VDH COVID Partner Call Notes

Friday, March 19, 2021

- **Introduction: Suzi Silverstein, VDH Office of Emergency Preparedness**
    - https://www.vdh.virginia.gov/coronavirus/covid-19-in-virginia/
- **Vaccination Update: Bob Mauskapf, VDH Office of Emergency Preparedness**
    - About 1 in 4 adults in Virginia have received a dose and 1 in 5 have been fully vaccinated. 3 83 doses this week as part of federal allocation and as far as the retail pharmacies this week, 127,000 doses have been allocated to the pharmacy throughout the state. Those pharmacies we now have 300 retail pharmacies coordinating with the Virginia emergency support team and the vaccine task force.
    - The pharmacies are expanding to provide vaccination appointments to anyone eligible? Phase 1B. That includes folks age Jiff and older, people with high risk medical conditions and front line essential workers. Front line and essential. Front line defined as people that don't do teleworking actually dealing with fellow employees and with the public and essential meaning that they are engaged in government operations.
    - We also announced that last week that some local health districts specifically at this point in Danville and eastern shore are getting to transition to phase 1C. The phase transition does not mean we stop addressing anybody in the previous phase as we obviously will continue to do that, but we will open that up to folks who want to see in those areas. In mid-April, we anticipated majority of the state be in phase 1C.
    - We have opened what we're calling community vaccination centers in Chesterfield, Petersburg, Danville and Portsmouth this week and they are fully operational. These facilities are FEMA funded, state managed and we have an operator coordinating those. The CDCs are Appointments on by appointment only. They're not walk ins at this point. At some point down the road, we may open it up and be reaching out to get folks to expand our area. Obviously everybody needs to update their pre-registration and they do that through vaccinatevirginia.gov or calling 877-VAXVA.
    - The central Virginia phone number that I just gave are receiving more than 300,000 inbound calls and making sure recipients are getting the information required to make their appointments on time.
    - The number is 7 days a week. English and Spanish with real-time services and we can get up to 100 languages additionally.
    - The VEST is coordinating with FEMAs and are the state agency partners to address and do a deeper dive into our homebound and medically fragile populations. I just got off a phone call with the group planning that. And many of the population have been vaccinated, but we want to make sure we coordinated to hose providing us the names of that population so that we get that and obviously we continued to work with on the equity lens coordinating our efforts to have the community vaccination centers to make sure we've outreaching to black and brown communities and access and function need communities.

- Adjunct Emergency Workforce: Jennifer Maul, Virginia Emergency Support Team, Virginia Department of Emergency Management:
    - So just a real quick background on the adjunct emergency work force. It was built to provide opportunities for state government employees to support the Common Wealth memory response and recovery activity.
    - During the declared emergency qualified AEW may be offered to close gaps. The AEW may be called upon to assist the public in a variety of ways including sheltering support and providing order essential emergency services. The department of human resources management and the department of social services have spent years of work developing this system.
    - I recently began working alongside those to assist with the vaccinate Virginia campaign. In late January, the Common Wealth of Virginia incident management team and I identified 20 general positions that could be utilized in community vaccination centers that didn't require specialized certification or licensures.
    - Examples of these positions are data entry teams, information officers, et cetera. What we hope to accomplish with the AEW is to replace local government and local health district employees in the non-vendor supported site so they can take a break and/or go back to their day to day job in the locality or local health district. Requests for the AEW must come through at the locality level to replacement of local government employees and done at a regional level for replacing local health district employees in the pod.
    - These need to be completed using a C being the most important in that C-SALTT is capability. You need to tell exactly what the person needs to do and this will assist us in getting people identified the fastest.
    - AEW employees were told that a minimum of two weeks which we defined five days a week for 12 hours a day was required for sign up. Some of the employees have signed up to work longer. So if you indicate you need somebody for 6 weeks, we may need multiple employees to fill that gap depending on availability.
    - The size in C salt is the not as important. The A amount would be as many -- 53 need to know the amount -- we need ton the amount of positions you're requiring to be filled for the same identified skill need that is needed. L what location will they be reporting to and T, what time and dated do they need to start.
    - So on Wednesday of this week, the first six employees from various state agencies were placed in a position and are now assisting with the vaccination efforts. This is 14 years in the making and the first time we have been able to fill vacant positions for emergency response with the AEW. These folks are working with the pre-registration data entering the team under Dr. Avula and Jessie Silver. Today we have 155 state agency employees registered that we will use across the Common Wealth for vaccination efforts. Early next week, we will be releasing additional guidance regarding reimbursements of AEW employees.
    - We anticipate that 155 to drastically increase and the state coordinators goal is to have 1,000 registered stayed agency employees in the AEW.
    - The last thing to note is we are reporting to regional staff the number of employees available per position, per region on a weekly basis. So they have all of that information and you can refer to them with questions.

- **<u>Modeling Update: Justin Crow, VDH Office of Health Equity:</u>**

- The usual background information, the model is created by the complexity institute and continues to evolve as we get more and better data and better information about the pandemic and how it works. Our partners that ran additional analysis help us understand what is going on situationally and within the models. Next slide. Slide 3, I do like to kind of place where we are on the national scale in the national trajectory as we all know.
- Cases declined rapidly right around February, mid, late, January and they started declining in the Midwest and now throughout the rest of the country.
- The East coast tends to be a little bit behind of what's happening in the nation. But we tend to be a little behind that, but overall, after that decline, we're starting to see a plateau nationally in the 10 to 20 from 100,000 daily case range where most states in what we call decline trajectory.
- In many states, they're starting to see know up turn and in many cases we're seeing. Closer around Virginia, every state including Virginia and bordering states are in that 10 to 20 range. We are also seeing them starting to plateau in that area as well and now Virginia is as well. So those are still high caseloads despite the receipt declines.
- Next slide. Slide 5. You used to see a pattern here with the cases being highest in the southwest and then we saw it moving eastward mirroring what we saw in the country nationally however. These days it tends to be more of a random event. We've not seeing real patterns in high cases. They seem to be jumping around which is a good thing. We're not having any large outbreaks in a certain area. The scale on this chart, if you remember previously, it had been up to 80. So 80 was the top (inaudible) for the bright yellow there, but our partners at RAN scale that down so that we don't have all the mapping one color. Now on the top line it is 100 cases per 120,000. So that's good news that we're able to really look at that range. But we still see a number of cases with a number of counties with high case range above 20.
- The next slide. Just to emphasize that case rates remain high. We are still at or above summer peeks from last year. And many of our counties are still above to work on the (inaudible) summer rate. Just preparing case levels to what was the average last summer. August 2020. You see a number of states are still above that by up to three times higher than last summer. So numbers lower as well, but just still concerning numbers of cases throughout Virginia. Track the risk of exposure by group size. They do a calculation on it and there are few assumptions with that a random group is 25 people within a zip code and they assume there are 300 infections per confirmed case.
- Throughout most of Virginia, there's a low likely exposure. Less than 20% chance of exposure from a group of 25 individuals gathering together. So what they look at is a likelihood of at least one member being infected. And really we have seen -- within the top 10 a lot of college towns. The university campus at Petersburg, Lexington and Blacksburg are all on the top 10 list. In the last couple weeks we have seen U of R on that list and Charlottesville.
- College towns continue to be the hotspots and areas where outbreaks tend to be occurring or large case rates tend to be occurring. This week, as far as the trajectories at the local health district level, we have 31 health districts in declining trajectory has two in plateau and two in slow growth.
- Just a couple weeks ago, we had every health district in the declining trajectory. So this is either indication we're starting to plateau. We are seeing in Roanoke and Mount Rogers a slow growth. So our southwest Virginia continues to be a concern as a couple indicators that we're seeing growth there.

- The next slide, slide 9 looking at transition rates. Throughout the state, most of the state are Fran on transmission rates below one. Transmission rate is above 1 this week. It was just below 1 last week and it is above one the week before. The update is made to the data every week. The chart might look a little bit different.
- Throughout Virginia, we saw increases in every health district state wide. Another indication that we're seeing a plateau and that the decline we saw is coming to (inaudible). We continue to track symptom to diagnosis. So this is the earliest indication we have that, you know, symptoms occurred whether it's test date or from an investigation identifying the data onset for the person. That continues to track down.
- Confirming that test positivity rate and what we're seeing in that test positivity rate that we're -- that it is declining and I will give you some background on that. And the team is tracking and they're using their partners in the current e-mail in the university facing a Facebook -- using a Facebook surveil the numbers too small to make really good estimates at the local health district level, but state wide, I know what we talked about a lot or what we have seen a lot in most of the surveys is about 75% of people plan to take will probably or definitely take vaccine when it is available; however, if you consider the population that has already received the dose, that moves to 80%. Nearly 80% of Virginians have received the vaccine or will choose to be vaccinated when it is available.
- That's good news and that should give us in that range when people are talking about herd immunity. Hopefully that plays out as we expect. Right now, almost 20% of Virginians have had the vaccine. Additionally, 6.7% of the population has been confirmed to have COVID-19. We do 3 or 4 more infections per case. When you add those two together, that becomes a significant amount of people with some immunity to COVID-19. And we do think that the confirmed cases at least in the unseen infections are probably united weighed and at risk populations, people in live in multi-generational homes, health care workers and other essential front line workers. We believe that is probably affecting transmission rates at this time. So next slide. Slide 13. Things are concerning. We are tracking the variance, the main one that we're seeing in Virginia now is that B117 variance.
- They place it at 10% and Virginia at 20%. Some modeling suggests that it will be the dominant strain by late March. That means about 50% of the cases are over 50% we see will be of this lineage. So we are on track to reach that a little bit below what we have expected, but still on track to be dominant by late March or early April. Continue is about 35 to 45% more transmissible depending on which study we look at. Okay? So now I will dive into the modeling and does do a number of scenarios.
- One of the scenarios is seasonal effects. We're trying to understand -- they call it seasonal, you go it is looking at pandemic fatigue. Understanding what will happen if people return to the activities and the transmission refs that we saw previously. The worse ones that we have seen previously throughout the pandemic and we are limiting it to the summer months. So the team looks at the highest transmission rate at the county level that occurred between May 1st, 2020 through September 2020 and then projecting that forward in the fatigue control scenario. And they're also tracking vaccines administration which is going to have a (inaudible) on transmission.
- We do have limited information on vaccine administration. Mainly what they're pulling out is publicly available data that you can so on the dashboard to estimate numbers. We do have some on the loaded information and schedule as well. They're trying to model and understand the number of people the speed of the vaccination and how long -- how projecting that forward. The model at this point does not include measures of vaccines hesitancy.

- Although, we are approaching the point where we'll be able to include in the model as well. So just if you go to slide 16, a rundown of the scenarios. The first one is the adaptive model. If things continue as they are moving to move forward, the fatigue control has increase in transmission rates reverting to the slightly worse than the transmission that was experienced in the summer 20 swept the by county -- 2020 by county. The adaptive B117 variances' the boosting of transmission going dominant. And combining what includes the relapse prevention measures and transmit boost. And all of nose do include the vax seen schedule as well with the same vaccine schedule projections.
- Next slide, slide 17 shows the much projected from the adaptive parent course scenarios. So we have had declining cases and plateaus receipt be, but if we continue, you should see continue to decline and be below last summer levels by the end of April and the pandemic would Peter out by July. So that's a very Rosie scenario if we can keep it, you know, good to stay on this track that we are on this week. Or that we've been on for the past few weeks. Next slide shows deviations from the models expectations. So these will show counties deviating from trend as we say.
- You see it jump around and you expect some counties to deviate from trend. But this week, we saw a couple in areas that stand out Pittsylvania County and Patrick county are higher than trend and then (inaudible) Wise, higher than trend and Mount Rogers.
- So just to keep an eye on those. I wouldn't change any actions based on this, but just to be aware. The next scenario they will show is the adaptive with the fatigue control. So with the fatigue control, we do expect the pandemic to last a little longer.
- We expect a summer surge. It won't be as high as the peeks we saw in January, but it would basically maintain what we saw last summer and into the fall. We won't begin to see cases to decline until August or September. So that would be basically spanning the pandemic, but not get anything worse than we have seen even from last summer and no worse than the lovelies we are right -- levels we have seen right now. (Inaudible) cases would surge again in July. And finally, the adaptive fatigue control and variance. This is a nightmare scenario. And it might be one that we're heading towards here.
- If you are able to see the slide, we expect the summer peak almost as high as the ones we saw in January. It is also a bit of a wider peek. So it would last longer than we saw in January at very high rates. So that's a little unnerving.
- So much of this particularly from July onward shows cases rising in eastern Virginia. That would be based on the transmission rates we saw. You might be adjusting the model going forward to account for this. But even if those are removed, we still expect to see high rates well into the fall. So something to keep in mind with that. And then this slide just kind of takes a look at all the projections.
- I think one good thing to note is if we maintain our projection measures, even if the variance becomes dominant, we would expect cases to continue to decline into summer. It would be a little slow of a decline. But we can manage the variance so long as we keep up prevention measures and the vaccine schedule goes as planned.
- With the fatigue control and the B117 variant, we expect that hospitals capacity might be exceeded in the southwest Virginia beginning in early summer, July time period and then in eastern Virginia a little bit later in the summer. So hopefully we will not hit those scenarios.

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

- Thank you all for your presentations and your participation today. If you do have additional questions, feel free to send them to me by E-mail and we can get you an answer by e-mail or on next week's call. If you have any topics you would like to hear on future calls, please be sure to let me know and we will join everybody again next Friday at 10 o'clock for the partnership once again. Thanks so much and have a wonderful weekend.