

COVID Partner Call Notes

Friday, December 17, 2021

- **Introduction, Bob Mauskopf**
 - Welcome, everybody, to the latest iteration of the COVID-19 Task Force and External Partners Call. Suzi Silverstein typically facilitates this call, but she's on well-deserved time off today, and I'll try to fill in.
 - The speakers we have today will cover update on the disease itself. We'll look at testing update, a vaccination update, and then we'll wrap up with a discussion on therapeutics. The slides for this have been posted in an email sent out to -- the link has been included in an email sent out to all of the participants in this call.
 - Obviously, this is an audio-only call. We'll start off with an update from Katherine McCombs on our dashboard for COVID-19.

- **COVID Update, Katherine McCombs**
 - I'll try to speak beyond the slide, but of course, some of the visualizations are certainly helpful. If you move to the second slide, for the COVID-19 update today, we're going to start out in South Africa, where the Omicron variant was first identified. The slide, if you can see it, displays data only from South Africa, and you can see there are three previous waves of COVID.
 - Most recently, there's been a sudden increase in cases even higher than the previous three waves. The bottom graph that is on that slide shows hospitalization numbers for private and public hospitals by week, starting with week 46, which is just four weeks ago, you see a rapid increase in the number of cases who are hospitalized. If you can see the slide, the last bar is a partial week, which is why the numbers look so low. But all of a sudden there's been a sudden increase in hospitalizations and cases in South Africa due to the Omicron variant.
 - Next slide. These are two graphs, still in South Africa, showing the Omicron wave. This shows information for the specific province where Omicron was first identified. This is the province that includes Johannesburg and Pretoria. You can see that there's a sudden and steep rise in cases and hospitalizations due to Omicron, compared to the previous waves of Delta and Beta and the various wave of illness before sequencing was frequently conducted. In the graph on the left, you can see that the Omicron has almost reached the peak that Delta reached. And we have no reason to believe it will slow down. Next slide. This is back to the United States.
 - This is a national picture of Omicron. So, for the number of U.S. states that have identified Omicron, this morning when I checked it was at 37 states, plus D.C. This map is just a tiny bit old, a couple days ago. Both Nevada and Alaska have identified Omicron variants. Since the picture was captured. To be fair, I imagine most of these states also have Omicron; it just hasn't been confirmed there yet. This map is literally changing every day.
 - An MMWR published last Friday indicates that symptoms of Omicron illness are typical of other variants and are often mild. 79% of those who were ill were previously vaccinated, and 33% have received their booster shot. 14% were previously infected. And the majority of the cases were between 18 and 39 years of age. Next slide. So, this would

be slide five, if you're following on the slides. Here's a bit more about Omicron. On the left, Omicron is starting to take hold in the U.S. It is about 2.9% of all the SARS-CoV-2 sequences that are currently reported to CDC.

- I imagine this will go up, you know, as there's new data being presented today. On the right, the blue line shows the increase in the percentage of samples being tested that are Omicron, even as the number of samples appears to be decreasing. Next slide. So, we like to show Virginia and the rest of the country and how we're faring. The data from Maryland has not been updated. They're having some issues. I just heard something about a data hack. I don't know. We can't really use the Maryland data right now. Across the U.S., we have seen sort of that darkening of the Midwest states and those northeast coast states. Those with the highest case rates include New Hampshire, Rhode Island, and Maine, with case rates of over 653 per 100,000.
- Virginia continues to track below these states at 208.7, and below the U.S. case rate of 248.6. Virginia, as well as most of her neighbors, are currently increasing in case rates, especially post-Thanksgiving holiday. Next slide. This is the national epidemic curve, which we can see cases decreased a slight bit compared to last week, although it looks more like we're still surging, although hospitalizations have increased 7.7%, and deaths 4.7%. Even though, thankfully, at the moment we're still lower than our other peaks. Next slide.
- This gets into some Virginia-specific data. And Virginia, compared to last week, we saw a significant increase in total cases of 8.9%, again, lower than our January and September peaks, but significantly higher than the June low. Our hospitalizations increased by 19%. Our deaths increased by 73%, but I would take this with a grain of salt. The actual number of deaths that are reported is rather small, and there's a lot of variability in that. So, seeing that increase, you know, is more about reporting than it is about deaths. Next slide.
- This shows COVID-19 in the Virginia hospitals. Hospitalizations have increased 50% since Thanksgiving and are elevated compared to the prior week hospitalizations. ICU hospitalizations have also increased by 30%. These data are lower than previous highs but still too high. Next slide. This shows total deaths by date reported in Virginia. Deaths reported by day have increased in the last two weeks. Sort of like I mentioned before, there's sort of a data lag with deaths reported because of how long it takes to receive and code the death certificate appropriately. So, this is just our reports by when it was actually reported, not necessarily when the deaths occurred. Next slide. Now for the pandemic metrics.
- All regions, except Far Southwest are experiencing an increase in trend and new cases per 100,000 within the last seven days. The percent positivity continues to increase in all regions, except the Far Southwest. Far Southwest, near southwest and far northwest exceeded 10% positivity. COVID-19 visits are decreasing in the central Eastern and far southwest region and increasing in near southwest, northern, and northwest regions. Most of all these regions and measures are in the Level 3 or 4 for disease burden. Next slide. This is a level of community transmission.
- These two maps represent the level of community transmission earlier this month and then two weeks later. And as you can see, all districts are now in substantial or high transmission. Next slide. These are some of our key trends.
- There continues to be a burden of COVID and COVID outcomes in long-term care facilities. Over 24% of all COVID outbreaks have been in long-term care facilities. The

graph on the top-right shows the number of outbreaks in long-term care facilities by region of the state. You can see that there is a wave, and it's increasing. The graph below shows the number of residents in orange and staff in blue that are confirmed COVID cases, which is also increasing.

- Data reported earlier in December shows that 88% of residents of nursing homes and 86% of staff were fully vaccinated. 63% of those eligible residents have received a booster, and only 36% of eligible staff have received a booster. 9% of nursing homes reported that no eligible residents have received an additional booster. Next slide. Now for some modeling. For this model, it's probably best to focus on the adaptive blue line and then the adaptive Omicron.
- The adaptive line is sort of the blue line. It's the trajectory based on conditions, remaining similar to the current experience, like what we're doing right now. But then there's the adaptive Omicron, which is the top red line, which assumes rapid dominance of immune-evading variant. Conservatively, it uses no transmission advantage to two Omicron over Delta, but we know that might not be true. And for the daily hospitalized graph, you can see a projected increase in the fall and winter model.
- Next slide. This graph shows the percentage -- moving on to vaccinations. This graph shows the percentage of persons vaccinated with one or two doses by age group of all the eligible population. 70.8% are fully vaccinated and 66.6% of the total population are fully vaccinated. We're continuing to follow CDC's guidance that a person who has received a full primary series is fully vaccinated. We're unsure if this will change to include a booster dose, but as soon as we know, we will share that information. Next slide. This shows the vaccinations by dose one, two, and third dose.
- The moving average of the number of vaccines given has plateaued for all doses and booster, although there is still doses being given every day, the numbers are not increasing. Next slide. Overall, uptake of the COVID booster, or third dose, is just over 30.9%, with most of these in persons 50 years of age and older, and the majority of the third doses have been administered at pharmacies, followed by medical practices, public health clinics, and others. Next slide. Since the initial wave of 5 to 11-year-olds getting their first vaccine, there's been a decline in vaccinations, which has now leveled out. Asian and Native American children have the highest vaccination numbers as a proportion of the population, while white, black, and Latino children have the lowest vaccination rate by population so far.
- Also of note is the disparity in vaccination rates by urban versus rural geography. Next slide. Vaccination rates by demographics show that Asian and Pacific Islanders and Latinos have the highest rates of vaccination. Those 65-plus have the highest rates of vaccination. Almost all race and ethnicity groups.
- As the group, we need to continue to encourage everyone to get vaccinated. Next slide. This map and the tables display the percent of persons with at least one dose by locality and region. Urban counties have a higher percentage of their population vaccinated, although the chart indicates that rural areas have the highest percentage of persons vaccinated, the 65-plus are skewing that data a bit, as all the other rural age groups have fewer vaccinated than other classifications.
- Rural adolescents have the lowest vaccination rates. In looking at our localities, 10 out of our 133 localities have a first-dose vaccination rate below 50%, whereas another 43 localities have a first-dose vaccination rate above 65%. And the last slide. Compared to her neighbors, Virginia is doing well in getting the population vaccinated, in both persons

who have received at least one dose and those fully vaccinated, which is currently the two-dose primary series.

- We're doing better than the national average. Hopefully, that's ending on a good note.
- Testing Update, Carolyn Lamere:
 - My name is Carolyn. I'm the Community and Facility Testing Administrator for the COVID-19 Testing Team here at the central office. I just want to share a quick note that we have been noticing increase demand for testing, so we encourage folks to use our red cap form to request support for community testing events. You can direct community members to Walgreens. And we also have those exciting new library programs that I wanted to share a brief update about. So, I hope you all have heard of this program. It's called STACC, or Supporting Testing Access through Community Collaboration.
 - This is a program where we ship the antigen at-home test kits to local libraries, who then hand them out to patrons. The idea is to boost testing access across Virginia, particularly for folks who may struggle to access other modalities of testing.
 - We've been really gratified by the interest that we've seen in the program. We have shipped almost 75,000 kits out to libraries as of two days ago. We have 45 total libraries enrolled in the program with an additional five who have committed to participating in the program but have not received any test kits yet.
 - To date, as of the latest report that we have, which is reaching towards December 12th, libraries have handed out almost 35,000 kits to community members. We have a few key findings, which are that the program continues to grow, both in the number of libraries participating and in the number of kits handed out at each library. So, we have, you know, in the past week of this program, we have six new libraries who handed out kits for the first time.
 - Our last program week of December 6th through the 12th. And we also have 70% of libraries handed out more kits last week than they had the previous week. We have seen kind of two clusters of libraries. We have some, particularly in more rural areas, that are really continuing to try to drive demand to the program.
 - The library staff are great advocates and partners to promote testing within their communities. And we do have some participating libraries that stuck out very rapidly, within a few days, or even within one day of receiving the shipment. So, the demand for rapid tests remains robust.
 - One thing we have noticed that we're also keeping an eye on is that several libraries, they report distributing kits to families of employees' children in response to an outbreak or maybe a cluster of COVID-19 cases within the school setting. I just want to remind that when we have heard of something like that, we do make sure to loop in the local health department so they are aware of any COVID-related outbreaks, and ideally, we want to make sure that the schools are served through our program which is a better fit for school needs.
 - I did share these slides, so hopefully, you will have a chance to take a look at these visuals. One thing I want to point out, we have this map of where our participating libraries are, and one thing I think is a really, you know, positive point of the program, is that we have multiple participating libraries within every region, not necessarily within every county or within every local health district, but the program is really reaching all

across the commonwealth and is really penetrating into some of these more remote areas that may find it challenging to access other forms of testing.

- On slide six, I have shared our distribution figures, which are the number of test kits that each library has reported handing out. And one thing I wanted to remark here is that you can see every region has shown an increase of kits for the program compared to the previous week. So, again, as I've remarked, both due to an increase in the total number of libraries participating, but it is also driven by an increase in the number of kits being handed out at each library.
- Also within this slide deck, you know, I'm not going to go through every single slide, but if you're interested, it shows the total number of test kits that are being handed out by each library. Again, many of them are showing increases in this past week compared to the previous week.
- One final thing that I'd like to remark is that this is an opt-in program. So if you're looking at the map, if you're looking at, you know, our charts to see which libraries are participating, maybe if you're taking a look at our website to see the list of the libraries that are participating, and you're not seeing libraries in your health district or in your community, it is up to the libraries, themselves, to opt into the program, but we have had some great success from local health districts or other, you know, representatives of local government, really encouraging their libraries to participate.
- So, if you do have questions, or if you'd like to learn more about the program, you can reach us at testinginfo@vdh.Virginia.gov.

- **Vaccination Update, Christy Gray:**

- You know, I do want to mention that we are doing relatively well in Virginia compared to other southern states in our vaccination, and we are very proud of that and definitely appreciate all of our partners, you all in the field in assisting with that. We did celebrate our one-year anniversary yesterday with the first vaccines being administered in the state, and it's just amazing what we've been able to accomplish in this past year. Over the year, we've been adapting to new recommendations and new changes that have happened, and that has continued even to last night.
- So, some updates that have happened since we have had our last Partner Call -- booster vaccines have been authorized and recommended by CDC for all adults 18 years of age and up, as well as for 16 to 17-year-olds. If you'll remember, 16 to 17-year-olds are the only vaccine that is authorized for younger than 18 years of age is Pfizer. So, although adults have the option of which type of vaccine they want to get for their booster, our 16 to 17-year-olds do not.
- They have to get the Pfizer vaccine for their booster, and it is six months after they finished their primary series. 16 to 17-year-olds have had the ability to get vaccinated since last December, so it is very possible that these ranges are due for a booster. Regarding our booster rates, we are continuing to go up, and I am pretty sure Katherine went over that and wanting to emphasize that the older you are, the higher uptake that booster rate has been, and that just follows the course of the recommendations as they have come out this fall, where they were recommended definitely for the older population and have been coming down as more data has come available to show the benefit for younger populations to receive their booster vaccine, as we are responding to the changing variants, like Omicron. Yesterday, ASIP met to discuss new vaccine

effectiveness, vaccine safety in adverse events and supply data that we have within the United States to determine the recommendations on the J&J vaccine.

- They voted to provide a preferred, preferential recommendation for an MRNA vaccine over the J&J vaccine. This does not mean that you cannot get J&J vaccine, but there is guidance to provide clinicians on the discussions they have with patients on the benefits of that the preference is for MRNA vaccine, due to the vaccine effectiveness and safety profile of MRNA compared to J&J.
- does not mean that MRNA does not have its own considerations regarding safety, but the entire picture does provide this unanimous vote that an MRNA vaccine is preferred over J&J. The vaccine will still be available, and further clinical guidance is coming the next few days from the CDC to help provide that information to the public and to clinicians on how to make that decision on what is the best vaccine for your situation. They also want to make sure people realize that vaccinated is still better than unvaccinated.
- So, if you don't have access to an MRNA vaccine, a J&J vaccine is still better than not getting vaccinated. We also have a new Pfizer formulation coming out this next week that will be replacing the existing formulation that is in the field, so we've been providing that information to our providers on considerations of vaccine ordering and forward and handling as the products have different considerations when you're storing and handling them. So we're working to make sure our providers are aware of that and how to transition to this new Pfizer vaccine.
- We'll provide more flexibility in minimum ordering size as well as storing it, not requiring ultra-cold freezer. It can be stored in the refrigerator for up to ten weeks and does not require diluent, which is another step that the current Pfizer vaccine uses. And these Pfizer vaccines I'm describing are the 12 years of age and up formulation. The 5 to 11-year-old formulation remains the same as is in the field right now. So, we are continuing to try to increase our 5 to 11-year-old vaccine, which is our most-recent eligible population.
- We're currently at 27.4% of the population has at least one dose. We are standing up a school coordination group to try to link schools with resources to ensure that there is equity in access to the vaccine for all children, 5 to 11 years of age, and have a number of initiatives in place to bring the vaccine to where the people are. And that's my update today. I'm happy to answer any questions.
- BOB MAUSKAPF: Thanks, Christy. I'll just point out, Christy mentioned the initiative to reach out to the schools. The vaccine unit that Christy heads up has opened up nine community vaccination centers around the Commonwealth, concentrated in high-population areas. We've also got outreach from those community vaccination centers to schools, where possible. We've also initiated mobile vaccine to reach some of the hard-to-reach populations, and our pharmacies are doing focused or precision vaccine looking at schools and other populations as well.

- **Therapeutics Update, Brooke Rossheim:**

- I wanted to give an overview of where we are with therapeutics. So, currently, we have really three categories of drugs that are out there, and I'll go through them one by one. We have drugs that are meant for the outpatient treatment of people who have mild to moderate COVID.

- And these are the monoclonal antibody drugs that many of you have probably already heard of. All of these drugs have an FDA emergency use authorization. They are available in the state. And the drugs are REGEN COV, which is the Regeneron product, Bam/Ete, which is the Eli Lilly product, and the Sotrovimab, which is the GlaxoSmithKline product.
- I will say, when it comes to the treatment of COVID, these drugs are likely underused. And so, one of the things that we're doing is working with our communications partner to really get the word out to both physicians and to patients about the fact that these drugs are out there the second group of drugs we have is for the prevention of COVID, and we have two kinds of prevention. So, we have prevention for people who have been exposed to COVID, and that is what we refer to as post-exposure prevention, or post-exposure prophylaxis. And we've got a couple of drugs in that area. That is REGEN COV, which can also be used for treatment, and Bam/Ete, which can also be used for treatment. And really, the goal of these drugs is for people who have been exposed to COVID.
- The goal is really simply just to try to prevent them from coming down with the illness. And then we've got a new category, which is the pre-exposure prophylaxis drug, and this is a new product. This does have an FDA emergency use authorization. You've probably heard about this. This is Evusheld. This is made by AstraZeneca.
- This is a drug that is meant for people who either have a weak immune system, and so, therefore, even if they get vaccinated, they're probably not going to generate a good enough immune response, and so, they can get Evusheld for that. The other use for this drug is for people who have gotten a COVID vaccine and who had a very severe reaction to it, to the point where, you know, medically speaking, you would not want to give them another dose of COVID vaccine.
- So, this drug, Evusheld, has an NUA. The drug has not yet been released by FDA, so we are waiting for the drug to be put into actual circulation, which is going to happen, most likely, any time now. And I should say that there's -- I apologize. I have a slide deck that's in the notes that covers all of this, so, right now I'm on slide number four. And then we have a category of drugs that are under review by FDA, and these are the oral antiviral drugs. So, we've got two drugs in this category -- Molnupiravir, which is a Merck product, and Paxlovid, which is a Pfizer product. Each of those companies has submitted an application packet to FDA for its drug to get an emergency use authorization.
- At this time, FDA has not granted any EUA's for these products. One thing that we do know is, you know, when or if these products get an EUA, the quantities will be limited. We, obviously, are continuing to watch the situation with these two products and we'll keep everyone informed about what their status is. The last thing I wanted to talk about is the supply and demand of COVID-19 therapeutics.
- And this is really geared toward monoclonal antibodies. Every two weeks, we get an allocation of monoclonal antibodies from HHS. And we have to live within the amount of monoclonal antibodies that HHS provides us. And over the last two to three weeks, we've seen an increase in the amount of monoclonal antibodies being ordered by our administration sites in the state.
- And so, this is something that we're keeping a close watch on. We have already instituted some measures to preserve our supply of monoclonal antibodies so that we have enough for everybody. As I've spoken about before, when these new drugs come out, particularly at oral antivirals, these drugs will be limited, so some measures will need to be taken to basically live within the supply that we have. Over time, the hope is, is that the supply of

these medications will increase to the point where any kind of restrictions will not really be necessary.

- **Question and Answer Session:**

- JOE LURCH: Hi, this is Joe lurch with Vaco. Question about the at-home test kits provided by the libraries. When I go to the website, it references it being a test or a pilot program through December 31st. Is there plans to continue it beyond that date?
 - Hi, there. Yeah, great question. As you noted, concluding our pilot phase, we have one last shipment going out on Monday, and then we will receive shipments in January, once we get additional supply in. But yes, that program will be continuing through January. It's funded through July of 2023, but we reserve the option to close the program down if demand dips before that time.
 - JOE LURCH: Great. Thanks.
- Julius Pudding: From DHDBS, Julius Pudding. Back to the monoclonal antibodies, which ones could be used for subcutaneous injection?
 - BROOKE ROSSHEIM: Yeah, this is Brooke Rossheim. Right now, only one product -- and that is REGEN-COV, can be given by subcutaneous injection. >>
Julius Pudding: Thank you.

- **Closing, Bob Mauskapf:**

- I want to express our appreciation to all of those who have participated. We will continue to schedule these calls periodically.
- I appreciate all of our speakers' participation, and I wish everybody happy holidays