

COVID Partner Call 1-14-2022

>> SUZI SILVERSTEIN: Welcome everybody to the partner call on Friday, January 14th. We have a few updates today. Some general Covid data, information on isolation and quarantine, testing, vaccinations, and the impact of Covid on our hospitals. We are going to begin with Dr. Lillian Peake and she is going to begin with Covid data and updates on isolation and quarantine.

>> DR. LILIAN PEAKE: Good morning, everyone. We will start with looking at the Covid-19 trends at the national level compared to last week. About 98% of variants are circulating in the US now are the Omicron variant. This variant, as you know, spreads very easily from person to person and is putting a lot of pressure on us. Cases continue to climb in the United States. On Wednesday, the 7 day case rate increased by 35% to 1,584 cases per hundred thousand Americans. Over 63 million cases have been reported to date including over 855,000 yesterday. Unfortunately, Covid-19 hospitalizations are also continuing to increase. They increased by 32.5% to 19,768. Hospitalizations are increasing for all age groups, but continue to be the highest in people who are over 70. Deaths are also suddenly increasing now in the US. The 7 day death rate increased by 36% to 3.4. Over 842,000 deaths have been reported in the US including 206,000 new deaths yesterday. Of note, the case rates in Maryland and the District of Columbia decreased since last week which is an early and hopeful signal. They have been ahead of us in this surge. We are hopeful that that trend will continue in their states and begin to see this in the very near future. So looking at Virginia, the rate of cases in the last 7 days also continues to increase. On Wednesday it was up 19.8% at 1397 per hundred thousand Virginians. The number of daily cases increased to over 18,000. That was up 29%. And 397% higher than during our Delta peak in September. The daily number of Covid patients hospitalized in Virginia also continues to increase. Yesterday it was up by 43%. On Wednesday 3,554 people were hospitalized. This is also a new peak for the entire pandemic and it's now 13% higher than we saw last January which was the previous peak. We are now seeing a daily number of deaths in Virginia reported beginning to increase up to 17. Our testing volume is quite high in Virginia. On January 8, over 53,000 PCR and antigen tests were reported to us. Despite that very high volume, the 7 day PCR positivity rate continues to increase with 35.8%. That is up another 5.6%. 62% of localities in Virginia have a positivity rate above 30%. 3% actually have a positivity rate above 50% which is really stunning. We have the original metrics that

we follow. We look at the case rate, the PCR percent positivity. People who visit Emergency Departments with Covid-like illness and all of those are at the highest burden level in every region. The new cases increased in every region. The PCR percent positivity increase in every region except the northern region. Interestingly, the Covid like Emergency Department decreased in every region. I want to break this down a little bit. Even though the Covid-like illness ED visits decreased, the percent of Covid like illness visits that resulted in hospitalization increased. The percent of Covid like illness visits that resulted in hospitalizations was decreasing. And from the end of November until the end of December. So the bottom line is that some of the pressure from people who have mild illness who are seeking care in the Emergency Department was reduced. Hopefully, this will continue. There is also a decrease in total Emergency Department visits. We are very hopeful now a lot of the pressure that Emergency Departments in Virginia have been feeling because people coming in with mild illness seeking testing and Covid diagnosis will hopefully continue to decrease. To go over the new CDC guidance for isolation and quarantine. It has changed. CDC made the changes because they wanted to try to reduce some of the confusion between the days that you have to isolate and the days that you have to quarantine. With the new data showing that most of the transmission of the virus you are most infectious one to two days before you develop symptoms and then the next couple days after you develop symptoms. They figured it would be easier for people to understand and it would still be reducing the risk to a great extent if we simplified these instructions. Bottom line, who needs to stay home if they test positive or are diagnosed with Covid-19. Basically everyone regardless of your vaccination status. If you have Covid-19 you should stay home for five days even if you are vaccinated. If you don't have any symptoms or your symptoms are improving after 5 days then you can leave your house. You should continue to wear a mask around others for an additional five days. Your infectiousness after five days has decreased but it's not to 0, which is why it's important to continue to wear that mask. Who needs to stay home if they have close contact with someone with Covid-19? So you don't have Covid-19 yourself, but you have close contact with someone who has Covid-19. So if you are not up to date on your Covid-19 vaccination, you should quarantine for at least five days. So you stay home and then around day five you can get tested. If you don't develop symptoms, you get tested at least five days after you last had close contact with someone with Covid-19. Then, after that five day quarantine period, you watch for symptoms, you are very careful and you continue to take precautions by wearing a mask until that ten-day mark. If you were

exposed to Covid-19 and you are up to date on your Covid-19 vaccinations, you do not need to stay at home unless you develop symptoms. The recommendation is to get tested even if you don't develop symptoms at around day five. If you were exposed to Covid-19 and had confirmed Covid-19 within the past 90 days, so basically you tested positive on a viral test, you also don't need to quarantine. You take the same precautions. But for both of those situations, it is important to watch yourself carefully for symptoms, to wear a mask for those ten days and to avoid being about around people who are at high risk. So those are the new general public recommendations. There are different recommendations for healthcare personnel. I won't go into those details today. We have sent all of that information out to healthcare providers. But what I described is for the general public. I'll stop there and turn it back to you Suzi.

>> SUZI SILVERSTEIN: Great, thank you very much. Just a reminder to everybody we will take questions of all of our speakers at the end of the call. Our next presenter is Suzi Trotter. She is going to give us an update on testing.

>> SUZIE TROTTER: Good morning all. I'll give you a brief state of the state for testing. There is a little bit of flux in January. We have a team dedicated and working almost manically to manage what testing looks like today. Basically, as you can imagine there is a flurry of communications both where can I get a test? We are also getting communication from distributors that I have tests I want to sell to you. We have providers calling in that they want to be able to do tests and start up a business. Nationally, there is movement we are seeing at the federal level where the 500 million test ordering process should start next week as well as other funding that has opened up including insurance now being able to cover purchasing of at home tests, I believe it's up to eight per person. A lot is in the works. The take away from that is, one, folks are hearing the health messages which Dr. Peake just spoke of. They are getting tests. We do have a high volume of tests coming through that are being reported. That is a good thing. We are also now seeing the availability of more tests in the marketplace. We are getting calls from every sector. That is encouraging. They are getting out to distributors. Providers have stood up. They are calling us. They want to help do the testing. So all positive on that front. Where our risks are is it's kind of a moving target on the price for rapid antigen test as they come into the market. Some of the distributors want quite a bit of volume of money paid up front. We are also getting quotes that change every 12 hours. So if you don't move now you don't get that quote. Then we have our date purchasing processes. So there is

some quality assurance and some integrity for purchasing to be sure we are getting the most for our dollar at the state level. Then this is also compounded by the purchasing of said rapid test is what Dr. Peake just mentioned. Maybe it's an early and hopeful signal. Maybe it is a peak or change of the direction of Omicron. Then if we expect it to happen in other countries a rapid decline and then there will be a less demand for tests. We are kind of balancing all of that with the distributors and purchasing power. In addition, the Supreme Court blocked the order yesterday that is to have businesses either vaccinate or test. So we are waiting to see if that is going to affect the demand for tests for our community testing events and others. Then the last risk, and I think James will speak about this, but the work force to do sample testing whether it's PCR, antigen or any appointment. They have as well been affected by Omicron. Appointments are a prime resource that has been affected by the work force. All that being said our accomplishments right now for the state of testing is our safety net is still supported by the ELC grant. Where we cannot buy mask products, we are getting a trickle in. We have dedicated vendors and we are on a priority list for them. We have been able to support shelters, LHD, long term care, federally qualified healthcare centers. We still have our prisons and our jails. It's a day to day and week to week process, but we are prioritizing and are able to get a trickle of tests out to them as well as support any outbreak testing that they need. In addition, another accomplishment was our successful pilot we did at our libraries with the distribution program. Very positive return on that. We are evaluating that pilot and preparing for your next phase which we hope to launch in February which we intend to continue the distribution for all those across the Commonwealth that participate in the program and it's proven to be helpful for those in rural and other areas that have low access to testing. Finally, the accomplishment most recently is our community testing centers. We have applied for an expedited FEMA project to increase testing. Able to stand up this project in a week's time which is adding 50,000 tests in January, this is in addition to what is already going on. Our community testing events are still supported by state contracted vendors, our state lab, the one lab network. We were able to add additional testing by hiring partnering with an emergency response business Ashbritt who also have sub-vendors and they subcontracted with IEM which is a healthcare staffing agency which is a complete turnkey operation, includes chief nursing officers, competency trained sample collectors. And they work well with our additional contract within that project which includes our lab, DCLS and One Lab Network. We also have turnkey lab access so they will be running our labs every night. It's an aggressive month. We are meeting

all we can in all avenues in this matrix. Hopefully, we will be able to answer any of your questions at the conclusion of this call. Thank you.

>> SUZI SILVERSTEIN: Thank you very much. We are going to move to the vaccination update from our vaccine coordinator. Christy Gray, have you been able to join us?

>> CHRISTY GRAY: Thanks, Good morning, everyone. Virginia has administered over 14 million doses since December 2020. 78.3% of our entire population has received at least one vaccine and 68.2% are fully vaccinated. This includes persons not eligible to be vaccinated yet. 89.5% of adults in Virginia have received at least one dose and 78.5% are fully vaccinated. Although we are proud of how many Virginians are vaccinated we still have much work to increase the vaccination rate, especially in our children in the five to 11 years of age. As of January 13 only 34.4% of five to eleven year olds have received one dose. We're working to increase vaccination access through school based clinics and expect steady increase of vaccination in this population now that we are out of the holiday, winter break time frame. Additionally, all persons 12 years of age and older are recommended to get a booster. Recommendations have been updated since our last partner call. Current recommendations are if you are 12 years of age and older and received an mRNA vaccine primary series you should get a booster after five months from your second dose. The recommendation of a booster dose following a J & J vaccine remains the same at two months. Children 5 to 17 years of age can only receive the Pfizer vaccine. The overall coverage of boosters in Virginia for the population that is eligible is 48%. We are finding the older population has higher rates than that. More in the 57% range and the younger population at a lower amount. For example, 16 to 18 year olds are about 14%. So we are working to ensure the population is aware of the recommendations and ensuring access to the vaccines. Another recent change is the introduction of the term up to date. The CDC introduced it last week. Up to date aligns Covid-19 vaccination with standard language used for other vaccinations. Staying up to date means the person is getting vaccines recommended to them according to their age and interval of their vaccine history. This includes primary vaccine series, third doses for immunocompromised, and booster vaccines. The definition of fully vaccinated has not changed. For example, if you are 18 years of age and just completed your primary series there has not been enough time to receive your booster yet, you are considered up to date. If you are 25 years of age and received your primary series and enough time has passed to receive your booster dose and you have not received it yet you are considered not up to date. I'll be

updating on a few initiatives we are rolling out. VDH signed a contract with Dollar General allowing our mobile health vendor and pharmacy partners to conduct pop up vaccine events on site to bring the vaccine to where the people are. We are setting up our first event in the next few weeks. And this contract allows events to be held at locations throughout the Commonwealth including rural areas. We are also working with, DMAS (Department of Medicaid and Medical Services), with using a data sharing agreement to identify clusters in the Medicaid population that are unvaccinated and will use this information to target pop up vaccine events to ensure access is available to this population.

>> SUZI SILVERSTEIN: Thank you, Christy. Then our fourth speaker is James Moss. He is the Hospital Coordinator and he is going to give us an update on the situations in the hospitals. James, over to you.

>> JAMES MOSS: Thank you and Good morning. To echo what Dr. Peake was saying we are seeing the most cases in hospitalizations that we have seen to date through this pandemic which is having detrimental effects on hospitals and health systems throughout the Commonwealth. To provide perspective and numbers for you, information was reported this morning by our hospitals into the Virginia Healthcare Alerting and Status System that's managed by the Virginia Hospital & Healthcare Association, our key partner throughout this endeavor and pandemic, the total number of hospitalizations was 3,845. The total number of patients currently hospitalized in ICU are 656. 360 are on ventilator support and total available in patient beds that are available through the Commonwealth are 1,964. You may have seen this past Monday that Governor Northam issued an executive order and state of emergency. This was in direct response to a request from the Virginia Disaster Medical Advisory committee on behalf of a number if not all of the hospitals and health systems in the Commonwealth with the fourth rise in cases and hospitalizations they are seeing coupled with their staff that are being affected and needing to isolate or quarantine for illness or care for a sick family member. It has and continues to place a huge burden and strain on the available resources within the health care community. This isn't specific to the hospital sector. It's affecting pretty much every other health delivery system throughout the state and nationally unfortunately. With the executive order that the Governor issued, that does allow a lot of the provisions and waivers placed prior to the original executive orders expiring on July 1, 2021 allowing facilities to increase pass their number of licensed beds without penalty from the federal government. It allows waivers and flexibility in

staffing and staffing to patient ratios, et cetera. This was more of an immediate fix they were able to implement out of the gate. If looking to increase their bed capacity that takes time. A number of our facilities have their plans in place that they utilize at the beginning of the pandemic and were able to implement them and have moved in to either alternate sites within their facilities or exploring mobile options in some way, shape or form. There are a number of other provisions that are more related to Medicaid and Medicare. Some related to our pharmacy partners. Another thing, and this is to ease the stresses they are feeling immediately. It's not the silver bullet. I don't think there is a silver bullet, unfortunately. But this has allowed immediate temporary release for them to deal with the surge they are seeing within their facilities. Additionally we remain in constant contact with our partners at the Virginia Department of Emergency Management and disaster logistic services to explore contract options that may be available throughout the Commonwealth and nation that our healthcare facilities can tap into. One of the compacting factors of that is that the cost for travel nurses and other health medical professions are at historic rates and a number of these facilities are not able to pay that because it's a huge financial strain on them when they are already facing financial stresses due to the ongoing pandemic. In addition, we are working with the Department of Emergency Management to host a public assistance webinar for our hospital partners to explore eligible cost they may be able to recoup throughout the pandemic. One of those typically is the staffing contract fees that are associated with that. That webinar will be this afternoon. Additionally, working with FEMA and the Department of Health and Human Services, the Assistant Secretary of Preparedness and Response. Maintaining dialogue and communications with them on available federal resources and assistance that they can provide yesterday. We had a very good call with them regarding technical assistance from one of our health systems here in the Commonwealth and provided updated information. It's an ongoing battle we deal with on a daily basis. Fortunately, the health systems and hospitals have been able to take the brunt of this. We are fortunate with the partnership, relationship, and collaboration we had with them. Huge shout out and thanks to them on behalf of VDH. That is all I have, Suzi.

>> SUZI SILVERSTEIN: Great, thank you very much, James. Operator, I think we can open up the lines now and take questions from the participants on the call.

>> No questions asked.

>> SUZI SILVERSTEIN: I want to take this minute to thank all of our speakers for your presentations today. We do not have another call scheduled next month, but we will plan to do one in we have a lot of information to share with everybody. If you have any additional questions or topics for future calls, be sure to e-mail me. I'm the one that sent your meeting invite so you can just reply to that. I want to thank you for your time today and hope you have a great weekend. This concludes our call.