- immunization information system. So, you know, there tends to be data lags between when doses are administered and when they get entered into the system of record.
    - There's a cutoff point where that data is transmitted to the other systems. It's one of the things that we've been trying to synchronize so the data cut off times are all the same so we're getting clean data crossed the board so that the information that we're putting on our dashboard matches what the federal government is tracking for us and what arrives is also showing -- what our system is also showing.
    - I think we resolved most of the difficulties at this point in time. I'm not sure we have any continuing ongoing difficulties, but I have to pass that off to the data team.

  - **Our next question comes from Lauren Killington:**

    - I was just wondering if there were any plans to provide the race and ethnicity data on the county level on the dash board.

  - **Response: Mike Magner, VDH**

    - No. We'll have to take that back to the data team

- **<u>Closing, Suzi Silverstein</u>**

  - I want to thank everybody for your participation this week. If there are any topics would like to hear on data, please let me know and we can try to get a speaker lined up. I hope you all have a wonderful weekend and we'll talk again next week. This concludes your call today