VDH COVID Partner Call

Friday, March 26, 2021

- **Introduction: Suzi Silverstein, VDH Office of Emergency Preparedness**
    - https://www.vdh.virginia.gov/coronavirus/covid-19-in-virginia/
    - Cases are up 1800 in the last 24 hours. There is still quite a bit a virus. Our deaths are 10,154. With good news, we have 25.5% of the population that's received one dose and 13.9 are fully vaccinated.

- **Vaccination Update: Bob Mauskapf, VDH Office of Emergency Preparedness**
    - 3.2 million Have received a dose. 1 in 5 are fully vaccinated. And we're beginning to receive although not as much as we had originally anticipated, of the one dose Johnson & Johnson vaccine will make its way into the vaccination centers in the next few weeks. Obviously, there's still not enough vaccine to go for everybody.
    - We anticipate not being able to move out of phase 1B for most localities until mid-April. Roughly half of the available supply right now is wrapping up on those 65 and above. Most of our pharmacy partners are focusing theirs as well to the O65 cohort. There are over 300 retail pharmacies in Virginia and that number is expanding on a weekly basis. Most of them are still looking and as I said 65 and above. Appointments are available through their website and also through vaccine finder as well.
    - We've opened up several large community vaccination centers. The centers as I mentioned last week are FEMA funded, state managed and actually operated by a vendor there. High volume clinics and we've got them right now on the (inaudible) and Danville, Portsmouth and this week we opened up in Prince William. We're looking at our numbers to determine what we might put those additional community vaccination centers and it will be based both on equity and the population available for making appointments.
    - We had a couple of problems in filling all of our appointments and people who may have gotten vaccinated through pharmacies and other sources and other. So we're getting about a 50% uptake on those that we're trying to contact. Our call center in fact is being diligent about calling out and making that happen.
    - We're still focusing as I said on 1B, the 65 and above. We're looking at essential workers and again, we hope to be through them by mid-April and we hope to get at least one dose in all adults by the end of May.

- **Death Reporting Data, Rosie Hobron, VDH Office of the Chief Medical Examiner:**
    - I will upon presenting on a couple different types like SUZI mentioned of what we consider excess steps. They're essentially additional deaths from the expected average. We did this comparison based on death certificate data filed through the Virginia office of vital records. We also pulled some information from OCA and made comparisons. What we did was we looked at the last 5 years of annual data and accounting for population growth and monthly variation between total death certificate and applied those out and made them average of what

we would have expected to cause mortality in the state of Virginia during 2020 and then the first months of 2021 if the pandemic had never occurred.

- Then adjusting again for a total annual year of data starting March 2020 through February 2021 accounting for a preliminary or total year, preliminary data to be estimated that there was going to be around 70,000 deaths in the state of Virginia if the pandemic had never occurred. What we did from there was we looked at the actual death certificates of all-cause mortality that was filed in the state over the same timeframe.
- When we did that comparison and looked at the difference between those, we estimated that there was an additional 12,000 excess deaths from expected member, which represented an increase of 7.1% from the expected number of deaths. And that's a significant increase if you think about some of the implications of managing an additional 12,000 deaths. Some of these were clustered around November, December, January, and February because of seasonality issues.
- It is a big undertaking for the state especially for fatality management operations for EMS, law enforcement, hospitals, medical examiners, office, funeral homes, just a large increase in death management. Then if you're following the slights along the second slide of the pie chart representing or looking at those 12,000 deaths and breaking those down into different categories. So of those 12,000 teethes, based on death certificate information, about 12,000 of those were deemed to be COVID related deaths. Whether they were caused or contributed to deaths that was 81.6% of the 12,000. Then we looked at some of the ME data and we know that like other states, Virginia has seen a big uptake on drug overdose death since March 2020. It has continued throughout the pandemic.
- We look at those and apply the state methodology compared to 2019 numbers, we estimated that there were an additional 673 excess drug deaths in Virginia during this time period representing 5.6% of the total 12,000. Additionally, we looked at excess OCME cases excluding drug overdoses and that's because the OCME has seen a big uptake in cases that don't fit in the drug category, but they are another subset of various other causes of death attributing to our increases during the pandemic. Some of those being homicide. We've had a significant increase in homicide for 2020.
- It will go down and probably be the largest number of homicide in Virginia in the last couple decades. First they looked at preliminary numbers. It was like 540 and in past years, I think the highest was 460. We also had an increase in people dead at home with no -- with no -- not being seen or being treated by an increase in the last year which those cases by code of Virginia become an OCME case. And one other thing to think about which was interesting I presented to this group before. As much as we thought drug overdoses have increased and have the same risk factors as suicide, we would assume that would have increased during this pandemic and based on Virginia data, that's not the case.
- When we look at this pie chart and OCME access death, suicide are not part of those because there was not an increase or decrease during the pandemic. We have excess OCME excluding overdoses. Lastly, we had a category of unknown and these are deaths that do not fall under the jurisdiction of the medical examiner.
- They are natural deaths and they need further investigation from vital records and other researchers that have, you know, have the actual death certificate information and arable to extrapolate what these increases may be due to. Those are the numbers that I have that kind of talked a little bit about some of the implications on the increases in death and management industry and kind of, you know, an additional 12,000 deaths in excess to the 70,000 that we were expected to have with a big undertaking from the state. That's tragic of course on the

families and the people actually dying, but the management from the state and funeral home industry has been significant.

- The commissioner published or declared a public health emergency due to opioid addiction back November of 2016 based on some of the information that Rosie shared, he's determined to extend that and publishing that declaration based on a lot of the information that Rosie put out and what we're experiencing. So that declaration will continue and force and actually pick up a bit.

- **Social Gathering Update: Karri Atwood, VDH Office of Environmental Health Legal and Regulatory Affairs**

    - The order the governor had issued had a social gathering limit of 10 individuals from indoors and 25 individuals for outdoor venues. The new executive order will become effective on April 1st raises it to 50 individuals indoors and 100 individuals outdoors.
    - This is a reminder social gathering include party and gathering. Picnics and proms and gathering limit does not apply to work settings if you're in the office building, you don't have to worry about the social gathering limits or instructional settings such as classroom and the services.
    - However a social event that would occur within one of these settings such as a work party or wedding reception or prom would be subject to the social gathering limit. One other you were date is there is now a specific guidance for graduation ceremonies that you're no longer a subject as they previously were.
    - The capacity which is included in the new phase 3 guidance. For indoor venues, they cannot exceed the lower one and occupancy is applicable to. The venues cannot exceed 30% load certificate of occupancy is applicable or 5,000 persons. And again, those are for graduation ceremonies for school.

- **K-12 Guidance Update, Laurie Forlano, VDH**

    - I wanted to give everyone some guidance which is somewhat of a response to CDC's revisions they made about a week ago. So the operational strategy and phase prevention for Virginia of pre-K through 12 schools is now available on our website. You can find that on the K12 page of the COVID website on VDH's web page.
    - A few key changes and highlights CDC changed the word signed situation to prevention. So we followed suit to change that throughout our guidance.
    - CDC now generally recommends a minimum of 3 feet of distance between students in K12 classrooms and then a focus on 60 of distance between adults. So between adults to adults but also adults and others like children and they also call out some special scenarios when a person may be doing activities to (inaudible), shouting and also times when a mask might need to be removed such as when eating or drinking.
    - So in those scenarios, they recommend a minimum of 6 feet. So for the main change was that minimum of 3 feet in a classroom. Virginia had previously already incorporated that concept earlier in March. So really it was CDC catching up to what we had already created. We revised the guidance to be a little bit similar and easier to digest and understand and the Virginia guidance matches CDCs. There is some minor deviations. One example of that is that CDC recommends that during high levels of transmissions, so a fair portion of the state is still at high levels of transmission.

- They recommended that middle schools and high schools use cohorting. So keeping students in the same group of kids throughout the day. We know that's difficult to achieve in middle and high schools. It is easier to do in elementary schools. So what they recommended is that high schools that can't use cohorting would use 6 feet. We did not adopt that recommendation. We dialed back a little bit on that and instead recommended cohorting when possible. And also we stuck with the 3 feet distance in middle and high schools and transmission and we continue to recommend in our guidance to consider a minimum of 6 feet distance between middle and high school students when cohorting is not possible particularly when transmission is higher.
- So essentially intensifying or strengthening that prevention strategy when transmission is higher. There's some language in the CDC guidance about a (inaudible) and extracurricular activities, our guidance is consistent with what we had previously written. The remainder of the change s is visual and organizational. We used to have a decision matrix, which was somewhat complicated. We tried to simplify that and we have mirrored CDCs (inaudible) there and we hope they understand for the audience that uses this document and in general reorganize the whole document to be simpler.
- There is some testing language in there. Not too many changes there, but we describe when certain kinds of testing might be worthy of consideration either diagnostic testing. So that's testing symptomatic screening and asymptomatic people weekly testing of staff, for example. CDC does have some general recommendations or considerations about testing in that document. We're waiting for a little bit more specifics.
- We understand CDC will be releasing more around test guidance and we're anticipating that hopefully pretty soon and we'll adjust accordingly. Even though the guidance now includes this minimum of 3 feet rather than 6 feet of distance between students in classrooms, the definition of close contacted remains unchanged and will still be used for purposes of case investigation and contact tracing.-for-per lastly, layered prevention strategies is what the important concept is in schools and elsewhere in the school setting, we're balancing the very important goal of getting kids back in school with the important goal of preventing disease transmission. So layering, straight gees, distancing, masks, cleaning, hand hygiene and contact tracing together will help us reach the finish line. So please let us know if you have questions or feedback and we're happy to take those.

- **Question and Answer Session:**

  - **QUESTION:** Nicole Reilly, NFID: I was curious and this goes to the first presenter regarding the vaccinations. I represent NFID, which is an association of small business owners and I was curious to know a couple things. One is. Is there any information or guidance that could be provided to business owners where they can encourage their employees particularly those that are in essential businesses on how to get vaccinated, where to go, and things like that. And then second of all, I have heard of one business that reached out to their local health department where they had a couple hundred employees they wanted to see if they could get vaccinated. They're in the manufacturing industry. So they are in the current 1B category and frankly had, I guess, you know, a big project or, you know, production they were getting ready to do. One is to vaccinate their workers and also to hold something there at the facility, but we're told by the local health department they would be charged. And it was something like paying so much an hour, hourly fee and then an additional service fee of like $45 per shot. So I was just curious if that -- what -- I guess what

is -- what any other employer they want to offer up, our understanding was obviously there's a lot of federal funding that deals with the vaccination. I didn't know if anyone could addressed though questions.

- **RESPONSE:** Your first question I refer your business owners to our website. That's the most comprehensive available -- comprehensive information on how individuals can register. We're not doing any business entry on behalf of their employees. Some of the utilities essential workers within the continuity of operations such as utilities have in fact hired pharmacies or other health care organizations to conduct vaccination on their behalf. And the department of health is not charging and are not taking any group registrations either. www.vaccinatevirginia.gov is the website. Everybody registers as a person rather than as a business registering for all of them. They have to go to the website.

- **QUESTION:** Janet Wall, Virginia nurses association. Good morning, everybody. I have two questions. We have all seen the footage of all the spring break outings. How is Virginia handling the immunizations or vaccinations for college students?

- **RESPONSE:** We are in fact looking at how we would manage something like that. There are over 400,000 college superintendents in the public universities and approximately another 100,000 thinking about trying to get those complete the before the college students return home. Is thein private universities and colleges, plus the community colleges. So as we look at that list and then try to balance that against the essential workers and over 65, obviously it's a balancing act. So we are looking at how we would do that. We have reached out the (inaudible) reached out to the college universities to check on their ability to conduct vaccinations with either pharmacies that run student health or other organizations. (Inaudible) take into account. Right now we do not have a plan in place to conduct that, but we are looking at it. >> Okay. If it's possible to share that case as it tops that, I know it would be very interesting and something that a lot of people would be interested in hearing. I know it's no small fee. You do (inaudible) balancing act.

- **QUESTION:** The other question was really regarding the federal pharmacy partner program. Just wondering if there is anyone who can provide a little more information about how things are allocated. Is that done by zip code and how transparent is that process?

- **RESPONSE:** The federal retail pharmacy program does work through the chain pharmacies primarily. And they do the allocations at their level. Also in Virginia have relationships with pharmacies. Actually have understandings. We've had those for years. And through the local health departments, they have partnered with the pharmacies within their attachment areas and come to an agreement on the numbers of vaccine doses they would allocate by channel. So we're looking at the different channels including the pharmacies, hospitals, primary care providers, federally qualified health centers and all of those factored in through the local health district. And the district has its allocation by population.

- **QUESTION:** In terms of health equity, do you think -- >> BOB: Health equity is supply to everything that we do. We've contracted with long street, which is an equity outreach works with outreach and (inaudible). Another group that works with faith providers and other NAACP and other equity based organizations to reach out to make sure that we are in contact

with those at risk communities and bringing them to our community vaccination centers and just making sure the outreach is there. That's ongoing going process and it's a very active process.

- **QUESTION:** Our next question comes from Kate (inaudible). So I basically just want to request a follow-up call. I've sent e-mails to the state through various channels on community vaccination sites since January 26th and haven't gotten any responses. I've sent e-mails this month on disability access and second dose tracking and haven't gotten any response. So I want to put in a request for a call because I'm not get anything responses. So just want to put that out there and would love a response.

- **RESPONSE:** I will give you a call later this morning.

- **QUESTION:** Andrew Ennis, Department of Rail and Public Transportation. I have two items. One is a question and one is just kind of a pass on information in the effort of continuous improvement. So along that line, I've had a number of people contact me saying they've had issues scheduling their second appointment, but it's a very specific issue. They're able to go in and get their first vaccine dose. But when they are -- they're finished getting the first vaccine dose and they're in the process there at the CDC or wherever they're at, when they're in the process of trying to schedule their second dose right there on site, if that individual has a scheduling conflict for when that second dose is preliminarily being scheduled, they're running into problems trying to circle back within the system to reschedule their second dose for a time that's more convenient for them. I've had a number of people contact me and say that the phone number has not been very helpful and they constantly go on to the van site and they're not fine thing dates that pop up. So not so much a question, not really a criticism either. Just something to pass on to the group if there is anything that yawl can look into that and again, the effort of continuous improvement within this whole entire vaccination process.

- The second item is more of a question and I apologize if I missed this this on a previous meeting. The whole kind of mixing of doses, the fine print on the bottom of one of those web pages says you will be getting a Pfizer dose as your first doze and then the pocket you could be getting a Moderna dose as your second dose. I haven't really come across a whole lot of information about kind of combining doses like this. Good, bad or indifferent. I believe there is some information on the Cleveland clinic's web page speaking to how it is. Maybe it might not be the best practice. I was wondering if maybe yawl can touch on that for a second.

- **RESPONSE:** We are only scheduling same brand dose, second doses. That's all we're doing. We are not scheduling any doses switching Pfizer, Moderna or Moderna to Pfizer at all. Everything is with the same vaccine. I was wondering if maybe that boiler plate language on the bottom of the page was maybe a CDC (inaudible).

- (Inaudible) information whether it is an administrative issue or that sort of thing. But we make an effort to make sure there's no mixing of those vaccine knowledge. On the first comment, you can only imagine how difficult it is doing the tens of thousands of people we're doing a week for an individual to come up and say, gee, that doesn't work for me. I

understand the issue. While you're doing 10,000 people, it's really hard to get in and address one.

- **QUESTION:** Judy Hampton with LMH consulting. Your line is open. >> Good morning. Thank you all for doing this. I have actually two questions. The first one is I am a survivor of COVID and had long haul symptoms after the fact. After the first vaccine I received, I actually felt 100% better and no longer have the long hauler symptoms. I'm interested in is there any study or follow up statistics being gathered? I know of others reporting the same thing. Where would you provide that type of information so that the medical community is aware and able to track those particular instances?

- **QUESTION:** second question I have is what is the impact of the delay in Johnson & Johnson production on the planned rollout of vaccines in Virginia? I know a lot of people were anticipating and looking forward to the one shot and done options. So how has that impacted Virginia in terms of our plans to vaccinate everyone?

- **RESPONSE:** The first question I can answer is CDC is tracking that information. You might have seen when you got your shot, they advertised be safe, which is a portal they're radio meeting. So when you do get vaccine, you can record your symptoms. That is being done at a national level and that information is being shared through practitioners with the state and through the CDC web page. It is being studied. Now in terms of the delay of Johnson & Johnson, we are still getting enough vaccines, so our plan is we're still moving forward. We're vaccinating between 50 and 70,000 people a day with vaccine. So it hasn't stopped our ability to keep up our aggressive vaccination schedule. The only thing that's probably slowing down is a number of people that are fully vaccinated because you need two shots of the Moderna and the Pfizer. So it's taking a little bit longer to get everybody fully vaccinated, but we're still vaccinating above our goal rate of 50,000 a day. We have heard that even though it's pretty level today within 2 weeks, our supply of J&J should be increasing.

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

  - Thank you all for your payment today. I want to make note that our phone number will be changing for April. Make sure you check the e-mail carefully and don't use the same number that you used before. I hope you had a wonderful weekend and we'll be back next week. Thank you so much. This concludes our call.