VDH COVID Partner Call Notes
Friday, April 23, 2021

- **Introduction, Suzi Silverstein, VDH Office of Emergency Preparedness:**
    - https://www.vdh.virginia.gov/coronavirus/covid-19-in-virginia/
    - 652,321 cases currently of COVID in Virginia. Our deaths are 10,666. Our ICU occupancy is right around 77%. Similar to last week. We have given 41.1% of the population has received one dose. And 26.3 are fully vaccinated. We're going to begin today with an update from the vaccine unit.

- **Vaccine Unit Update, Bob Mauskapf, VDH Office of Emergency Preparedness:**
    - This week is Governor Northam issued the 5th amendment to his executive order 72 effective the 21st of April. This includes seating is not permitted in bar area of restaurants, provided at least six feet is maintained between parties. Most standing congregations is permitted. Outdoor races and marathons may place runners in staggered groups up to 100, up from 50. School theatrical musical conferences may allow patrons up to 30% venue capacity with a maximum of 500. Indoors.
    - No specific limit to outdoors. Distancing requirements decreased from ten to six feet in venues, graduations, recreational sporting events. Personal care and personal grooming studios are no longer required to maintain private logs and contact information for customers. The big news, karaoke is no longer prohibited. Splash pads, hot tubs, saunas, are no longer prohibited.
    - Brass instrument players may remove their masks while playing. Must be a trick. As could wind instrument players were previously authorized to do so. He also announced that he'll issue an amendment to the EO on May the 15th. That will include capacity limits at entertainment venues, will increase from 30% to 50%, increase with a maximum number of indoor patients from 5,000 to 1,000. No specific limit on the number of outdoor patrons. Capacity limits at sports events will increase 30% to 50% with a maximum of 250.
    - Spectators per field or indoor events. 1,000 spectators for field outdoor events. Limit on social distancing -- social gatherings will increase from 50 to 100 indoors and from 100 to 250 outdoors. Alcohol sales in restaurants, dining, will be permitted after midnight.
    - The CDC and the FDA are still considering what guidance to give states and the public following the pause on administering the J&J vaccine. The advisory committee for the administration for -- adviser community to the immunization practice meets today at 11:00 and we'll find out what the recommendations will be going forward. And the Governor and leadership in Virginia will make their decisions based on recommendations from the CDC.
    - We're now in phase 2 throughout the state. With the eligibility for everybody over 16. Anyone who preregistered in phase 1 has been offered a vaccine or will be by the end of April if their contact information is accurate. As we say every week, everyone should continue to go to vaccinate.Virginia.gov or call 877-VAXINVA to get vaccinated.
    - Some of the other key points that need to be mentioned this week, are that the -- we anticipate that the Pfizer emergency-use authorization for 12 to 16-year-olds will be decided on in late, mid to late May.
    - We are working with the concept of operations. In fact, we have a call today with DOE on looking at how we would best administer vaccines to those 12 to 16-year-olds in a school environment. We also coordinated with pediatricians and pharmacists and the

other channels to talk about the vaccination of those 12 to 16-year-olds. Both in and out of the school environment.

- **Long Term Care Facility Update, Virgie Fields, VDH Office of Epidemiology:**

    - Looking at care facility outbreaks. Outbreaks in Virginia long term care facilities which include nursing homes, assisted living facilities, group homes and behavioral health residential facilities have accounted for about 33% of total COVID-19 outbreaks and so that's 1,009 long-term-care facility outbreaks out of a total of 3,061 outbreaks in the state. The number of cases in long-term-care facilities are around 45% of total cases associated with COVID-19 outbreaks.
    - The number of deaths in long-term-care facilities have accounted for about 95% of total deaths associated with COVID-19 outbreaks. Then looking at statewide numbers, the number of cases in long-term-care facilities have accounted for at least 4% of total cases statewide. And the number of deaths in long-term-care facilities have accounted for approximately 36% of total deaths statewide. So the number of new resident cases reported to the National Health Care Safety network or NHSN by CMS certified nursing homes has been consistently decreasing Cincinnati mid-January.
    - And now we have seen some stability in the past few weeks. 31 cases reported for the week ending April 4th and decreases in reported resident deaths. Less than 20 deaths have been reported since March. No resident deaths were reported from nursing homes for the week ending April 4th. Which is great. What we have seen is that as transmission of COVID-19 increases in the community the number of long-term-care facility outbreaks increased. Long-term-care facility outbreaks in different regions of the state have shifted over time. I'm looking at data that we had as of 4/2 from our outbreak surveillance system and electronic disease surveillance system.
    - The number of outbreaks in long-term-care facilities increased from September through December and decreased in January, February and March. March, there were a total of 21 outbreaks reported to VDH. The number of cases per outbreak was lower throughout the summer. And early fall. However, October and November, there was an average of 53 and 47 cases were outbreak respectively.
    - In March there was an average of just 11 cases per outbreak. The number of deaths per outbreak has been relatively stable since April. And February and March -- April of last year. In February and March, the average number of deaths per outbreak was about one. The average number of cases and deaths per outbreak observed in March will likely change as outbreak records are updated.
    - We may see this number increase. Looking at outbreaks reported in assisted living facilities versus nursing homes, since December, outbreaks reported in assisted living facilities were exceeding those reported in nursing homes. The number of outbreaks reported in March was similar between assisted living facilities and nursing homes with nine in nursing homes and eight in assisted living facilities.
    - There have been around 7,144 COVID-19 outbreak associated cases in assisted living facilities among staff and residents reported during that time period of those cases, around 12% have died. There's been a total of 32 COVID-19 outbreaks reported to VDH from 209 nursing homes and 320 COVID-19 reported outbreaks from 238 assisted living facilities. So 73% of nursing homes have reported at least one COVID-19 outbreak since the pandemic began compared to around 42%.
    - Then looking at the number of new outbreaks reported in just assisted living facilities by health planning regions, their outbreaks were reported from ALF in the central region in March. One outbreak in eastern, four in northern, two in northwest, one in southwest. The number of outbreaks reported from assisted living facilities decreased from February to

March in all regions except southwest which was one in both. Some other things that may be of interest, so CDC recently updated their National Health Care Network. This is where facilities report their PPE shortages. Their staffing shortages and things like that. They added a new question, would your facility like outreach by local and/or state government for assistance with any of the items including staffing shortages, PPE shortages, testing supply shortages and control outbreak management, staff training or COVID-19 vaccine access.

- So our team has been sending weekly lists of facilities that have requested local or state government assistance for COVID-19 vaccine access. Testing supply shortages. And PPE shortages.
- To the appropriate VDH teams for follow-up with those facilities. And then we're directly following up with facilities that request for assistance with infection control or outbreak management and staff training. And so we have been advising facilities, we said this last week on our task force call, to leverage temporary staffing agencies as the MRC is still being support for vaccine support.
- They may not have much assistance there from the MRC for temporary staffing. Then finally as a last update for long-term-care facilities, we have developed a follow-up survey to collect accurate, sensitive, vaccine completion data in our nursing homes and assisted living facilities.
- We're asking facilities to complete the survey like the one they completed the first survey we sent out a couple months ago. Long-term-care facilities are requested to complete the survey with updated information as of April 16th. Then we're asking facilities to respond by the call of business Monday May 3rd.
- The survey was sent to OLC, Department of Social Services, Virginia Health Care Association, Virginia Assisted Living Association and Leading Age Virginia to send out their members -- facilities within their membership. The link had been posted on the long-term-care task force website as a banner so they don't miss it.

- **Long Term Care Bridge Program, Craig Camidge, DBHDS Office of Emergency Management:**

    - Suzi asked if I'd come on the partner call to give an update on the status and successes of this long-term-care facility bridge program. She asked I cover sort of the program's purpose. Why it got started. And where we are now. So it's a little different maybe than the normal topic for the partner call. In some ways it's kind of a postmortem or after-action review or report. That said, I hope that we can, you know, alert local stakeholders across Virginia of some of the partners we made across the way that you still may -- you may be able to leverage as we all move forward.
    - So everybody's aware CVS and Walgreens through the long-term-care pharmacy partnership, the federal partnership that was talked about so heavily in December and January was the first big federal push to get vaccines into nursing homes in the U.S. CVS and Walgreens delivered literally hundreds of clinics in long-term-care facilities across Virginia. By all accounts, most all accounts did fantastic job. One thing we hadn't planned well enough for was what we are going to do when those clinics ended. We started to realize the scope of that issue in around mid-February. Where two real significant issues began to pop up.
    - And we honestly, we didn't have much in the way of solutions. The first was that CVS and Walgreens had given in a lot of cases first doses of that Pfizer product at their third and final clinics. And it's great to get a vaccine dose onboard for these residents and staff. So no complaints there. But it did leave us with a really challenging scenario as to how

we deliver those second doses sometimes in pretty small quantities after CVS and Walgreens have packed up and moved on.

- The second issue there was ongoing vaccine support for new admissions and new hires in these facilities. If you're familiar with the long-term-care business, they're always taking new admissions as hospital discharges and from other places. Of course, as all businesses, always hiring new staff. So that's a lot of ongoing vaccine need that VDH needed to figure out how to assist with.
- Now, you got to remember that back in the middle of February, our big pharmacy networks that we're talking about a lot now, Kroger, your Walmart's, your Rite Aids, et cetera, they were just starting to come online. We were just talking about the initial launch of part 2 of the federal retail pharmacy partnership. Nearly all the vaccines that were going out the door at that time were coming from hospitals in local health districts. So simply dropping the burden of ongoing vaccine needs for, you know, these 280-odd nursing homes and 500-plus assisted living facilities and others on to local health districts was just a nonstarter.
- They didn't have the resources. And then to further complicate matters, the group that was handling this at VDH was sort of the pharmacy portion of the vaccine unit and they were responsible for that proliferation of pharmacies and how allocations would go in there. So it was a situation where everybody was too busy to rise and meet the need. So we started this long-term-care facility bridge program.
- There were two main missions. One was to work to coordinate by any means possible to meet the ongoing needs for long-term-care facilities. When we started the program, there we had 900 known Pfizer second-dose needs across the Commonwealth. And over 2,000 series start needs for new residents and new staff. There were no long-term-care pharmacies onboard and ready to meet their customer need.
- Then as I mentioned, your vaccine access points were much fewer and more far between than they are today. And those local health districts were just really covered up with ongoing burden. The second portion of our mission here for this program was to bring those long-term-care pharmacies online. And really it's a recovery mission at that point. The pharmacy infrastructure, isn't, wasn't offline but we needed to incorporate the COVID-19 vaccine into the normal pharmacy infrastructure so it could serve its customers through standard procedures.
- One of the highlights of the vaccination efforts, even before the bridge program for me and several others, has been getting involved with some of the pharmacy networks in Virginia. And I'll admit prior to this work, I was pretty naive to the entire pharmacy world and how these pharmacy networks operate. But what we have found with Virginia's pharmacies, all the pharmacies, but particularly with the independent and community pharmacies, I have not seen a group of people as willing to go above and beyond to serve their communities in creative and sometimes wild ways as this crowd. It's just tremendous.
- We've been leveraging these networks going back to the middle of January to try to cover some VDH group homes, ICF IIDs. Other long-term-care facilities that didn't get into the CVS or Walgreens situation. These groups of pharmacists, they're all running a pharmacy storefront for the most part. And they had taken unbelievable missions to go take care of long-term-care facilities across Virginia. They had already done tremendous work for us. And I called them again. We called them again and asked them to stay in the fight with us as we take on this bridge program. Almost every single one of them was all in. You got to understand, these pharmacists, I can't say enough about it, there's not a lot in it for them. Yes, they can bill an administrative fee. If you've ever billed insurance, you know it's far from certain you're ever going to see those dollars. If all the stars align, you might

actually see those dollars. That didn't matter to these pharmacists. Many of them haven't billed for those administration fees.

- They've just done this work as a service to their communities. We leveraged those pharmacies and network of long-term-care pharmacies that are slightly different. They package vaccines to long-term-care facilities for administration by clinical staff. Pulling all those networks together, we were able to put together a network to begin to meet those ongoing needs. It wasn't all easy.
- Early on, we underestimated how hard it was going to be to get the Pfizer second doses into facilities. You have so many doses to a vial. It just became nearly impossible for us pharmacy networks to meet some of those small needs. We had to rely on local health districts to draw up a dose at a community clinic and drop it by the nursing home. And we ended up relying on local health districts a little more than we had wanted to early on. That kind of surprised us and was maybe something we would plan better for if we had to do this all again. As I mentioned, we also started enrolling the long-term-care pharmacies to get the normal pharmacy procedure up and running and able to incorporate the vaccine and really over time that has proved to be the game changer over the intervening weeks. As they began to receive federal allocation and, you know, when their pharmacies can serve their facilities, it takes them off VDH's plate.
- That's happened more and more. Honestly, they were using the J&J product an awful lot for that and did slow down a lot when the J&J product went on pause. For the most part the federal channels have pivoted to other products and kept the pharmacies with the vaccines they need to serve these important customers. You fast forward to today and we're in the process now of demobilizing the bridge program, we're targeting a stand down in mid-May or before. Pharmacy networks and districts are working together. They've literally vaccinated thousands of long-term-care residents and staff over the last few weeks.
- Ongoing needs are both fewer and much smaller than they were initially. As I mentioned these pharmacies are mostly online. If all goes well, Virginia's largest long-term-care facility, Omni Care, who takes care of about 280 long-term-care facilities, half nursing facilities, half ALs, assisted living in Virginia, and should come online with their vaccine delivery service next week. Fingers crossed. As that happens, the number of facilities without a dedicated pathway to vaccine access gets smaller and smaller. Phase 2 in Virginia, the burden is small and managed very well by the local health districts. We're passing the primary point of contact for long-term-care facilities over to the local health districts by Mid-may at the later.
- Many of them as we have individual discussions with them are saying, hey, we can take it from here. Assuming that responsibility immediately. So that's fantastic. We also are communicating with those long-term-care facility stakeholders. We've been in constant communication with the associations.
- We're planning a webinar for the 3rd of May where we'll be sharing a tool kit and other information as to how long-term-care facilities can plan for solid ongoing vaccine access. Final piece here. Excuse me. I want to mention that, you know, I'm the one that gets to give presentations about this all week long.
- There's a team, obviously, I've been working with that makes this whole thing a success. Monica Vazar with VDH has been working incredibly hard from before the bridge program, going back to November, to make sure some of Virginia's most vulnerable people have a shot at this vaccine.
- We've got an intrepid Deloitte consultant who joined us and made phone calls to long term care facilities to get in touch with administrators and directors of nursing to confirm needs and help to connect them with pharmacies. Then, of course, partnerships with Stephanie Wheawill in pharmacy section. The Virginia Pharmacy Association. April and

Keith at VHCA. Dana Parsons at Leading Age and others. It's been a heck of a deal. I hope if you listened until the end of this, if you have independent and local pharmacies in your area and you're still working on vaccine access, this is a group of public servants like one I haven't seen in a while. So feel free to form those relationships. They're very interested in helping their community as we move forward.

- **Testing Update, Dr. Brooke Rossheim, VDH:**

    - I wanted to let everyone know about some of the tests that are now becoming available. From this at-home test category. Earlier this week CVS put out a press release stating that they were going to carry three of these at-home tests. So I wanted to talk about those three and I also wanted to talk about one other. And so what I learned later this week from another -- a news report was that also Walgreens and Walmart would be carrying these at-home COVID-19 tests.
    - So I wanted to walk through these. Some of these you've heard about before, and I was looking back through the slides, so if you go -- if you go to the VDH emergency preparedness page and you look at the slide that says testing update for April the 9th, you'll see some of these tests referred to in that slide deck. So the first test that I wanted to talk about is the Ellume. That's E-l-l-u-m-e. The Ellume was the first at-home antigen test the FDA gave an emergency-use authorization to. This is one that CVS has said that it will carry. I'm sure other places will as well. The Ellume is a single test. So it is -- just comes one test in the box. It is meant to be done at home. So the person collects the specimen themselves. And they also do the test at home using instructions that are provided in the box.
    - The Ellume does -- excuse me -- use a smartphone. The smartphone is there to provide results. And there -- you can -- the person can elect to have the results sent to public health. Or the person can elect not to have the reports sent -- not to have the test result sent to public health. Obviously, we hope that people who use the test will elect to report to public health because that helps us know, you know, if a person, particularly, if a person is positive. That would be something that we would want to know about. So the Ellume is, again, all of these are easy to do. So that's pretty uniform. So that's the first one.
    - CVS in its press release put a price at about $39. The second one is the Abbott antigen self-test. This is a little bit different than the Ellume. The self-test is a serial test. What that means is this box comes with two antigen cards. And the test is meant to be used where you do two tests. Over a three-day period of time with a minimum interval of 36 hours between the two tests. The antigen self-test comes with pretty detailed instructions on how to do the test. It is a nasal swab. So you just swab the inside of each nostril. Easy to do. And then there are instructions about how to do the test, yourself.
    - The Abbott antigen self-test does not use a smartphone. So it just -- you don't need that. And what they -- what Abbott advises is that you let your own doctor know the results of the test. So that's their suggestion. This test in the CVS press release they gave a price of $23.99 I believe.
    - The next test is the Pixel. P-i-x-e-l. By LabCorp. This is a PCR test. This is a test that's just a self-collection kit. There's no test a person would run at home themselves. The Pixel is an anterior nasal swab. You swab, put the test back in the biohazard bag. The test has a pre, you know, prepaid either UPS or FedEx shipping bag and simply drop it in a FedEx or UPS drop box. Then it goes back to LabCorp. LabCorp typically turns these around in 24 to 48 hours then you can go online to get your result. This test, there was to price given in the CVS press release. I think that we are anticipating a price of probably in the $110 range. Something along that range. That's my kind of hunch.

- The last test that I wanted to talk about is not one that's in the CVS press release but one I think would be helpful for people to know about. And this is the Abbott Binax now COVID-19 antigen card home test. Actually Abbott has two versions of this test. One is called the Binax now COVID-19 antigen card home test. The other one is called the Binax now COVID-19 antigen card 2 home test.
- So I know it's a little confusing but the original, the home test, is a prescription item. And the difference with both of these items, by the way, the antigen card 2 home test is the nonprescription version of the same thing. The -- these tests are helpful because they are proctored tests. So if you have someone who -- or, you know, someone is unsure about their ability to do the test at home, or they just want kind of a little coaching in doing the test, both of these tests use a virtual what is called telehealth Procter. So the Procter essentially guides you through the process the whole way. So the Procter will help you with specimen collection.
- The Procter will help you with actually running the test at home. The other nice thing about both of these tests is that you will get an official test result. So, so, here's an example. Why would this be helpful? So one reason it would be helpful is if you're somebody who wants a little bit of extra help in running the test. That's one reason. A second reason is let's say that you have an employer who wants to have some kind of a document or some kind of a record of a negative test, for instance, before you return to work. Or before something else.
- This is a way of getting an official -- either one of these, because they are proctored, they will provide an official report either in paper or more likely just on a smartphone. Of the test. And the result. So you would be able to show that to whoever you want to show that to. Obviously, it's the patient's choice, you know, whether they want to show the result or not. That's completely up to the patient.
- These tests are handled, both of them, by a telehealth company called Emed, that's E-m-e-d. If you go to www.emed.com, you'll see on their website where they offer these tests. And they are the telehealth provider. Those are the ones that I wanted to talk about. There are other -- you know, it is very likely that we will see other tests, you know, be available either online through, you know, these companies' websites or in other -- you know, in other stores. But I wanted to let you know that, you know, these tests are starting to roll out. And, you know, you're going to start seeing them on shelves in drugstores, Walmart, and so I wanted to give a little overview.

- **Question and Answer Session:**
  - No Questions

- **Closing, Suzi Silverstein, VDH Office of Emergency Preparedness:**
  - Thank you, all, very much, speakers, for your presentations and participants for joining our call today.
  - I just want to let everybody know that beginning in May, we're going to be going to just two calls a month. Instead of every week. If you have a preference for 1st and 3rd or 2nd and 4th, I'll let you know. I'll see what works out best for the majority. I'll let everybody know with our next call.
  - Thank you so much. Hope you have a wonderful weekend. And this concludes our call today.