

COVID Partner Call Notes

Friday, February 26, 2021

- **Introduction, Suzi Silverstein, VDH Office of Emergency Preparedness**
 - Situation Update, 570,982 cases and 7963 deaths
 - 13.7% of the population has received at least one dose of vaccine

- **Vaccination Update, Bob Mauskapf, VDH Office of Emergency Preparedness**
 - Johnson & Johnson vaccine is going through the Emergency Use Authorization as we speak and will be available for distribution as early as late next week.
 - We don't have information from the federal government at this point to determine numbers of doses, but it could be a significant number.
 - The Vaccine Summary Dashboard continues to show Virginia's significant progress in vaccinations, with more than 1.6 million doses administered. Although last week's severe winter weather delayed vaccine shipments to Virginia, more than 9 in 10 of available first doses have been administered.
 - The statewide vaccine pre-registration system at vaccinate.virginia.gov has received more than 518,000 pre-registrations since its launch on February 15. Including individuals who pre-registered through local health districts in the past, the new system now includes nearly 1.7 million residents and essential workers.
 - All individuals who have previously filled out a survey or form or signed up for a waitlist to be vaccinated through their local health district have been automatically imported into the new statewide system and do not need to pre-register again. As data migration continues, some pre-registrations may not yet appear in the search tool.
 - Anyone who experiences difficulties with the search function should check the spelling of their name and email address carefully and consider whether they may have used a different name, phone number, or email address in the past. Anyone with questions should call 877-VAX-IN-VA rather than their local health district. A public information toolkit is available to assist local health districts, localities, and community partners with graphics, talking points, frequently asked questions, and other materials.
 - The new central Vaccinate Virginia phone number, 877-VAX-IN-VA (877-829-4682), has received more than 115,000 calls so far, and is available seven days a week, from 8 a.m. to 8 p.m. Service is available immediately in English and Spanish, with real-time interpreter services available in any of more than 100 languages as needed.
 - Based on our population, Virginia is now receiving approximately 161,000 doses per week from the federal government. There are still simply not enough doses available yet for everyone who is eligible to receive them. Virginia is not likely to meet the demand for Phase 1b until March or April. Unfortunately, it may be weeks or longer before vaccination appointments become available for those who have pre-registered.
 - As part of a federal retail pharmacy program, 140 pharmacy locations in Virginia are now receiving a total of 52,000 new first doses per week beyond Virginia's normal allocation. Participating locations include CVS, Food City, Giant, Kroger/Harris Teeter, Safeway, Walgreens, Walmart, and multiple independent community pharmacies. The Commonwealth

- is working with these pharmacies to ensure that as many appointments as possible are offered first to people age 65 and older who are currently on local health district waitlists, rather than accepting new signups from the general public.
- All local health districts in Virginia are in Phase 1b of vaccine eligibility. This means that approximately 50% of Virginia's population is now eligible, including frontline essential workers, people aged 65 years and older, people with high-risk medical conditions identified by the CDC, and people living in correctional facilities, homeless shelters, and migrant labor camps. Other than the healthcare workers and residents of long-term care facilities in Phase 1a, the Virginians in Phase 1b are at the highest risk of exposure to COVID-19 or serious illness if infected.
 - Governor Northam has amended Executive Order 72 to expand opportunities for outdoor activities in light of improving COVID-19 case statistics. While limits on indoor gatherings remain the same (including a limit of 10 people at indoor social gatherings), the limit on outdoor social gatherings and exercise groups will increase to 25 people and the limit on outdoor racetrack and amusement venues will increase to 1,000 people. The amended order removes the stay-at-home order from midnight to 5 a.m. and extends the cutoff time for alcohol sales in restaurant dining rooms from 10 p.m. to midnight.
 - These amendments, which will be effective March 1, follow the recent amendment in effect as of February 22 to increase the capacity limit for outdoor recreational sporting events to 250 spectators. Summer camps will be able to open as of May 1, using strict mitigation protocols such as small cohorts of campers.

- **Eligibility Update. Dr. Laurie Forlano, Virginia Department of Health**

- I wanted to just start request a brief just kind of explanation as to our process that we receive dozens of requests and inquiries for clarification or addition to be added to a priority phase. And our process for review is the first thing we do is we just check with our existing guidance and policy decisions that are online about the phases to see if the occupation already (inaudible) on one of the phase A 1 A, B or C. If it's not clear, we also use the federal guidance not as a directive, but more as a framework against which we judge decisions.
- A couple of weeks ago CDC now provides their cross walk between the CISA guidance and then we have to take that one step further. So there's been a lot of interpretations of different occupational groups and job duties within those occupational groups.
- So the first thing I would ask for help on is just using that same process and checking the website first, then benchmarking it against the CISA framework and the CDC guidance. Usually pretty predictive of where the Commonwealth will land on a certain question more frequently asked questions in receipt weeks have been related to distinctions. For example, to service versus food and agriculture. Sometimes they're difficult to discern.
- When we look at those decisions, we then raise them to our policy group of unified command to make sure they concur with our recommendations. For example, I work for the Red Cross, but rather you are eligible by the job duty you perform for that employer. So if you or someone typically provides health care in a disaster in a mass care situation, then yes. You would be health care worker.
- If you are eligible by your health care worker and not status by working for the Red Cross. We're trying to figure out a better way to communicate all of these decisions to all of you. So we're working through that.

- We are doing a much better job when decisions are made into incorporating that into the eligibility survey tool that's online. So we try to incorporate all of that into that tool. It does take a little bit of time. There's typically about a week of development time from a decision point. So hopefully if that tool continues to be revised, that will be more helpful to all of you. But I don't know how it works with questions, Suzy.

- **Question and Answer Session:**

- **QUESTION:** Jim Redick: Thank you, everyone. I apologize if these questions have been answered, but they're coming from our council members. One of them has to do with testing. It is my understanding there's no funding or efforts to cut. Everything is really focusing on the vaccinations. But the question came as it pertains to school beginning to reopen and having the students and staff to sit on some regular basis. Is there anything you can speak to that? Am I correct in assuming in order to get tested, you just go through your PCP or go to the website to have those facilities that aren't testing.
- **RESPONSE:** This is Laurie. Two things. This afternoon actually, we're going to be taking a little bit closer look at our testing strategy as it relates K through 12 schools. For now, I would say there's two buckets of testing approaches that are related to settings like schools. First is diagnostic testing. That is if you're sick or showing symptoms, absolutely we would want any setting including a school to refer that individual to get tested. So yeah. You're right. That typically would right now be mostly in the private sector. There are instances in which public health continues to support diagnostic testing such as in the context of outbreaks, et cetera.
- The other bucket of testing related to school is what they call screening testing. So that's asymptomatic testing and identify cases for earlier than you would if you waited for someone to become ill or be exposed. That is an additional layer of protection for a school setting. They recommend more feasible. It's definitely complex offer asymptomatic testing at a school. Not impossible, but complex -- not impossible, but complex. So it's a long way of saying we haven't landed there. And typically that guidance will come very soon.
- **QUESTION:** And then one other question and I think this may have been answered, but the CVS and Walgreens, they do not have to or not using PrepMod. They require to enter information into PrepMod. Is that correct?
- **RESPONSE:** That's correct, Jim. We tried to get them to prep mod. We will continue to try with them and all the pharmacies so that we can track it that way.
- **QUESTION:** Joe Lurch. >> Before Joe comes on. I can expand on Jim's question about the testing. >> Hi, just to address doctor's address for the K through 12. I want to make a note and clarification about testing efforts as a whole. This is an issue that's been identified nationally. Obviously public health departments across Virginia and across the U.S. have been focusing their efforts on vaccinations. In an interview with the Washington Post yesterday where we talked about this. This is true. In the eastern region, we haven't had any major community testing events in some time, but in other parts of state, they have continued and the numbers I recall from yesterday is we were doing anywhere between 120 and 140

events a week. Now there have been 35 to 55. So there is still a foot print of community testing events. In areas have been a little less. What we tried to do is to expand on our public private partnerships.

- You may have seen press releases about our efforts with Walgreens. We providing them the (inaudible) and image and test. The state is paying for it. There are no tokens. We just made it simple, easy and clear if you access their appointment site. Go get tested. It is Shula the no cost to the individual. So we're using the HHS provided cards at these facilities and the state is picking up the tab for each of those places.
- So we started with a small pilot before Christmas. We're up to 15 and now 26. Our conversations will be to continue to expand the fixed site structures. So that can potentially play a role as well as schools open up.
- If there aren't immediate positions or others that can provide an order for a test, I won't get into details of antigen versus antibody others have provided. But I wanted to share that community testing events are happening at a much less ready and we are expanding on the public private partnerships to provide the at no cost testing for citizens as well.
- **QUESTION:** We'll take Joe Lurch's question now. Bob. Just a follow up to what Suzy said. I think it was a clarification that dashboard or the data has been updated on the website so that it can be broken out by locality and verifying that's a new function.
- **RESPONSE:** Yes. That's correct.
- **QUESTION:** Brooke Rossheim: I have a question for Bob. I know that the pharmacies are receiving relatively small amounts of vaccine right now. With the anticipated EUA emergency authorization for the Johnson & Johnson vaccine, do you think that will appreciably change? Will pharmacies be giving out more vaccines so that may lessen the burden on (inaudible)?
- **RESPONSE:** Yeah. Regardless of the J&J, we have MOU's with must be 150 pharmacies just at the state level. What I talked to earlier was 52,000 to federal detail pharmacy program is on. We are making doses of state allocated vaccine through the local health districts to the pharmacies. So they're coming out of the local health district allocation and going to the pharmacies. This week we have also with the vaccine that was sort of backed up as a result of the weather, we had last week race vaccine and in addition to this. We reached out to several pharmacies with state allocated vaccines and are making them available to them using the same criteria we did with the federal retail program. We see that channel the pharmacies being more and more utilized as more doses become available whether J&J or any other available vaccines.
- **QUESTION:** Janet Long. Good morning, everyone. I actually have a question that was raised by someone I was on a conversation with earlier today. She's a nurse leader in the Roanoke area and had three neighbors who were elderly who did not have internet access. So she registered them using obviously all of their personal information, but for the e-mail address, she used hers. In the end when she got notification of the testing availability and

someone being scheduled, the e-mail did not indicated name. So again, she helped three people to sign up. I'm thinking it might be a technical glitch, which is an easy fix. In the e-mail that indicated when the appointment was, it apparently did not say the individual's name and I didn't know if that was a state wide thing or a health district issue.

- **RESPONSE:** It is something that they're working on as we spoke trying to fix that in the e-mails. >> Okay. That's great. I'll let her know that. >> Was the reference number listed in the e-mail? >> I'm not sure if it was or not. It may have been. I didn't think to ask her about that. >> Okay. Because each of them should have a reference number when they signed up. And that reference believe in should be in each of the e-mails to be tracked back. So when they call the VAX in Virginia and give them the reference number, they should help them find out who it is for.

- **Closing: Suzi Silverstein VDH Office of Emergency Preparedness:**

- Thank you all for your attendance. We will continue to have these calls with our focus on vaccination.
- If there are any other topics you would like to hear about, please make sure you e-mail me so I can identify speakers so we can have them join our calls.
- I hope you all have a wonderful weekend and we'll meet again next Friday and this concludes our call today.