

VDH COVID Partner Call Notes
Friday, April 16, 2021

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

- <https://www.vdh.virginia.gov/coronavirus/covid-19-in-virginia/>
- We currently have 643,220 cases. And 10,549 deaths from COVID. Our ICU occupancy is currently at 79%. We have delivered over 5 million doses of the vaccine. 23.5% are fully vaccinated. And 38.7% have received one dose.

- **Vaccination Update, Bob Mauskopf, VDH Office of Emergency Preparedness**

- Big news this week is that CDC and the FDA announced the pause in administering the J&J one-dose vaccine. Due to reports of a severe type of blood clot on six patients. All were women between the ages of 18 and 48. The symptoms occurred between 6 and 13 days after they had been vaccinated. This is a very small number of cases among the 6.8 million doses of J&J that have been administered but VDH announced that it will hold off on administering any J&J until it's further investigated by the CDC.
- The impact for us in planning has been that we were planning on doing one-dose vaccine for our homebound populations, our institutes of higher education, which we're working directly with the colleges and the local health districts to make sure that the student bodies were administered vaccine prior to their departure for the end of the school year. So alternate plans have been put together by the universities and colleges and the local Health Departments. And pharmacies. Trying to make sure that we get the students vaccinated.
- We also expect that our students attending college and university outside of the Commonwealth will be coming home and be seeking second doses so planning is ongoing to make sure that those second doses are made available to them. The other impact on the J&J pause is with our mobile vaccination.
- We have been working with, I think, six different vendors to work with the local health districts to go out into the communities with a mobile vaccination capability. Obviously our plan was rather than visiting the same places twice, with the Moderna or the Pfizer, we were going to use the J&J.
- Obviously the pause has again caused a shift in planning. But that shift, that positive at has been accomplished and we are working with the vendors to make sure they have the capability to do two doses. If in fact or when rather the pauses is lifted, we will go back to one dose in those areas.
- The Commonwealth will be in phase two completely by the 18th. At that time, all individuals in Virginia 16 and older will be eligible to get the COVID vaccine. Those at highest risk continue, the phase one folks will continue to receive priority in the scheduling process. And everyone should continue to visit our vaccine site, vaccinate.virginia.gov or call 877-VAX-IN-VA to get vaccinated. The Centers for Disease Control and Prevention is also issued guidance back on March 8th for what people can do once fully vaccinated. Persons will be fully covered by two weeks after their second vaccine dose. And the guidance about travel by people who are fully vaccinated, that was put out by CDC. This week.

- The guidance notes that because public health researchers are still not sure how the vaccines will affect the spread of COVID, even people fully vaccinated, should be taking precautions in public places like wearing masks. Physically distancing, et cetera. Avoiding crowds. (Indiscernible) areas. Executive Order 72 maintains limits on social gatherings and requirement to wear masks in public places. About a third of our vaccines in the Commonwealth are being administered by retail pharmacies and Stephanie will talk to that after I'm completed my presentation. Healthcare providers that are authorized to administer the vaccine in the Commonwealth include but are not limited to dentist, dental hygienists, veterinarians, and health professional students enrolled in an accredited Virginia program.
- I'll advise you that the medical reserve CORP is now up over 36,000 volunteers. And of that, close to 3,000 are vaccinated. The general assembly also implemented the Virginia volunteer vaccination registry which is a streamlined methodology by which vaccinators in the Commonwealth, even those who have not had their license for up to 20 years, still need to meet the requirements for vaccination, may apply the capability for them to volunteer as vaccinators. It's a bit more streamlined than with the MRC. They don't have to go through all the (indiscernible) an MRC coordinator would have to go. We opened that up on 1 April, and to-date, we have just over a hundred vaccinator investigation applied and been clear for vaccination.
- **Federal Retail Pharmacy partnership Update, Stephanie Wheawill, VDH Director of Pharmacy:**
 - The federal retail pharmacy program is a collaboration between the Federal Government, Virginia, and pharmacy partners in the independent pharmacy networks to increase access to COVID vaccine across the United States. In Virginia, that means that there are over 1200 pharmacies that are part of this program.
 - The program is, the key component is to expand access to vaccines for those persons that are living in the U.S. The program launched on February 11th. And since then has scaled up incrementally based on supply. Consistent with President Biden's statement on March 29th, the federal retail program has continued to ensure the rapid expansion of the program.
 - Which with the goal to activate all of the stores that are enrolled in the network by April 19th. And what President Biden has said is that as a result of about 90% of Americans will have access through a community pharmacy within five miles of where they live. In Virginia, again, that means about over 1200 pharmacies who will have an allocation of vaccine.
 - The type of vaccine to be sent to the pharmacy partners will be determined based on the individual pharmacy's capacity and the vaccine supply. The best, what we have been guiding everyone to the vaccinefinder.org to find available appointments and the information about the scheduling along with web links for the appointment schedulers as well as inventory on hand is visible on that site. And updated daily. The federal pharmacy program is now in phase two.
 - In order to increase flexibility and avoid having open appointments on the schedulers, then the pharmacies have been told that they should have all of their schedulers updated by April 18th, but encouraged to do it sooner. So the majority of the pharmacies have already updated to an open scheduler. Within phase two. As Bob mentioned the, news of

the J&J certainly has impacted this program as well as our state allocation. Some of the pharmacies who have received J&J, they'll be holding it until further news about the continuation of this vaccine arrives. And in the meantime, they'll work to either, again, they'll hold that vaccine but reschedule persons as they receive vaccine, a different product to get them vaccinated. And if persons choose to wait, then they'll schedule at that point in time.

- **COVID 19 Impacts on Children/Maternal Health, Dr. Stephanie Griese Williams, VDH**

- I was asked to briefly cover three quick topics this morning. One is the burden of COVID-19 in children and infants, the pros and cons of vaccination among breastfeeding mothers, and the conduct of vaccinated individuals around non-vaccinated children and infants. Let's begin by talking about the number of COVID-19 cases among children. The American Academy of Pediatrics gathers state-level data and publishes it in a weekly report.
- As of April 8th there have been approximately 3.5 million total child COVID-19 cases reported. And children represented 13.5% of all cases. Unfortunately, this is probably an underestimate as the true incidents in children is not known due to the lack of widespread testing and prioritization of testing for adults. Especially earlier in the pandemic. Cases in children in the U.S. have been steadily increasing since March 2020. And we've seen a further increase in the past several weeks. In the last week of March 2021, nearly one in five COVID-19 cases were in children under the age of 18. And in the first week of April, children represented 18.8% of new weekly cases.
- Now hospitalizations for children is much lower than the general population with children representing somewhere between 1 and 3% of total reported hospitalizations. Depending on the State. And when children are admitted to the hospital with COVID-19, about one in three are admitted to the intensive care unit which is similar to adults. When it comes to mortality data provided by the states, we can look at that information in two ways. The first is looking at the percentage of children among all COVID-19 deaths. And if we look at it that way, children represent between 0% and 0.19% of all COVID deaths. And the second way to look at it is look at the number of children who died among all children who had COVID-19.
- Among the States reporting that ranged from 0 to 0.03% of all child COVID-19 cases resulting in death. And unfortunately, the data from the State is not uniformly broken down into smaller age groups, so I can't provide that data specifically for infants, more so just for all children in general. Hospitalization rates and mortality are quite low among children with COVID-19, some children do develop serious and potentially long-term problems.
- The most well-known of these complications is called multisystem inflammatory syndrome in children or MIS-C. And it can include high fever, skin rash, stomach pain and it can appear up to a month after getting COVID.
- As of April 1st, more than 3,000 cases have been identified in the United States and there have been 36 deaths. But clinicians also say they're seeing an increasing number of children seeking help for different complications. Such as fatigue, shortness of breath, and loss of smell that don't go away.
- This is similar to the quote, long-haulers that have been reported among adults. Most of the children experienced mild symptoms or were asymptomatic during their COVID-19

infection. At least five hospitals in the U.S. have started pediatric long-haul clinics to help these children with lingering COVID-19 illnesses. And the NIH and CDC are conducting a large nationwide study of long-haul COVID which includes children to learn more about the chronic (indiscernible).

- Now that we have talked about burden, I'm going to pivot and talk about maternal vaccination and breast feeding and I am going to present the information as a series of questions because I think it helps simplify the topic especially because it can be sometimes somewhat complex.
- The first question: Is a lack at a timing or breast feeding woman has a COVID-19 infection, can she pass the virus to her child? And the answer is no. Virus is not transmitted through the breast milk. We have several studies that have confirmed this, so we can say that with confidence.
- Question two: If she has COVID-19 and recovers, can she then pass antibodies to her child? And yes, the breast milk of mothers who have recovered from COVID-19 does have antibodies and these antibodies are able to neutralize live virus when that test is conducted in the lab. And a study revealed that newborns in the study born to COVID-19-positive mothers and were breast feeding developed COVID-19. Suggesting that a protective effect was occurring. So question three, this is where we get into vaccination: If a breast feeding woman is vaccinated with a COVID-19 vaccine, can she pass antibodies to her child?
- And the answer is yes. Multiple studies have identified antibodies in the breast milk at multiple time points after the first and second dose of vaccine with a significant boost in number of antibodies after the second dose of vaccine. Now this leads to additional questions. For example, how long does the protection last?
- Well, it's likely short-term. And it likely only occurs as long as the child is breast feeding. And an analogy that was presented in one of my references compared it to taking a pill every day versus getting a vaccine. For example, if you have high blood pressure and you take medicine for that, you only get the benefits of the medicine as long as you take the pill every day. And a similar man, the child only receives the benefits of the antibodies in the breast milk as long as they are breast feeding.
- Now you might ask does the child develop their own antibodies to COVID-19 if they are receiving the antibodies from mom. One case report in the media suggests the answer might be yes, although there's not been any scientific data and it's subject to ongoing research. So at this point is answer is really unknown.
- Question four, this is one of the big ones: How do we know vaccinated breast milk is safe? The main concern is just that the particular vaccine has not been studied. However, researchers say they know enough about how that seems generally affect breast milk to not be concerned. And furthermore, both the Moderna and Pfizer biotech products are MRNA vaccines and the molecules have a short life span and are unlikely to get into the milk supply.
- Now I know when it comes to the health of our children, we might ask but yes, how do you know that? How do you know it won't get into the milk and cause problems? So the academy of breast feeding medicine has an excellent and very detailed explanation on their website. And I'm going to quote a few sentences from that here.
- So the vaccine is made of Lipid Nanoparticles that contain MRNA for the spike protein. These particles are injected into muscle where the Nano particles are taken up by muscle cells. The cells transcribe (indiscernible) to produce spike protein which leads to the

immune response that protects the individual. During that patient, it is unlikely that the vaccine Lipid which is injected into the muscle would enter the bloodstream and reach the breast tissue. However if it does, it's less likely an intact Nano particle or mRNA would transfer into the breast milk. But in the unlikely event that occurred, if it is present in 2 mill, it would be digested by the child and have no biological effects.

- In summary, there is very little possible risk but a likely plausible benefit. On a personal note, I often have patients ask me, what would you do if it was your child? And in this case, I have been fully vaccinated with an mRNA vaccine and I am breast feeding my daughter. So I believe in the safety of vaccination and I'm hopeful that I'm actually giving her some protection.
- Okay, so moving on to our last quick topic. That is the conduct of vaccinated individuals around unvaccinated children. So according to the CDC, fully vaccinated people can and this is a direct quote, visit one vaccinated people from a single household who are at low-risk for severe disease indoors without wearing masks or physical distancing. Excuse me. And as an exemplifying, this means that vaccinated grandparents can visit their children and unvaccinated grandchildren.
- What are the risks here? Well the risk to the vaccinated person such as the grandparent is likely very low. So any precautions that are taken in the scenario are based on the characteristics of the person who's unvaccinated such as the children who are too young to have a vaccine.
- This means that any risk benefit decisions need to take into account the child's risk. Now we talked about how children in general have very low hospitalization rates and low mortality. However, babies under one year of age and children who have underlying medical conditions may be more likely to have severe illnesses from COVID-19. So if these children are in a household, it may be prudent to continue to take precautions such as wearing masks and distancing.
- In addition, it's important to remember that some children may develop long-haul symptoms even if they have an asymptomatic or mild infection. So there are some serious health risks associated with COVID-19 infection in children. The bottom line is that vaccinated individuals still need to protect themselves from exposure to COVID-19 by wearing a mask, practicing social distancing, avoiding crowds, before they visit one vaccinated children. And that's to help minimize the where they expose a child to COVID-19.
- Another personal example around this, we recently had a grandparent visit us and my daughter. My daughter is 18-months old so obviously not vaccinated this. Grandparent regularly has a person come into their home to provide care and that care provider typically does not wear a mask in the home. Even though this grandparent is fully vaccinated, I only agreed that they could come visit us if the care provider wore a mask at all times in their home for the 14 days before the visit.
- And that's because I wanted to minimize any exposures to the grandparent which they could come and bring to my child. So again, the bottom line is that even if an individual is vaccinated, they still need to protect themselves against exposure if they are going to be visiting unvaccinated children. Particularly those that are at higher risk such as the infants or those with medical conditions.
- So that concludes my topics. Although I'll end by reminding people that national infant immunization week begins April 24th. And even with the ongoing pandemic, it is

important that infants and children receive their routine immunizations to protect against all the other childhood diseases.

- **Question & Answer Session:**

- **QUESTION:** The first question is coming from Vince, I had a clarifying question I think. Fairfax County has stated that they are going to phase two as well April 18th, I guess the entire state. But they are suggesting folks use vaccinefinder.org. I guess that's in addition to pre-registered with the VDH. Is that true? How is that supposed to work?
- **RESPONSE:** All of the providers have been instructed to enter their data into that system. Not all of the month I had veers have done so right now. The health districts are doing that including Fairfax. Fairfax has loaded all of their information as I understand it into that system. And will depend on that to draw down as well. As I said in my comments also, the Fairfax health district is using the State call center which was not the case prior to right now. But they have, they are signing on and they are also using our state call center. Anything else on that, Stephanie that you can think of? >> No, that's correct. >> Okay.
- **QUESTION:** I'm a regional containment adviser and I wanted to verify that website, vaccine.org where people can go and schedule appointments with the nearby pharmacy?
- **RESPONSE:** Hi, so the website is vaccinefinder.org. And that will allow people to enter their ZIP code and find the available vaccination sites which will then show pharmacies as well as other sites that have vaccine and then show the inventory on hand and then it has the scheduler that is linked for the particular pharmacy for them to go to schedule the appointment.

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

- Great, thank you. And thank you to our speakers and for everybody for participating today. We do have a call next week. I had a request for an update on long-term care and that will be next week as well as an update on vaccination. If you have any other top you cans that you're interested in, be sure to send me an email and we can arrange to have those covered during the next call which is next Friday. At 10:00. And this concludes our call today.