

**VDH Partner Call Notes  
Friday, March 12, 2021**

- **Introductions: Suzi Silverstein, VDH Office of Emergency Preparedness**
  - <https://www.vdh.virginia.gov/coronavirus/covid-19-vaccine-summary/>
  
- **Vaccine Updates: Mike Magner, VDH Office of Emergency Preparedness:**
  - In VA, almost 2.5 million vaccine doses have been administered to date
  - Nearly 9 in 10 available first doses have been administered.
  - 19% of the population has received at least one dose of vaccine
  - Everyone should verify and update their pre-registration records now by visiting [vaccinate.virginia.gov](https://vaccinate.virginia.gov) or calling 877-VAX-IN-VA, because the form includes additional questions that were not available on previous forms
  - 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. However you can check and verify your registration on the website just to be sure.
  - Including individuals who pre-registered through local health districts in the past, the new system now includes more than 2.2 million people who live and work in Virginia
  - Virginia is now administering vaccines from Johnson & Johnson, Moderna and Pfizer-BioNTech.
  - All three vaccines are safe and virtually eliminate the risk of hospitalization or death from COVID-19.
  - While there are a variety of differences between the three vaccines, the most important is that Johnson & Johnson only requires one dose rather than the two doses required by Moderna and Pfizer-BioNTech.
  - Vaccine brands are assigned to clinics based on logistics needs such as shipping quantities and storage temperatures, and not based on demographics or geography.
  - The Best vaccine for you is the one that is first available
  - Virginia is still in phase 1b, although some localities could be moving to 1c very soon. Phase 1b includes all frontline essential workers. Phase 1c includes other essential workers. Phase 1c is not expected to last as long as 1b. It is highly recommended that Persons in Phase 1c register as soon as possible for the vaccine and be ready for the call. When your time comes up, please come get your vaccine.
  - We anticipate that the vaccine will be open to all adults by May 1st, assuming that vaccine supplies remain steady until that time.
  - The U.S. Centers for Disease Control and Prevention (CDC) issued updated guidance on March 8 about what people can do when they are fully vaccinated (which occurs two weeks after their final vaccine dose).
  - The guidance notes that because public health researchers are still learning how vaccines will affect the spread of COVID-19, even people who are fully vaccinated should keep taking precautions in public places like wearing masks, staying 6 feet apart from others, and avoiding crowds and poorly ventilated spaces.
  - Executive Order 72 maintains the 10-person limit on indoor social gatherings; the 25-person limit on outdoor social gatherings; the requirement to wear masks in public places; guidelines for businesses; and other provisions.
  - How Localities Can Help:

- Support local health departments by ensuring that pre-registration options through [vaccinate.virginia.gov](http://vaccinate.virginia.gov) and 877-VAX-IN-VA are promoted through local websites and other channels.
  - Emphasize to the public that because approximately 50% of Virginia residents are now eligible to be vaccinated, the limited supply of vaccine from the federal government means it will take weeks complete Phase 1b.
  - Closely coordinate with local health districts. Pooling venues, staff, volunteers, and other resources now will avoid delays later.
  - Remind everyone in the community that it is more important than ever to take the same precautions as always: staying home when possible, wearing masks when out, maintaining physical distance from others, washing hands frequently, and other best practices.
  - Remind everyone to always look for websites that end with “.gov” to make sure the information is official. When a vaccine appointment becomes available through a local health district, there will be no charge. State and local agencies will never call, email or text to ask someone for a social security number or immigration status in connection with vaccination.
- **Additional Vaccination Update: Bob Mauskopf, VDH Office of Emergency Preparedness**
    - Next week to increase the throughput of vaccinations in three areas. State is opening up vendor operated state managed community vaccination centers. So those locations are going to be in Danville, Portsmouth and Petersburg.
    - It's an effort that will assist the localities and the local health districts in their efforts in vaccination.
    - The next item I would like to mention quickly is that the general assembly passed legislation streamlining and bringing on board volunteer community vaccinators and we are working on a system which will onboard them, track them, develop the ability to deploy them and we anticipate that to be accomplished by the 1st of April. The medical reserve core is still most valuable part of our vaccination effort.
    - We are now over 33,000 and of those I think approximately 2300 are vaccinators. We continue to get a lot of people applying for medical reserve core. We will continue to onboard them and increase our ability to vaccinate within that. The two efforts, the community volunteer vaccinators and the Medical Reserve Corp will run together and will provide a core viable vaccinator force for the Commonwealth.
- **K-12 School Guidance Update, Dr. Laurie Forlano, VDH**
    - Updates on the revised term guidance of the Virginia, revised guidance posted to our website and the Department of Education website earlier this week on Tuesday. This is in response to recently released revisions from the CDC level both to school indicators and their school guidance in general.
    - So we felt it necessary to make some updates, some of the content remains the same, but there were some notable changes. I did want to note for folks on the call that you can visit our pandemic metrics dashboard and there will be a blue button that says CDC school indicators and you can click there and you will be able to see the revised school indicators from CDC. The indicators themselves have not changed.
    - We used case incidents which is the number of new cases per 100,000 people and we test positivity which should be familiar to you. Those two indicators don't necessarily line up, for example, if one is in orange and the other is in the red. We advise that officials use the higher of the two to help (inaudible) decision making.
    - You can see the entire state map for either of those indicators on the dashboard. In our school guidance, we continue to use what we level the level of impact to a school for many

- stakeholders in Virginia. It was important that we incorporate the concept of what is happening actually inside school walls. So in the school transmission and that's somewhat subjective measure, but it's influenced by or evaluated by measures of transmission within a school. So how many outbreaks are happening and in what proximity they're happening with each, how large they are.
- The (inaudible) capacity measure we hope will really be hopefully influenced by the vaccine progress we made here in Virginia approximately 80% of K12 teachers and staff in Virginia have been offered meaningful access to vaccines.
  - I think upwards of 65% have received probably higher now since I last saw the data have received at least one dose and a proportion of those are going on to receive their second doses. I think within about a month, you will see really good coverage there with this important population of workers. per the new Virginia guidance includes some specific direction to continue universal masking with the notable exception allowed in executive orders, recommendations on physical distancing and advising schools on how to bring back certain groups of students for in-person instruction and if and when and how they do that.
  - Reminder to regularly monitor (inaudible) and they need to be more closely evaluated. It is whether a school is elementary school or middle/high school. The level of transmission and the surrounding community and also the level of transmission within the school itself. We show demonstrate to readers that schools that are already open or in-person instruction can stay open if they're doing so successfully.
  - So if there's minimal impact to a school that would be indicated by the cases and the outbreaks and the absenteeism et cetera. They can remain open. And the guidance does give the ability for schools to expand the level of in-person instruction they're offering if they're managing well. That might be easier for some communities than others, but I believe it gives a pathway for that to happen. There is some key differences between the Cd C guide ants and the Virginia guidance.
  - CDC uses more specific language around 6 feet of distance depending on the level of transmission, they use phrasing to the greatest extent possible or recommend that it is required.
  - we incorporated that variable of in-school transmission, we felt we could be deviating from that CDC guidance and recommend instead a distance of 6 feet should be maximized to the greatest extent possible, but that smaller distances that is between 3 and 6 feet can be considered if that is necessary to continue some form of in-person instruction.
  - And other distancing strategies are also called out to the document such as cohorting groups of kids such as pods, et cetera. We continue to answer questions from school and we'll be happy to do that.
  - There are slight changes between CDC and Virginia go it comes to (inaudible) and extracurricular. Sports can continue to occur in Virginia in low and moderate levels of transmission. Encourage distancing.
  - Community transmission increases and we recommend that schools and their officials have considered closely those choices. Make proceed with outdoor only activities during the higher levels of transmission or activities for distancing can be maintained or preferred. We're mostly outdoors with sports anyway.
  - So we think that less be helpful to mitigate transmission. We're also working on some testing programs. We hope to have more information about that in the coming weeks and we hope that will be additional and optional for schools that are interested in that approach.
  - There's a decision matrix in the document as well and we hope that will help users put all of these things together to continue their work in opening schools. So we're happy with the progress and we hope to find resources in the website helpful.

- **CDC Guidance for Vaccinated People, Laura Young, VDH**

- CDC released really highly anticipated interim public health recommendation for fully vaccinated people. They also released a consumer facing page about what you can do when you have been fully vaccinated. That will be easier to approach from the general public and they have assigned brief with vaccine background rationale and evidence supporting these new recommendations.
- Scientific evidence does support fully vaccinated people are at low risk at symptomatic and severe COVID-19. Fully vaccinated people are less likely to have asymptomatic infection and are potentially less likely to transmit to others. There's also evidence that COVID-19 vaccines will likely be effective against emerging variants of their efficacy and is ongoing and will continue to evolve. I think Mike mentioned this a little bit.
- At least two weeks after a single dose of a one-dose series of Johnson and Johnson. You're now allowed to gather indoors with other fully vaccinated people without wearing a mask. You can also gather indoors with unvaccinated people from one household without masks unless any of those people, any of those unvaccinated people are at high risk are severe illness or if they live with someone who is at high risk for severe illness.
- So prevention measures are not needed when unvaccinated people are not needed and are at low risk with severe COVID-19, but prevention measures are still needed when they're from single households, but have a high risk for severe COVID-19 or unvaccinated people from households. Really list those things up in some smaller settings. So there are still some exceptions here of people who lived in a health care setting like a nurse will home or congregate setting.
- Those individuals still need to quarantine for 14 days after an exposure even if they are fully vaccinated while other fully vaccinated people are in the general community do not have to quarantine after new exposure. And these exceptions and congregate settings are really due to the potential high turnover residents, higher risk of transmission in these settings as well as challenges, but maintaining recommended physical distancing.
- Fully vaccinated individuals also do not have to get tested again even if they have a new exposure to someone as long as they do not have any symptoms. There are exceptions here as well.
- Going back to individuals who live or work in congregate settings or health care facilities or (inaudible) work places like a poultry processing plant. The poultry processing plant. And employees should continue work place testing procedures that are in place if they have some sort of screening or serial testing procedure in place.
- Also I think as Mike mentioned as well, fully vaccinated individuals should take precautions in public. So everyone still needs to wear a mask and socially and physically distance in public. They should avoid medium and large sized in-person gatherings and fully vaccinated people should still seek testing if they do experience COVID-19 symptoms.
- Their provider pay determine the testing needed for other things before they're tested for COVID, but they should still seek assessment if they do have (inaudible) with COVID-19. They should still monitor their health for 7 days even if they're not required to stay home. (inaudible).
- CDC has not changed travel recommendations. Testing and monitoring of your health are still in place as they relate to travel. Also this week on the 10th, CDC released updated health care prevention and cell recommendations and so in these updated recommendations, they addressed fully vaccinated health care personnel and fully vaccinated health care personnel do not have to quarantine after an exposure at work or in the community as long as they do not have any symptoms and do not have underlying immune-compromising conditions such as going through treatment for cancer or receipt work and transplantation.
- The healthcare provider should continue to follow travel related to recommendations as should the general public. Finally, in addition to that CDC guidance for health care settings, CMS also released updated COVID-19 guidelines and revised certificate for nursing home

and overall the updates are to relax color restrictions on indoor visitation in these post-acute care facilities. We have really excellent vaccine coverage in these settings, which is helping relaxation of other restrictions. But facilities should continue to regularly vaccinate new staff and follow CMS regulations for testing and routine staff testing of symptoms and operate testing. So that's a quick overview of those updates. (inaudible).

- **Question and Answer Session**

- **QUESTION:** (Via E-mail): What is the guidance for vaccinated individuals that are around newborns 0 to 1 years old?
- **RESPONSE:** So children are considered unvaccinated because there's not a vaccine available for those individuals. So for instance, you're visiting -- if you are a fully vaccinated individual and you are visiting a child for intent, that person would be considered unvaccinated and potentially higher risk. So you probably don't want to continue to wear a mask and try to maintain distance. So you consider -- you would consider those people you need to consider the household, the unvaccinated person is visiting and the vaccination status of all the individuals within that household.
- **QUESTION:** This is Bob Cofer, I am fully vaccinated and I'm on countdown of the 90 days of protection. Then what?
- **RESPONSE:** The CDC did remove the time limit around fully vaccinated individuals. So when they first released guidance, they said that this was -- if you had been vaccinated within 3 months, you can do these things. So it has been removed. We're still learning more about how long protection last, there's not a 90-day or a 3-month end point for fully vaccinated people for when they can take part in these activities.
- **QUESTION:** Barbara Bennett, Chesapeake Bank, I'm from Chesapeake Bank and we've been monitoring various data points in anticipation of our return to work one day. One of the data points is the ICU occupancy which has been anywhere from 75 to 85%. Does anyone know what the average is during non-pandemic? What's the normal ICU occupancy?
- **RESPONSE:** We'll get that from VHAA and put it out.
- **QUESTION:** Janet Wall with Virginia Nurses Association, In follow-up to Bob's question to the first question, I believe what I also heard is that there are boosters being developed that will be -- we'll probably learn a lot more in the month to come and also that vaccines are being explored. That will be the next generation of vaccines. I'm sure we'll hear more about those things in the future. My question. I know that you have partnerships with pharmacies and also some stores and supermarkets, grocery store chains. In the instance where they're collecting insurance information if someone doesn't have an insurance card, are they still able to get the vaccine there? Because what I heard is that some of them are being turned away.
- **RESPONSE:** Mike Magner, Yes they should be vaccinating them. The pharmacy can charge that administration fee to and there's no reason to be turning them away.

- **FOLLOW UP:** Janet Wall, Virginia Nurses Association, I didn't know if you were doing additional training on that, but there may be additional communications that are needed for some of those stores. And then the other question I had and I don't know if it is a benefit to you or not, if it would expedite some of your communications, but I know there's the request for people to update their registration information on the VDH site. Does it help to add a question? Because I don't think it's in there to ask if people have received their vaccination. For example, I have been asked to update my registration and I received the J&J true valley health and I thought, well maybe I can update it to indicate I have received mine. That might be helpful for VDH. I don't think there's any means to do that. If it's not important to you, it doesn't matter to me, but I thought it might be helpful for the state to understand who has already gotten theirs.
- **RESPONSE #2:** Mike Magner, One, we are going into the Virginia Immunization System and pulling the list of people who have been vaccinated. However, I will take the suggestion that people can go and remove themselves from the pre-registration list that they have been vaccinated. I think having that second data point will help.
- **QUESTION:** Nick Widmyer, Representative Spanberger's Office: Thank you so much for these updates and, Janet, thank you so much for (inaudible) with the insurance card issue. Hopefully we can touch base at the federal retail pharmacy program is having that problem. I think that's a serious concern and one my bottle will be happy to raise with administration. For the state folks on the line, the guidance around visitation for intellectual disabilities and developmentally disabled congregate care settings. The state hasn't updated that guidance in quite some time and I know we discussed CMS's federal guidance that just came out a couple days ago. I really urge you to update that visitation policy on the incredibly important. Some of these people haven't seen their kids in a year or more and, um, the other question I have related is you can easily see the state's progress at vaccinating these IDDD congregate care facilities. That's on the VDH dashboard and I am having trouble finding it. I really appreciate you sharing it with us. Thank you so much.
- **RESPONSE:** Laurie Forlano: I am anticipating we'll have something on our website later today. We'll need a couple days to review that federal guidance that came from both CDC and CMS. It is not specific to (inaudible), but it would be inclusive of such. So hopefully you will see that soon later today. Thanks for that feedback and we've gotten -- I can't recall if it's in your office or another elected officials office, but we have gotten questions about that vaccine data and that specific population. Mike can speak to that. I'm not sure the data is collected in a manner that we would be able to look for all in a systemic way. So I think that's the data issue.
- **RESPONSE 2:** Mike Magner: We've made efforts to vaccinate all individuals living in independent care facilities for individuals with intellectual disabilities. So all of those facilities are licensed by the department of behavioral health and developmental services and we reached out to each one of those facilities, partnered them up with a pharmacy that can go out and do vaccination for all their staff and residents and the same with the group homes that are licensed by DBH. That effort is pretty much wrapping up, I think, probably this week there terms of all of the facilities getting their first doses and most of those have already gotten their second doses. I don't have data on how many of them actually decided to opt in and get the vaccine, but certainly it was offered to all those facilities post staff.

- **Conclusion: Suzi Silverstien, VDH, Office of Emergency Preparedness**
  - Thank you all for your participation and great questions today. We will be back again next Friday at 10 o'clock. I hope you all have a wonderful weekend. And this concludes all call today.