

COVID Partner Call Notes
Friday, November 12, 2021

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

- Welcome everybody to the partner call in, Friday November 12th. It's been a while since we've had one but I've heard from several of you that you wanted some updates.
- We have several presentations today, in fact six different speakers. They have five to seven minutes and that will allow us for 20 minutes at the end for questions and answers. We ask that you save your questions till the end.
- So we're going to begin today with the deputy director of the office of epidemiology and she's going to give us some information on data and where we are right now with COVID in Virginia. Her slides are posted.
- If you check the link that was in the e-mail both her slides and the next speaker's slide are already posted online.

- **COVID Data Overview, Laurie Forlano, VDH:**

- The first slide is a map of United States where you can see the different levels of case incidents per 100,000 populations and they're color coded. Virginia -- and this data is as of a couple days ago. Virginia was at 107 cases per 100,000 population for that seven day case rate. So what that means is that we're still in the category of the highest level of community transmission because we exceed 100 cases per 100,000. 107. So we're really approximating and getting close to that first milestone, which we would like to see case counts, obviously decrease. Once we get under 100 cases per 100,000, we'll be in the orange zone of the levels of community transmission, which means we're at substantial. So we had a 1.2% decrease since last week. Of our neighboring states, West Virginia, Kentucky, and North Carolina all have cases and rates that are higher than Virginia for that current reporting period. Tennessee, District of Columbia and Maryland have rates that are lower.
- You go to the next slide, you'll see epidemic curve that shows on the right-hand side, it shows the entirety of the pandemic timeline. On the left-hand side, it's zoomed in to just show basically the months of September and October. So compared to last week, our cases just ticked up a little bit, .6%. Our daily case count. But we've really -- we're more in a plateau stage I'd describe it at. At the current point in time we're 79% lower than the peak that we experienced in January in Virginia. We're right about where we were in March of 2021 and we're 909% higher than where we were this past summer in early June.
- If you look at that curve, the peak we just experienced wasn't quite as high as the wintertime, and we've come down quite a bit. But we're just at a kind of plateau. In the United States as a whole, cases actually ticked up a bit in the last week.
- So I'd say it's kind of fluctuating with the whole nation. I think we're starting to experience that right now in Virginia. The next slide, you'll see a lot of circles for each region. There are three rows of metrics. The first row is the number of new cases per 100,000 within the last seven days. So you can see that by region. Four of the six regions that we track are decreasing

in tend. Northern region and eastern region are ahead in a favorable way, as compared to other regions.

- They have case incidence rates that are lower than 100 cases and all other regions are higher with far southwest having the highest case incidence right now and are trending higher. The northwest region is trending upward as compared to the week prior. It's important to watch that trend over time and not to over-interpret one point in time. For test positivity, the percentage of tests that are positive, we're doing okay there. Almost all regions except northwest are decreasing or plateaued in that trend. And most regions are below 10% positivity except for far southwest.
 - So we're happy to see that favorable trend in test positivity. The other metric that's on this slide is emergency room visits per 100,000 for COVID-like illness. And all regions, that trend is decreasing. The next slide shows vaccination rates by age group. We have almost 84% of the adult 18 plus population vaccinated with at least one dose of COVID-19 vaccine. If you look at the age group of 12 and above, we have 74% of persons age 12 and older in Virginia fully vaccinated. That's a remarkable metric and demonstrable process from where this all started. This slide was created before the 5-11 data was available, but I did take a look at that right before the call. And as of today, we have 6.5% of 5-11 year-olds in Virginia that are vaccinated with at least one dose.
 - That's approximately in ten days' time we've got 6.5% of that age group vaccinated. I understand correctly Christie Gray was walking me and some others through this data this morning, and that's -- if you compare the similar trend as to when the 12-17 year-olds became eligible for vaccine, at the same point in time, I think they were a little above 7% of the population, so slightly behind there but not too far. We'll continue to watch and congratulations to all of our colleagues at VBH and partners internally and externally for all the work that's been going on behind the scenes to get the younger kids vaccinated. The next slide shows a map of Virginia. Vaccination across the Commonwealth by geography. You can also see some regional breakdowns.
 - Looking at just the percent of the population that's had at least one dose. You can see they range from 52% in southwest region to 69% in northern region. 26 out of the 133 localities in Virginia have a first dose vaccination rate below 50%. And 22 out of those 103 localities have a first dose rate above 65%. There continues to be a disparity across urban and rural areas when you look at the rates by age groups.
 - With rural being the lowest vaccinated group in the Commonwealth. The last slide I had in that slide deck was looking at Virginia and our neighbors as far as vaccination coverage is concerned. Virginia has about a 64% of our population fully vaccinated. 72% with at least one dose. Both of those figures are above the nationwide averages. We are above all of our neighbors except for Maryland as far as the percentage of the population fully vaccinated. So we're happy to see that progress.
- **Modeling, Alex Telianos, Public Health Modeling Specialist:**
 - I'd like to present on the UVA collaboration with VDH. If you'd turn to slide 2, you can see that UVA has been doing this modeling for about 18 months. They're using a mechanistic model. An SCRA patch model that goes county by county and tries to fit historic data to an

understanding of transmission dynamics and then projecting that forward. It's not just a time series analysis. I believe the next two slides were already covered. A little bit of duplication there, I'm sorry.

- Let's turn to Slide 6, actually, if you're following along. As she said we're in decline. We've been in decline for about a month, but the rate of decline seems to be slowing. If you see on the map here, four districts are already back in the slow growth, not significant growth, but case numbers are slowly rising. Another six have plateaued.
- Although the state itself is in general decline, the rate at which it's declining has slowed significantly. This is on Page 6. If you go to Page 7, you can see the reproductive number. This is the number of people that each individual with COVID-19 is expected to infect on average. If it's below one, the epidemic is petering out, if it's above one it's continuing to grow. State-wide although we were down to .85% in the latter half of the middle of October, so about October 18th, in that week, we have risen all the way back up to .994%. It seems like we're basically treading water now, so not significantly losing cases.
- Not gaining any either. Although the trend is a little bit worrying. We actually broke this down into regions on Page 8. You can see that two of them are already above one, meaning there's still a little bit of growth there. The rest of them are getting close, which is again a little bit concerning. Although we're still losing -- we're still going down in case numbers. As long as it stays below one, even a tiny fraction below one we're going to be better off next week than last week. It's the fact that it's climbed close to one which is a little concerning. Turn to Page 9, you can see the variants of concern in Virginia. These are being tracked. And it seems that the alpha variant has been completely eliminated and outcompeted by delta and all the delta subvariants.
- In fact, it seems like it might take over in the next month or two and represent the majority of new cases in Virginia. Turn to Page 10. You can see all the different projection scenarios we're going through. This looks a little bit complex, but most of these are what if scenarios. So the first one is the only -- is the current course scenario, they call it the adaptive model. That's duration of infection and transmissibility and a variety of other parameters of historic data, assuming those stay constant and projecting forward into the future. So all the rest are what happens if something else.
- So, for example, the adaptive vax opt takes the existing model and says what if we also manage to reach 85% coverage. I believe the last speaker said we were close to 75% adult coverage. What if we manage to get to 85%, what difference would that make? The surge control scenarios says what if instead we were able to reduce transmissibility by 25% through masking and social distancing. I think that one is probably a little bit overly optimistic. I doubt it will be that successful with education interventions. And the last two are called the fall/winter 2020 and vax opt, the ladder adds the optimistic vaccine schedule to the 2020 scenario, which says what if instead of continuing our decline, the rise in case transmissibility, the same way we saw last year in the fall of 2020. That's probably going to be driven by weather and travel.
- In fact, we generally tracked last year quite well if you account for the more aggressive delta spread. So if transmission rates go up like they did last year, what will that do to us? So on Page 11 you can see the actual projected output. The light blue is the adaptive, the current course which says we're going to continue to lose case numbers and we're going to be better

- off in a few months than we are now. But that rate of decline is going to slow. The dark blue is the surge control, which I said was a little bit overly optimistic assume we can reduce transmission rates with masking even further.
- I don't know how we could do even better with masking than we already do. And the orange is the fall/winter 2020 which shows we could theoretically have a February and March surge. Not as significant as the one we just got through but theoretically if transmission rates went back to what they did last year we could get another surge.
 - So the big question now is which of these two tracks are we going to follow? Are we going to continue to decline or have a bump in the next two months? That's what we're working to detect ahead of the wave itself. We're working with a group to try and do some public expertise crowd sourcing. And those people put it at about 30% so far.
 - They think that there's about a 30% chance we'll have another bump. We're working with wastewater folks to see if wastewater will give us some forewarning. We're looking at our neighboring states. If you take a look at Slide 12 you can see this plots all the different waves in each -- several different states, including Virginia which is in dark black.
 - Virginia lags maybe a month or two behind some of the other states. We're hoping if we're going to see a fall 2020 surge, a surge like we did last year, we'll start seeing it in the neighboring states before us. And so if you look at Slide 13, we're at the moment still tracking the declining trajectory and not the big surge, thankfully. And most of our neighboring states are not -- well, Pennsylvania is getting close, they're in slow growth, but none of our neighbors are surging significantly.
 - If some of them start to surge, then we'll know that maybe in a few months we'll have the same experience. So far, it looks reasonably good. If you look at Slide 14, UVA is trying to project hospitalization rates. In this case they added past influenza seasons to see what might happen depending on the severity of the flu.
 - So you can see if you're looking at this, the red line is the H1N1 flu of 2009 which was the most significant in reason years. All the rest of them peak mostly in January or February, which potentially lines up with the COVID surge if there is going to be one. But even then they do not project hospitalizations to exceed what we just went through in the last month. And so even in that case, the worst case scenario, they do not expect any of the regions in Virginia to exceed the current capacity.
 - They could be theoretically in just as deep trouble as they were a month ago, which means significant testing of all the healthcare facilities. Theoretically they should not run out of beds or staff. The last slide shows where you might find data on the different models and our work.
- **Vaccination, Christy Gray, VDH Vaccine Coordinator:**
 - I did want to just fill in a little bit more from what was mentioned earlier on the call. Going to be a little bit more detailed information and actually some updated numbers since our dashboard gets updated around 10:00 a.m.
 - I actually have some updated 5-11-year-old numbers which is exciting. I'm going to start off with boosters. Booster vaccines have been authorized for all three vaccines in the U.S. for certain individuals 18 years of age and older. For those who received their primary series of either Moderna or Pfizer vaccines, those that are 65 years of age and older, 18 years and older

and living in a long-term care facility and those that are age 50-64 years of age with underlying medical conditions should receive a booster vaccine at least six months after their second dose. People 18-64 years of age who work or live in a situation that increases the risk of COVID should receive a booster.

- For any person that received the J&J vaccine in Virginia they should receive a booster vaccine at least two months after their J&J vaccine. I do want to indicate there is a difference between should and may. And these recommendations, because this is a vaccine under emergency use authorization and entirely purchased by the U.S. government, the vaccine must be given in accordance with CDC recommendations.
- So in order for a person to receive a vaccine, it has to be recommended by the CDC. So, therefore, there's a difference between the CDC saying somebody should get their booster vaccine and somebody may get their booster vaccine. The may allow somebody who is in that situation that based off their individual risk of benefit can get a booster vaccine. They stop short of recommending all persons 18 years of age and older should get a booster vaccine. And that is due to the nature when you're considering whether to receive a vaccine in this context, they're looking at a bigger picture of whether the person actually needs that vaccine or not. They're looking at preventing severe illness, not infection. And that is why they use the differing words in providing the recommendations.
- They also authorize, FDA and CDC authorizations allow for a mix and match approach for the booster vaccine. Although it's recommended you receive the same vaccine for your booster as your primary series, you may choose a different vaccine as your booster vaccine. This is especially important when you had maybe a reaction to the primary series you received. Or the vaccine is not available to you at the clinic you went to. It allows you to get a different vaccine to get your booster. Booster vaccines remain free to all persons and an appointment can be found at [vaccinate.virginia.gov](https://www.vaccinate.virginia.gov) or calling (877)829-4682.
- The definition of fully vaccinated has also not changed. You are still considered fully vaccinated if you haven't received a booster. And once you receive a booster, your status of fully vaccinated has not changed. I want to provide an update on our 5-11 year-olds. As of November 2nd, CDC recommended for 5-11 year-olds. This is a new formulation of the vaccine which was created specifically for this population.
- Although the main ingredients are the same as the 12 plus vaccine, the formulation is different and it's not interchangeable with the 12 plus vaccine currently in use. You cannot just withdraw more or less of one of the vaccines to give to the other population. You have to give the respective vaccines to the respective population. I did want to also update our current rate of 5-11 year-olds receiving the vaccine is 8.1%.
- We're excited about that and our COVID vaccine dashboard has been updated on Wednesday. It gets updated daily. Another update has been on the dashboard to indicate the progress of 5-17 year-olds as opposed to 12-17 year-olds. And then our total eligible population has now changed from 12 plus to five years plus. So we are just updating our dashboard to reflect the change of numbers and change of goals that we're aiming for.
- I did also want to call attention of our adults that are fully vaccinated. Now the entire eligible population that is both one dose and fully vaccinated. We are very proud of Virginia to have achieved this. We'll continue to work with our partners and providers to continue on that effort to reach those persons that are still hesitant and still have questions. We have a number

of initiatives in place to try to, as we say bring the vaccine where the people are. And try to place it in the location that makes it much more convenient for people to get vaccinated, whereas before maybe months ago they weren't ready to but now they are. And just making it nice and easy and convenient to get vaccinated. 5-11 year-olds, you can still find -- those locations of where to get vaccinated is the same website, vaccinate.Virginia.gov. We do anticipate a surge in demand for about the first three weeks, and then a leveling off based off of modeling of the 12-15 year-olds that happened earlier this year.

- That really is pushing people towards their primary care provider, especially younger kids. Parents might feel more comfortable going to their primary care provider to ask questions and in those locations -- appointments just sometimes take a little longer to complete. But if your primary care providers don't have the vaccine we're ensuring we're getting vaccines into schools and community events that we're setting up across the Commonwealth. Suzi, that's my update.
- Christy, Bob. Just mention real quickly the channels, all the channels that we're using right now. >> Yeah, sure, thanks, Bob. So the channels we're using as I mentioned the primary care providers, your private provider offices. We also have our community vaccination centers, there's nine in Virginia, as well as mobile vendors that we have set up to do those more community based locations. We also -- the pharmacies, the large chains, they were the biggest chain in volume for vaccinating the entire Virginia population up until 5-11 year-olds. That hasn't changed. We're seeing a strong desire from parents to receive a vaccine for their children at pharmacies too. That's another channel that's available to parents. We do have 377,000 doses now completely shipped in Virginia.
- We're seeing 57,000 doses have been administered so far. We're ensuring to vaccines are getting to the high demand areas while still ensuring vaccines are available in all districts throughout the state.

- **Testing, Suzanne Trotter, VDH Testing Coordinator:**

- I do not have a slide for you but I'll just review what we're currently doing and have been continuing to do to support the overall strategy of increasing testing access across the Commonwealth. We have several grants, funding grant streams. One of our major ones is the ELC K-12 reopening schools grant.
- It's a major project that we have over 100 schools committed and matched to vendors already. They're going to do pooled PCR testing with some confirmatory for positives in the pool. As well as there is also a diagnostic stream where we partnered -- accessed resources through emed. There is more, the vista the program, but it's launched and active and still growing. In addition to that grant, we also have funding for community testing events, that is still going on.
- We have still community testing events. Some are standing in routine. They're present in all five regions. However, there is certainly less than there was in the spring. But still available and we're encouraging the health districts to go ahead and stand up some more events during this season of travel and gathering. We also support outbreak testing.
- Certainly in our confinement areas or high risk areas, our skilled nursing facilities, daycares, if there is a concern we do receive the call and set up our vendors to go out and do identification

with outbreak testing. In addition to the community testing events there is also a subset of the grant that has been directly given to the institutes of higher education so that they may do their testing themselves.

- We have that in place for that. The third area is our public/private partnership which we have continued support with Walgreen's where we provide test kits and they do either drive in or if they need to make an appointment they can call the pharmacist. But they're doing the antigen card in over 65 Walgreen's.
- Those again were chosen, the same ones we had, they were chosen based on numerous indicators. Certainly the social vulnerability index, low access to testing and other indicators. So we're still working on that partnership. What has really blossomed is our funding stream for the vulnerable population, the at home test kits as well as point of care test kits. We have been able to supply resources. It is a diverse plan, Virginia has done very well in this challenge of manufacturing shortages by diversifying what we're able to give to our safety net providers.
- So free clinics, federally qualified healthcare centers all have received supplies they can continue to test in those areas. We are launching next week our library distribution program, pilot program. We have over 18 health districts that have libraries that have local approval and have worked with emergency managers and are ready to set it up next week. We plan to distribute kits to those libraries that have everything in place, starting on Monday. And have asked that they start distribution by next Friday so they're all in place before the holiday week. Those will be set up on our website on Monday.
- So you'll be able to see which libraries are participating and FAQs, the press release will go out. More to come but I wanted to be sure you were aware of that positive partnership is launching next week. We have two other grants. One that is fully fledged and sent back to the CDC, our work plan budget. That is the confinement grant. In essence, it's resource and support to continue to support jails, local jails, regional jails, our prisons, Department of Corrections, and those in confinement areas so they do have testing resources being at a higher at risk population due to the fact of being confined in spaces.
- Additionally, we are launching and writing our work plan again to support testing resources through the homelessness grant and have that continue. We have been supporting them throughout, this is just a more defined approach.
- Both are through the detection and mitigation grants, so we work in partnership with mitigation and containment, contact tracing and providing the testing resources. Quite robust, quite diverse, but still needed in order for us to keep that positivity less than 5%.

- **Mitigation Update, Rebecca Thomasson:**

- I thought I would touch briefly on mitigation and masking in schools and then move on to mask recommendations for the general public and then for work places. In schools masks are required and that's regardless of vaccination status.
- That order went into effect on August 12th this year and still remains in effect throughout the Commonwealth. And we continue to work with schools, not only to make them aware of this state wide mask requirement, but also just to continue to promote really all the prevention strategies that we know work in the school setting. So vaccination, physical distancing, ventilation, regular hand washing, regular cleaning, and encouraging folks to stay at home if

they're sick and encouraging screening testing. Promoting all these mitigation with masks is critical for mitigation to be effective in these settings.

- Our focus is all of these layers. Many of the same practices we advise to schools is similar to the layered mitigation approach we continue to recommend for businesses and other community settings. I think all of you know there is no longer a state wide mandate in effect for the general public but we encourage and promote the recommendation that when in an area with substantial or high community transmission, everyone age 2 and older, including fully vaccinated people wear a mask indoors.
- Even if they're going to Target or the grocery store as a customer you should still be wearing a mask even if you're vaccinated. Chances are you are in an area with a substantial or high transmission of COVID-19. The majority of Virginia localities are still in that level with the exception of Fairfax County and a few others.
- We're hopeful more communities will fall below that threshold. As long as a county is in the orange or red level we recommend everyone in that county keep wearing a mask in indoor and public places. The recommendations are different for unvaccinated people. For unvaccinated people we recommend mask wearing regardless of the level of community transmission. It's pretty easy for most people to look up the local level and learn more about those levels and what they mean.
- We provide a map on our website that's updated weekly. You can Google VDH community transmission dashboard and you should be able to see the color coded map of all the transmission levels by county. You can find the information on CDC's website in several places including on their COVID-19 check tool.
- That CDC tool is great because it's something you can actually embed on your own web page as well. For workplaces more Virginia employers, including state and local government are subject to the Virginia Department of Labor and industry COVID-19 standard which requires employers to have their specific measures in place to protect their workers. That standard was revised this past August, and does now require all unvaccinated employees to wear a mask indoors.
- It requires fully vaccinated workers to wear a mask indoors when they're working in an area with substantial or high transmission. The standard does provide some exceptions to masks, like when you're alone in your office you don't have to wear one. But just to reiterate the mask requirement for workplaces, just like the general public recommendation, is tied to that level of community transmission if you're vaccinated.
- I wanted to mention the OSHA rule employers should be mindful of the OSHA rule. OSHA finally released its emergency temporary standard for vaccination. And just a very general summary, the new temporary rule provides all employers with 100 or more workers ensure that their employees are either fully vaccinated or that unvaccinated employees test weekly for COVID-19 no later than January 4th. There are other COVID-19 requirements included in this new federal rule so I would encourage any large employer to read through that summary on the OSHA website and familiarize yourself with it.
- Our understanding is the federal regulation is not in effect in Virginia until it's adopted by the Virginia health board. That board is planning on meeting December 3rd. So we should know more after that date. Many of you have probably seen in the news that the new federal OSHA rule may be tied up in court proceedings, so while that January 4th effective date for large

employers is on the books, that date could potentially be impacted by what plays out in the courts. We'll be keeping an eye out for any updates there.

- **Operation Allies Welcome, Bob Mauskopf, VDH Office of Emergency Preparedness:**

- Late August we began receiving guests from Afghanistan. They all came through Dulles. The Virginia Department of Health did the COVID testing for I think about 54,000 as they came through. We opened up two hotel facilities in northern Virginia for those folk and moved them on to several safe havens around the country. Those safe havens were all military bases and the first one that opened up in Virginia was at Ft. Lee.
- Subsequently to that we also opened up Quantico marine core base as well as Ft. Pickett down in the Farmville area. The typical population in our safe havens has been between 4,000 and 7,000. Resettlement is going on from those bases through resettlement offices using nongovernmental organizations and going all over the country in Virginia. The requirement is they need to have an acquaintance, somebody to have contact with in order to get access into the Commonwealth.
- One of the biggest issues we had was hospital coordination around the safe haven facilities. We had well over 300 pregnant afghan guests and many of them in the third trimester. So we had the situation in our empties. Obviously there was cultural issues as well. Hospitals acted extremely well. About September we got noted a measles outbreak. Measles endemic in Afghanistan.
- We had a 21 day pause of new arrivals and the Virginia Department of Health coordinated with our federal partners and we started vaccinating for measles. The guests also went through a full vaccination regimen for other infectious diseases as well. All have been tested for COVID. The measles situation has subsided greatly. We've passed the incubation period and provided immunoglobulin for the exposed pregnant women.
- That was a heavy lift but accomplished quite well. The resettlement is ongoing. There are no more arrivals coming through Dulles, they're going through Philly. But the anticipation is that in early 2022, those facilities, those safe havens will begin to shut down Petersburg and that will leave us with Quantico and Ft. Pickett.

- **Question and Answer Session:**

- Jack McGovern, City of Fredericksburg, I have two questions, first going back to the library testing.
 - Can you just tell us what test is going to be distributed from there? Is it rapid PCR test or what? >> Sure. I'll be glad to answer that thank you. We have actually acquired, they are antigen tests that are proctored through Emed.
 - So it is a requirement that individuals that pick up the test would have internet or wi-fi access and they'll walk through it with a trained proctor and get the results in about 15 minutes. They sign onto the app and that way they'll be able to get a report of that test result as well as the results will be sent to the health department. >> Great thank you very much. I have one question going back to the repatriation discussion. Thank you very much for the information. One question I have is you mentioned

vaccinations and you were very explicit regarding measles but I never heard anything about COVID. Are these guests being vaccinated for COVID or do they fall under religious exemptions with regards to that? >> They are at about 99% COVID vaccinated. >> Thank you very much, I have no further questions. >> Thank you, another question comes -- sorry, go ah. >> This is Christie Gray. I wanted to clarify the children and adults received other routinely recommended vaccines and I just wanted to make sure that was said as well. Thank you.

o Joe Lurch, Virginia Association of Counties:

- I want today relay a question we're getting in regards to the vaccination mandate. Some of our counties are asking whether the constitutional offices count towards their employee count. Currently some of them are under 100 but if you add the constitutional officers it brings the count over 100. You may not be able to answer that question today it may be something for the safety health board to figure out. I just wanted to flag that. >> Thanks, Joe. Go ahead, Rebecca. >> Sorry. We can certainly relay that question to the Department of Labor and industry. I wouldn't know the answer to that question. But it's a good point you raised. Did you have anything to add? >> Nope.

o Nathan (Orange County) Emergency Management:

- My question goes back to the library distribution. We just heard about this ourselves from our library director. A couple of questions about this. Is there any concern we're going to have COVID positive patients interacting with library staff who are not trained in proper PPE? And how we're going to go about that. And then another question would be many of our citizens would probably be doing this test in the parking lot because we have free wi-fi there. What are the disposable requirements that are going to need to be met?
 - >> Thank you. I'll field both of those questions. We are working with the Virginia library association and have created FAQs for the library staff based on several focus groups. We've had three different sessions with them, with some of those similar questions and how to address it. We're modeling the program after the state of Ohio had a successful library partnership in doing the same. We've been lucky enough to use their lessons learned. For the first question, as far as -- first a library needs to opt in to do this. It's voluntary, it's not mandatory.
 - We have spoken to each library as far as managing looking at planning and logistics. It's not meant for ill persons to come into the library to get tested. That being said, 40% of the cases are asymptomatic so those we can't really know. They're in the community. So the frequently asked questions as well as the guidelines and program will be on the website on Monday is requesting ill people do not go to the library. That will be in the press release as well. As far as testing in the library, our librarians have asked questions on how

they're able to access and allow clients to do the testing. Yes, there are contactless methods that are going to be set up by some libraries. Folks can come drive through the circle, call the library, I'm here. They'll come out and do a contact list handover.

- As far as disposal, it is by the manufacturer's directions in the box. It's in the library, it does need to be a bio hazard. But if it's in the own person's car, it would be recommended they just drive home with it and throw it in their trash can. I'm not sure if there's trash cans on the exterior they would be utilizing but we can add that to our FAQs.
 - I appreciate the question. >> Reporter: Thank you. Like Fredericksburg, we just heard about this so we're getting questions from our county administrator to opt into this program. If future programs are going to go out like this can we make sure EMs are contacted at the same time?
 - >> Sure. I don't know if Bob is on –
 - >> Yeah, we shared the list with the chief regional coordinators from VDEM beginning of the week.
-
- **Closing, Suzi Silverstein, VDH Office of Emergency Preparedness:**
 - Great, well, thank you all very much for joining our call today. If you do have any additional questions, this is Suzi Silverstein and you can send them to me and I can forward them on to the appropriate presenters. That's it for today, I hope you guys have a wonderful weekend and thanks again.
 - That concludes today's conference thank you for participating, you can disconnect at this time.