Partner Call Notes

Friday, March 5, 2021

- **Introductions: Suzi Silverstein, VDH Office of Emergency Preparedness**
    - Case Counts/Vaccination Statistics: https://www.vdh.virginia.gov/coronavirus/covid-19-in-virginia/

- **Vaccination Update: Bob Mauskapf, VDH Office of Emergency Preparedness**
    - One of the big announcements this week is we have received our Johnson & Johnson first allocation somewhere close to 70,000 doses. It will vary going forward as far as the Johnson & Johnson as their production manufacturing gets stood up and becomes more routine.
    - The vaccine summary dashboard continues to show a lot of progress. More than 2 million doses have been administered. That's more than 9 in 10 available first doses have been administered. 90% of our received vaccine have been administered. Our pre-registration system at vaccinatedcontinue.gov has received views and since February the 15th.
    - The dashboard is being updated and had installed the latest information as of yesterday was just up to February 25th. Today it is being brought up to date and we'll do further updating over the weekend and then beginning Monday, we should see daily updates keeping our dashboard current.
    - All individuals who filled out survey forms who signed up for a waited list to be vaccinated have already been automatically imported into the new state wide system. That's a very large advance. We had in some cases been doing employer vaccinations for their employees. That will no longer take place. We found some abuses in that area. So it will be individual employees that will be applying for the vaccine. Anyone with questions can call our call center which is 877-VAX-INVA. That's been very popular and has been receiving a lot of calls.
    - In addition to that, 75,000 new first doses are being administered through the federal retail pharmacy and some of the outlets include CVS, Food City Giant, Kroger Harris, Kroger Harris Teeter, Wal-Mart, Safeway and some independent pharmacies. Some primary care providers are being provided doses through the local health districts. We anticipate that our received doses will escalate in the coming weeks.
    - We are increasing our ability for throughput and introducing community vaccination centers in certain areas beginning the week of the 15th and looking to increase our through put with our normal channels as well. The normal channels, the health care systems, the hospitals, the local health care districts and pharmacies are working with community health centers, et cetera.
    - Some of those federally qualified health centers are receiving doses directly from the federal government. Started slowly, there's only about four of the FQHC's that are receiving them, but more will be added to the federal list and we are going to also be distributing through the state allocation through FQHC, the community health centers.

- **HB 2333/SB 1445 Update: Bob Mauskapf, VDH Office of Emergency Preparedness**

- House bill 2333. Thanks for the reminder. Also senate bill 1445 was passed and has been signed by the governor. This bill allows for the streamlining of bringing volunteer vaccinators in the program. The medical reserve program has been in place for 17, 18 years now. We went from 9,000 volunteers in March of last year to over 31,000 volunteers this year as of March the 1st. And of those, some 2100 are vaccinators was so the general assembly thought we might have an opportunity to bring additional vaccinators on through the passage of these bills.
- The difference with this group will be they don't have to go through all the onboarding process, the background investigation and those types of efforts we require are MRCs in the past have been through CPR, ICS and that will not be the case for these certified community volunteer vaccinator s so what we'll be calling them.
- We are developing a system to bring them aboard. Once it's in place, it's a clone of our MRC so that we can onboard these folks and then make them available by list and the list can be sorted by not only by license but also by location and we'll make those lists available to hospitals, to other entities and to local health districts that are doing that.
- So those that 2333/1445 allows for facilities to apply for -- to register to be vaccination locations. And that will be also included on the website that will stand up within the web page of the vaccination website so that they can come on board as well. The bill also allows for several layers of liability for all these vaccinators.
- One key component of the bill is we can bring on board vaccinators whose licenses may have expired up to 20 years ago. That's certainly going to open up to a lot of folks who are not on the original list.

- **<u>Testing Update: Dr. Brooke Rossheim, VDH</u>**

  - The agenda is going to talk about data about the current status of the pandemic. We're going to talk about testing data in Virginia, data about the variance in Virginia, variant viruses. I want to provide an update about the Abbot BINAX COVID-19 antigen cards and also I want to talk about a new home base test that has -- that has gotten FDA authorization.
  - You can see on the map of the state that in terms of just case count that the areas in the darkest blue are the ones that have the greatest case count and these are basically the biggest population centers in the state. So that would be northern Virginia and then you see the central Virginia in the Richmond metro area and then the third area as you see the Tidewater area and Hampton Roads in the darkest blue.
  - The next slide looks at PCR testing throughout the state and what you see is a yellow line which is the percent of PCR tests that are positive and this yellow line is a 7-day moving average. We are currently at 6.3% of positivity. That's data as of yesterday. And that is much better than where we were if you're looking at the slide.
  - Early January at about 17, 18% and then we've had a nice decline since then. And that's PCR testing. And the reference is there on the slide. Next slide looks antigen testing. And this is again statewide data. T
  - The yellow line represents 7% positivity moving average. We’re at 6% with antigen testing with positivity. Again, you can see the peek not quite as pronounced on this the way this particular slide is laid out, but there's the peek and then it comes down nicely to where we are now. So the next slide is titled COVID-19 test conducted.

- And you can see a red box on the slide that looks at -- looks at data from February 1 to about February 20. And what it shows is that there is a decline going on in both PCR testing and antigen testing. And just to give you a little -- go into a little more detail that if you look at -- we looked at a time period in February and what we were seeing was that a little less than 30,000 tests were being conducted per day. That includes bolt PCR tests and antigen tests.
- Just to give you a comparison, in January 2021, we were doing roughly 40,000 tests per day. In January 2021 actually for the whole month, we did more than a million tests, which is really great. Even if we extrapolate this data, if we took the February numbers and, you know, they took them out to where there were 31 days in February, we would not be at that -- we would not be at that number that we were in January. And, um, this is actually a pretty important thing because when we're dealing with variant viruses, the only way that we're really going to know that these variants are out there is to test and test more and more. And that's why CDC, HHS have all been really encouraging more and more testing. I will say that certainly Virginia is not the only state to see a drop in testing.
- So I don't want you to think this is confined to just Virginia. This is a trend that's been seen in plenty of other places, but it's one where we definitely want to encourage people to get tested and that would be symptomatic people. Obviously asymtpmatic people as well. Testing is going to inform us about how we're doing in terms of variant viruses which we know are out there. The next slide is just an article from the Washington Post. The title of the article public health experts say we can't give up on testing as vaccinations ramp up.
- The next slide looks at SARS COVID 2 variance. The 3 main variants that are in the U.S. right now, the B117, which is the U.K. variant, and the B11 which is the south African and the T1 variant which is from Brazil. The one that we have seen the most of as of March 2nd is the B117. 20 confirmed variants that have been identified in Virginia. South African variants of 4 confirmed cases.
- The T1 variant at least as of March 2nd has not been identified in Virginia, but, you know, B117 is one that gets particular concern because it appears to transmit better than the SARS COVID 2 original, but all of these are ones that we have our eye on and this is where testing really comes into place.
- The next slide talks about the Abbott BINAX now COVID-19 antigen card that some of you may have. During this week, Abbott labs extended the expiration date of these cards by 3 months. Abbott sent out a 10-page letter which hopefully you have received from us by now.
- If you have not received the letter, you did feel free to send me an e-mail brooke.rossheim@vdh.virginia.gov
- The extension goes back to cards that have an expiration date of early 2021. So Abbott has listed the lot numbers that are affected and basically you would so what you would do is look on the box of cards. You would look on the outside of the carton that each box contains 40 cards. You would look at the lot number on the outside of the box and then you would look on the list that Abbott has provided to see if that is one that is affected by the extension of the expiration dated. And so Abbott lists the lot number, the current expiration date and the new expiration date.
- One thing I can tell you is that the cards that we have right now is we have a large supply of them. They do fall under the expiration date extension. So the extension used to be

mid-April and now that has -- or end of April and now that has gone to that -- that will go to mid-July or end of July and again, you'll see my e-mail on these slides. So the last thing I want to mention is we do have a new home antigen test. This is the Quidel quick view home test. This is another prescription antigen test. So it will need a medical provider to write for it. It received its emergency authorization on March 1. This test is indicated to test symptomatic people that failed to have COVID-19 test within the first days of illness.

- This uses an anterior nasal swab. So this is not the swab that goes through the nose to the back of the throat. It can be used on children as young as 8 and then basically goes up to no upper limit from there. For the manufacturer, Quidel age 12 to 13. And this particular test provides written instructions on how to collect the swab and to do the test procedure. The test I've looked at the information. This is easy to do. Basically you take the swab. You put some reagent in a little test tube. You dunk the swab in the test tube. You let it sit there for about 10 minutes. Then you put some -- you take that mixture and you put some drops on the test strip and the test strip will then, you know, change colors. There's a control line and there's the test line and if the control line changes colors and the activity line shows any kind of paint purple, then that's a positive test. There is also a website that Quidel set up, which is WWW.quick VUE@home.com. I have gone to that website. There's more detailed information there.

- **Question and Answer Session:**

  - **QUESTION:** Nick Widmyer, Congresswoman Spanbergers Office

    - I had a couple questions about testing and distribution. On the testing, variance surveillance is very important to know what is circulating on the common wealth. And as we range up antigen and at home testing, the state collects samples collected at home or in a school to do a molecular genetic testing. It seems like that's a harder logistic lift than the traditional PCR list. And then the other question our office has heard from some independent positions to have nod reached vaccines for themselves and the workers. And they should be in phase 1 A. But since they're not affiliated with large health centers in practice, they struggled to access the shots. And just wondering if there's a particular protocol that you recommend these offices follow to access the fact that vaccine so they can get caught up. So thank you so much for these briefings. They're really helpful.

  - **RESPONSE #1**: Bob Mauskapf,

    - Thanks for that question. Obviously 1A was the first group that we addressed. We made those allocations available through the healthcare systems and then through the local health departments. The process for registration for those 1A would have brought those primary care providers to either the hospitals or those -- or the local health districts. They remain enforced today as long as they do the registration. That should be available. Additionally, the local health districts at this point have opened it up and there are -- I don't have the number right off hand, but there are hundreds of primary care providers in practices that have in

fact signed up and are receiving vaccine directly as allocated by the local health districts. We are tracking them at the state health department.

- They certainly do have priority 1A privileges and as long as they registered, it should be pretty easy for them to get their vaccinations. If they're going to be providing for their staffs in their practices or their patients, as long as they're registered in the Virginia immunization system, they will be eligible to receive vaccines directly obviously being now 3 different brands of vaccine the Johnson & Johnson one dose vaccine the latest and they will be considered as it becomes more available.

- **RESPONSE #2:** Suzi Silverstein: I want to add to that. Individually if they go to vaccinate Virginia.gov and sign up and indicate where they work, they will be a 1A and they'll be the first to be called for appointment fist they're in that pre-registration system. So in addition to registering as a practice, we're shifting more towards individuals that put their name in pre-registration. They will probably get a call quicker.

- **RESPONSE #3:** Dr. Brooke Rossheim: Sure. There is testing for variant viruses. As you notedd, really the crux of that is to get a positive PCR test, which is a genetic test and then that would then lead -- that test can then be -- we can see if that specimen can hold what is called whole gene sequencing can be done on that specimen. The state lab we are in close communication with them. We know that LABCORP is doing sequencings. The other thing is that when specimens come to DCLS for PCR testing, if they have a certain pattern, on the PCR testing, that is if one of the genes that the test looks for is not present, that in itself is actually kind of a tip off that this may be a variant virus. And so those specimens get pulled aside and then they started looking to see about whole sequencing. With regard to schools, that is an area that we are putting a lot of attention on now.

- VDH and VDOE has been working on that. We have a draft document that is basically, you know, really on the Launchpad. We were working on it last night in terms of testing in schools. I think that one of the things I will say for schools is that if the children, if the students, teachers or staff are symptomatic and they get an antigen test on, you know, that antigen test depending upon what the result is may then lead to a PCR test. So that's one way that that could get into the world of whole Genome sequence thing. Another thing is if you have -- if you have a symptomatic child -- symptomatic child, teacher or staff member, they may go right to a PCR test.

- That's fine. And then that puts you in the PCR world. So -- and another thing is that we are actively reaching out to -- right now we are reaching out to large health care providers. One is a large urgent care company in Virginia. We are talking with them about partnering to get additional swabs so that the state lab can run more PCR tests. We are also reaching out to a large health system in Virginia to do the same thing. So we are actively seeking more and more sample tests.

- I just wonder if we do an at home test, will that lead to a PCR tests that can have genetic sequencing? It just seems that would be a logistical problem. >> That's a great question and if you take something like this, Quidel, the quick view, what Quidel does is -- and it's right there in the material they send is Quidel wants the person doing the at home test to

report the result back to the person who prescribed. Then the person who prescribed the test is their patient needs a PCR test. So that can put them into the PCR world, but your point is well taken which is that for home antigen tests, yes there may be a gap in terms of, you know, whether these -- whether people who need PCR tests or I should say whether people recommend add PCR tests get them. I will say when we, you know, the data from the home tests does need to be reported to VDH.

- So that does give -- and the other thing it also needs to be reported back to a medical person because aside from the test, every other at home antigen test is by prescription only. So the prescription only part sort of guarantees that there's got to be a prescriber in the loop on that one. And if that person needs a confirmatory PCR test after antigen test is done, then that would put them in the PCR world.

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

    - Thank you all story your participation. We will be back next Friday for the partner call. I hope you all have a wonderful weekend and this concludes our call today.