

**HEALTH AND HUMAN RESOURCES SUB-PANEL,
GOVERNOR'S SECURE and RESILIENT COMMONWEALTH PANEL
NOTES**

April 27, 2021, 15:00

- Welcome; Ed Rhodes, Panel Chair
- Overview of the VEST Response to COVID-19; Norm Oliver, MD, MA State Health Commissioner
 - Incident Objectives
 - Vaccination
 - Support distribution and administration of vaccine(s) to the Commonwealth's population in accordance with Virginia's COVID-19 Vaccination Plan, including coordination of resources needed to activate Points of Dispensing (PODs).
 - Largest objective right now, vaccinating as many adults as possible from COVID-19
 - Medical Surge and Therapeutics
 - Assess and support current medical surge plans with hospitals, long term care facilities, correctional facilities and other congregate settings and ensure expeditious and equitable access to new therapeutics.
 - More recently, focused on getting therapeutics to healthcare facilities/systems
 - Community Mitigation
 - Based on review of public health data, continue to evaluate the need for implementation of new policies and mitigation strategies in communities experiencing community transmission while encouraging key prevention strategies (social distancing, face covering, hand hygiene, etc.) and supporting contact tracing.
 - All ways that we try to prevent spread of COVID-19
 - Testing
 - Support and/or expand the infrastructure for public health and private sector SARS-CoV-2 testing strategies in accordance with Virginia's COVID-19 protocols, while also considering the impacts of new SARSCoV-2 variants.
 - Weekly VEST Priorities
 - Develop and coordinate mobile vaccination plans in collaboration with the local health districts, local stakeholders, vendors and the VDH and VDEM regional teams.
 - Expand outreach efforts at the local level and explore new funding opportunities across the state to enable equitable access to vaccination and to overcome the variety of reasons for vaccine hesitancy.
 - Continue to ensure resourcing strategies at LHDs are assessed, coordinated and additional needs are reported.
 - Align on and execute a plan to vaccinate the medically fragile and homebound population.
 - Continue to refine planning and execution for the vaccination of IHEs.

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- Develop and disseminate updated talking points and communication strategies to the LHDs and the public regarding CVCs and mobile sites.
 - Engage private sector businesses in Virginia to enhance public outreach, testing, and vaccination efforts.
 - Continue to coordinate and deliver widespread public messaging about the phase 2 transition that manages public expectations about when people are likely to be able to access vaccines on the state, district and local level.
 - Expand vaccination planning for 12 - 16 year olds.
 - Pfizer/Moderna carrying out clinical vaccines for 12-16 year olds, may be available in the next month or so.
- Virginia Emergency Support Team(VEST)/COVID-19 Unified Command



- Virginia Emergency Support Team
- COVID19 Case and Vaccine Metrics
- Over 650,000 cases
 - 10,000 + fatalities
 - Hospitals still discharging many patient with COVID-19
 - Percent positivity of 5%, measure of how well we are testing
 - Hospital metrics are doing well
 - Number of available beds is sufficient for surge, Number of COVID patients in ICU beds are only 20% of ICU beds

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- Seeing a younger population getting COVID, less likely to become hospitalized
- Vaccination Information
 - Rate per 100,000 demonstrated that we have done well getting our Age 65 and older population, decreasing by age group
 - Vaccination count and Rate of vaccination by Race and Ethnicity (Asian or Pacific Islander, Black, Latino, Native American, White)
 - When we initially found ourselves with vaccine supplies, found demand much higher with Supply
 - Initially struggling to get as many shots we could due to scarcity of supply
 - Governor set the goal of getting 20,000 vaccinations a day, met goal in mid-January; Shifted to new goal of 50,000, met in Mid-February
 - Primarily able to meet because of increased supplies of Moderna and Pfizer, More CVCs and Mass Vaccination events
 - By end of March, met over 70,000 a day
 - 3.6 million Virginians (42.5%) have received at least 1 dose of Vaccine
 - 2.4 million fully vaccinated
 - Only been vaccinating adults, 2.5 million children in the Commonwealth
- Community Vaccination Centers (CVCs)
 - Vendor Supported CVC sites in Tidewater, Danville, Prince William, and Fairfax Areas
 - Overall, CVCs have been very successful
 - Have administered almost 250,000 doses
 - Key way of vaccinating across the Commonwealth
- Supply Vs. Demand Flip
 - Initially not enough supply, Now too much supply for Demand; Clinics not fully attended
 - Now we have saturated portion of population who was eager to get vaccinated, now arrived to population who have vaccine hesitancy/reluctancy or those more difficult to reach
 - Shifting our strategy to focus on more targeted outreach, community-based vaccination events
 - Shifting communications appealing to those who have hesitancy
 - Among hard to reach areas are communities of color
 - Among those vaccinated, initially 11% african americans, compared to african americans making up 20% of Virginia's population

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- Now, through outreach efforts, reached 14% African american
 - Continuing outreach to API and other groups
 - For Latinx populations, pushed up from 6-7% to 10% Latino population (aligned with Percentage of Virginia Population)
 - Want to ensure vaccinating those populations who are hardest hit by COVID-19
- Equity in COVID-19 Response
 - VDH has begun special targeted messaging and ensuring access, ensure we have the right messengers
 - Building partnerships with faith leaders, community-based orgs
 - Improved among Latinx communities, still working on Black communities
- Access and Functional Needs
 - In addition to people of color, reaching out to populations with access and functional issues, Medically fragile, homebound, etc.
 - Initiatives:
 - Produced ASL translations of general vaccination information, and vaccination registration press release (partnering with VDH)
 - Advising on messaging and creative campaign materials to ensure accessibility of content and format; AFN liaison to the Outreach Director
 - Socialized HHS Civil Rights Guidance (4/13/21) and DoJ Letter to Colleagues regarding ADA obligations during COVID-19 (4/16/21)
 - Collaborated with Call Center team to facilitate direct ASL access capability (no interpreter needed)
 - Provided AFN Partner feedback regarding vaccine hesitancy
 - Contributed to the formation of the Homebound strategy team
 - Making vaccination sites as accessible as possible
 - Provided ADA checklists, signage templates, interpreting vendor information for use during planning
 - Consulted with the site vendor regarding AFN principles
 - Vaccination site AFN guidance document for distribution by VDH
 - Provided AFN content for VDH training modules for vaccination site staff/volunteers
 - Connected FEMA ODI & SAVE site team with local AFN related contacts & with the Homebound strategy team
- CVCs/Mobile Vaccination Sites
 - Next steps are to expand from fixed CVC sites and increase Mobile Vaccination units
 - Beginning efforts this week and week after
 - Will use within Rural areas, as well as in hard to reach communities in urban areas

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- Coordinating with partners to reach hard-to-reach communities/populations
- Pharmacy Partnerships
 - In addition to CVCs, vaccinating through LHDs, Healthcare systems, and Pharmacies
 - Pharmacies have been a critical pathway for vaccinating Virginians
- How to Sign-Up for a Vaccine
 - As of April 18, All of VA moved to Phase 2
 - Most sites have plenty of room for quick registration
 - To Register, Access:
 - <https://vaccinate.virginia.gov/>
 - Sign Up/Preregistration
 - www.Vaccinefinder.org
 - Connect to national databases of pharmacies/grocery stores offering vaccine – must meet eligibility criteria
 - Call 877-VAX-IN-VA (877-829-4682)
- Vaccination Call Center
 - Great aid in Vax campaign for centralized access for information/registration
 - Since launching on Feb 8th, the VA COVID Information Center has handled over 710K incoming calls and 230k outgoing calls across multiple languages and age demographics, and has helped residents schedule over 70K vaccination appointments.
 - Staffed by ~750 agents that are all equipped to answer general COVID inquiries, schedule vaccination appointments for residents, and place outbound calls. Approximately 20% of the agents are bilingual in Spanish and English.
 - Supports calls in Spanish, Korean, Arabic, Mandarin, Cantonese, Vietnamese, and English directly through the IVR menu. Additionally, there are more than 100 other languages available through the language line.
 - Residents who are deaf or hard of hearing are supported by 6 dedicated American Sign Language (ASL)-fluent agents directly over video. Since launching the ASL service on March 31st, agents have handled nearly 300 calls.
 - To provide residents more convenient access to the call center's resources, an automated chat bot has been implemented and has facilitated ~80K interactions in both English and Spanish since going live on April 2nd .
 - Customer Experience been very positive
- Current and Future Concerns; Variant Strains
 - Variants of Concern

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- Increase in transmissibility, more severe disease, significant reduction in neutralization by antibodies
- B.1.1.7 (UK)
 - Most Predominant Variant, Prevalence is 45% of virus in Virginia (and Nationwide)
- B.1.351 (South Africa)
 - Some prevalence in Virginia
- B.1.429 and B.1.427 (California)
 - Not detected in Virginia yet
- P.1 (Brazil)
 - Some prevalence in Virginia
- Want to get enough people vaccinated so that these variants cannot spread, prevents more variants developing, especially those more deadly
- COVID-19 Testing
 - Testing going well, with % positivity hovering at 5% for months (Testing sufficient # of people to keep ahead of Virus and spread)
 - K-12 testing Programs
 - Providing assistance at schools to assist with screening and diagnostic testing programs for return to school
 - 23 schools participating in pilot program, may expand to other districts if successful
 - Governor is requesting assistance in opening schools next school year
 - Supporting testing in Vulnerable Populations
 - Connected VSU and Petersburg with Crater Health Department to plan an event offering COVID-19 testing and vaccination sign-ups
 - Developing strategy for the new FDA EAU approved At-Home tests; work with community partners for distribution plan; budget in ELC Expansion Grant
 - Building Public-Private Partnerships
 - Walgreens: 54 stores operational and 17 additional stores awaiting CLIA waivers. Overall, testing has increased due to the increase in number of stores, especially in highly populated areas.
 - Dollar General: Moving forward with 3 sites to increase access to testing with support from HHS and CDC. Expected launch date is May 10th, testing sites will be open for 2 weeks and be reevaluated for further dates as needed. CDC survey staff will be onsite collecting data to analyze effectiveness of incentives for testing. Sites: Lynchburg, Williamsburg and Norfolk
- Community Mitigation
 - We test persons so that we can isolate as soon as possible and support, Identify and quarantine close contacts
 - Key Mitigation Efforts

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- Mandating the wearing of facial coverings
- developing guidelines for physical distancing
- Encouraging frequent handwashing
- Executive Orders for public and private gatherings, business requirements
- Last week, Governor announced that on May 15, The Commonwealth will be relaxing some of the restrictions put in place
- Order for Emergency expires in June 30
 - If metrics look positive, may be able to lift more restrictions, hile continuing to encourage mask-wearing
 - Will continue to do case investigations and contacts, especially important if we see surges
- COVIDWISE – Virginia's Exposure Notification App
 - Over 2 million users
 - Tracking thousands of cases through the app
 - First state to use exposure notifications
- Clinical Countermeasures
 - Non-Curative Treatments
 - Remdesivir
 - On October 22, 2020, the U.S. Food and Drug Administration (FDA) approved the antiviral drug Veklury (remdesivir) for the treatment of patients with COVID-19 requiring hospitalization.
 - As an antiviral drug, Veklury works to stop replication of SARS-CoV-2, the virus that causes COVID-19.
 - Distribution initially coordinated through the Virginia Department of Health Pharmacy Services using guidance from the state's Virginia Disaster Medical Advisory Committee using a randomized selection process to all facilities based on the number of COVID-19 patients in each facility.
 - Monoclonal Antibodies
 - Similar to Remdesivir, mABs followed a state based allocation strategy which was further refined to consider use by each facility.
 - Intended for individuals with mild to moderate COVID-19 illness who are NOT hospitalized.
 - Nearly all the hospitals now have infusion clinics to provide Antibody treatment
 - Distributing thousands of doses across the state
- Communications
 - Now that we are trying to reach smaller communities, communications become more and more important

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- Re-establishment of Joint Information Center as part of statewide vaccination effort
 - Staffed with more than 40 people from VDH, VDEM, contractors
 - Duties: social media, marketing, outreach, strategic media relations and monitoring, health equity, and regional outreach
- VDH Communications Activities
 - January-February (Pre-Vaccinate Virginia Launch)
 - February-March (Vaccinate Virginia Launch)
 - April (Phase 2)
- VDEM Communications Activities
 - Opened 7 community vaccinations centers across the Commonwealth with more on the way
 - Coordinated with FEMA on the opening of a federal mass vaccination site
 - Develop outreach strategy with regional staff
- Logistics
 - Warehousing and delivery of PPE and other essential supplies to localities/tribal nations/state agencies
 - Continued PPE support to Health Equity Working Group and School Equity Working Group - PPE
 - CVC Sites
 - Support of 10 State CVC sites and 1 State/Federal Site
 - Support of local CVC operations with supplies
 - Warehousing of ancillary supply kits for VDH
 - Testing
 - Warehousing and deliveries of BinaxNOW and BD Veritor rapid antigen tests
 - Other
 - Assisting other states in locating potential PPE and other COVID19 resources (EMAC Executive Task Force Chair Elect role)
- COVID-19 Funding Awards and Expenditures
 - Much funding received through CARES act, CDC, FEMA
 - CARES Relief Funds- Examples of Use (PPE, Testing, Contact Tracing, Enforcement, Vaccine Distribution, COVID Communications, OT, as well as pass through funding to other entities, such as the VAFCC, Carillion, and the University Testing Reimbursements.)
 - VDEM: Received \$128,939,785/ Expensed \$114,687,993
 - VDH: Received \$162,791,170/ Expensed \$124,321,268
 - Federal Grants awarded by CDC and other agencies- Examples of Use (Improving lab capacity, Testing kits, Vaccine distribution

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and support. VDH also received more "targeted" grants such as increases to CACFP, WIC, Ryan White and Violence prevention.)

- VDH Received \$1,200,560,083/ Expensed \$49,570,592
- FEMA Projects – Call Center, CVC sites, Vaccine Support, Communication and Outreach, etc.
 - VDEM: Obligated \$303,044,392 / Expensed \$52,363,302
 - VDH: Obligated \$18,440,141 / Expensed \$0
- Federal Grants that VDH receives go out to 2024
 - Hoping to fund current vax and immunization efforts, as well as recovery efforts
- **COVID-19 Moving Forward; Bob Mauskapf, Director, Office of Emergency Preparedness, VDH**
 - Tracking those travelers arriving through Dulles International Airport arriving from Ebola-affected areas
 - Last week was Volunteer week
 - 36,000 Medical Reserve Corp (MRC) Volunteers, up from 9,000 at the start of COVID-19
 - 3700 are vaccinators
 - Vaccine Volunteer Registry (separate Volunteer pathway)
 - The General Assembly passed legislation, opened up April 1st.
 - 150 volunteers
 - Providing volunteers to public sites, along with other sites (Churches, pharmacies, etc.) who need support
- **Q & A/Discussion:**
 - Are we working with employers to vaccinate them? Are we expanding walk-up events?
 - We are working with employers through localities to schedule vax events
 - Have worked with larger businesses (Dominion, Google, Amazon)
 - Working with IHEs, vaccinating faculty and staff, students
 - Recognize the J and J pause slowed us down a bit
 - Performing outreach on 2nd doses
 - We anticipate that by end of May, we will have at least 1 vaccine to administer to age 12 and up
 - Working with education systems to prepare mass vaccinations
 - How are we vaccinating the Elderly?
 - In the last month, we have begun a campaign to vaccinate those who are medically vulnerable and homebound
 - DMAS assisted to identify their clients through Virginia Medicaid and Medicare, managed care orgs
 - Prior to initiative, 4% vaccinated; Now at 43%
 - Hope to get more vaccinated to come
 - Karen Brimm, Access and Functional Needs Lead for the VEST:

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- working with various state agency stakeholders to ensure that we can identify people who access healthcare/social services through the state
- Working on developing shareables to ensure that people with access and functional needs and/or are medically fragile, along with their caretakers, know what pathways are available for vaccination
- Also ensuring that CVCs and vaccination events are accessible
- Equity Approach
 - Sable K. Nelson, Health Equity Working Group Lead for the VEST:
 - One piece that we learned through testing efforts are locally run
 - Working with Green Street Co. to assist with outreach, ensure that messages are 508 compliant
 - Organizing events for specific groups
 - ELITE Team
 - Works on incorporating into local events and efforts
 - Go door-to-door to reduce barriers to becoming vaccinating
 - Focusing on Tier 1 localities (looking at COVID impact)
 - Working in systematic data-driven outreach
 - Outreach extending to rural communities
 - VEST/EM
 - Michelle Oblinsky, Chief of the VEST
 - Partnership with VDH and VDEM over the years
 - VEST coordinated through VDEM
 - Vanessa Walker Harris, Deputy Secretary of Health and Human Resources
 - Folks have pulled together collaboratively to expand access to all Virginians
 - Learning process to make good on feedback
 - Secretary Carey would agree
- **Public Comment:**
 - George Stromline:
 - Deeply impressed with organization of Response/Vaccination
 - Suggestions:
 - Put Vaccination Information in take-out food containers
 - Reach out to Latinx communities through the Catholic Church
 - Dr. Oliver: Agreed, we have seen that many catholic churches have been assisting in organizing vaccination events for their community
 - Events are often more well-attended than State/Local Health Department Events

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- Ex: St. Gregory's In Norfolk,
Churches in Northern Virginia on
U.S. Route 1
- Look into holding evening vaccinations
 - Dr. Oliver: We've seen a lot of improvements in
attendance when switching to night-time vax events