



# COMMONWEALTH of VIRGINIA

Office of the Governor

Ralph S. Northam  
Governor

January 27, 2021

The Honorable Andria P. McClellan, Chair  
The Honorable David H. Jenkins, Vice Chair  
Hampton Roads Regional Planning Commission  
723 Woodlake Drive  
Chesapeake, VA 23320

Dear Chair McClellan and Vice Chair Jenkins:

Thank you for your letter of January 21, on behalf of the residents and localities of Hampton Roads, and your commitment to support the goal of vaccinating all Virginians as soon as possible. I share your frustration, as I'm sure do all Virginians, at the slow rate of vaccination nationwide. I appreciate your candid feedback and the opportunity to respond to your concerns as follows:

### **Vaccine Supply and Transparency of Information**

All states rely on the federal government to distribute vaccine doses. Based on our population, Virginia is currently receiving approximately 105,000 new doses per week toward our goal of achieving herd immunity. We expect the pace of incoming doses to increase in March, which will allow for a faster rate of vaccination.

There are simply not enough doses available yet for everyone who is eligible to receive them. Virginia is not likely to catch up to the demand for Phase 1b until March or April. While everyone eligible for Phase 1a or 1b should register now, it may be weeks or longer before vaccination appointments become available for those who have registered.

This week, we expanded the Virginia Vaccine Summary Dashboard at [www.vdh.virginia.gov/coronavirus/covid-19-vaccine-summary](http://www.vdh.virginia.gov/coronavirus/covid-19-vaccine-summary) to provide greater clarity about the status of doses that have been received and administered. In just the last week, we have dedicated additional teams to reducing the backlog of data entry from vaccine providers and clarifying the status of doses sent to CVS and Walgreens as part of the federal program to vaccinate residents of long-term care facilities. I

have spoken with both providers to urge immediate rollout of these doses, and the Commonwealth will do everything we can to support this effort.

We can now see that the majority of first doses under Virginia's control have actually been administered. Virginia's dashboard does not include vaccine allocations to employees of the Department of Defense, certain other federal agencies, and the Indian Health Service, because those doses are administered by those agencies directly. We are working with our federal partners to obtain more detail about those efforts, with the hope that we can add this information to the dashboard. In the meantime, we have added a footnote on the dashboard to clarify this.

### **Vaccine Eligibility and Allocation**

Detailed information about Phase 1b eligibility and prioritization is available at [www.vdh.virginia.gov/covid-19-vaccine](http://www.vdh.virginia.gov/covid-19-vaccine), along with frequently asked questions about vaccines. We are asking vaccine providers to ensure that priority is given across all categories within Phase 1b. Today, we have issued more clear guidance to local health districts that roughly half of available doses should be used for people age 65 and older. The other half should be used for frontline essential workers; people who are at increased risk of severe illness, as identified by the CDC; and people in correctional facilities, homeless shelters, and migrant labor camps. Local health districts should use the order of priority for frontline essential workers in the Phase 1b details.

In order to make the vaccine available equitably and efficiently, VDH allocates doses to local health districts based on population. We are counting on each district to determine the best way to get shots in arms as soon as possible, leveraging any available combination of vaccinators. This may include the district's own staff; hospitals and health systems; pharmacies; individual providers, Medical Reserve Corps volunteers, and Virginia National Guard members when deployed. I have directed every state agency to assist in troubleshooting bottlenecks to ensure that all available vaccine is used as quickly as possible.

Anyone who receives a first dose of vaccine will be able to get the second dose at the appropriate time, three or four weeks later. Vaccine providers should not hold back their current supply for second doses; they will receive second doses in proportion to the first doses they administer.

### **Virginia Department of Emergency Management**

As you noted, the Virginia Department of Emergency Management (VDEM) is a key leader in Virginia's response to the pandemic. Early last year, VDEM activated the Virginia Emergency Support Team (VEST) to assist state and local partners during the pandemic. The VEST has been in constant communication with stakeholders over more than 300 days of activation. VDEM has also coordinated disaster procurement and PPE delivery, testing logistics, and health equity pilot projects. Recognizing that mass vaccine distribution may exceed the capacity of local health districts, I directed VDEM to identify mass vaccination sites and engage with local health districts and local emergency managers to help connect the various stakeholder groups, non-profits, private sector partners, and other entities necessary for this effort.

## **Public Information**

Public information remains a crucial aspect of the vaccination effort. Every day, VDH responds to dozens of news media inquiries and hundreds of questions from the public. VDH is working to expand communications; increase call center capacity; place advertising in targeted areas; incorporate health equity data; establish an ambassador program and speakers bureau; target underrepresented audiences with information and calls to action; expand the use of social media; increase news media coverage; and develop a grassroots vaccination campaign. Every day, VDH responds to dozens of news media inquiries and hundreds of questions from the public.

## **Coordination Between Partners**

I appreciate your suggestion to work more closely with local government administrators. Within the last week, I have added a full-time local government liaison in my office to receive feedback from localities about the vaccination effort, increase the consistency of announcements and other information, and plan regular updates with local leaders by email and phone. I have also asked Dr. Avula to host a weekly call with locality administrators, to provide an additional forum for questions and sharing of concerns and best practices.

Your role is critical. It is essential that local governments coordinate with your local health district leaders on a daily basis to pool resources. Any locality that can provide staff, supplies, equipment, logistics coordination, or other resources should contact their local health district. Many of the most effective vaccine clinics so far have involved close partnerships between state and local government, health systems, colleges and universities, and private property owners. Now is the time to make specific, scalable plans for vaccine clinics, even if the doses are not yet available to operate them.

As you noted, it is also critical that health districts and health systems work closely together. We must connect vaccinators who have unused doses with partners who can help set up additional vaccination clinics for eligible individuals. This is especially true in cases where health systems have remaining vaccine supply from their initial allocations in Phase 1a. I recently held a call with Virginia's local health directors and the Virginia Hospital and Healthcare Association, to make it clear that all existing supply must be used as soon as possible. We are also working to expand the pool of vaccination staff available for vaccine clinics, by clarifying some of the licensure and liability questions that have sometimes slowed down clinic rollouts.

## **Funding**

I recognize that many local governments have invested funds in the vaccination effort. I have proposed more than \$100 million in new general fund resources to assist. The most recent federal stimulus bill, the Coronavirus Response and Relief Supplemental Appropriations Act, provides additional funding that should help the Commonwealth in rolling out the vaccine, but we are awaiting federal guidance on how those funds may be used. That guidance will help us determine the best use of state and federal funds to vaccinate Virginians as quickly as possible. The stimulus bill also extended the deadline

for localities to spend the \$1.3 billion in federal COVID-19 relief that the Commonwealth distributed to localities in June 2020, soon after the federal funds arrived.

**Testing**

The CDC's Advisory Committee on Immunization Practices has emphasized that vaccines are the most effective way to reduce COVID-19 deaths and infections. This underscores the importance of increasing staff support for vaccine operations and ensuring that vaccines are administered to priority populations as fast as possible. This does mean that local health districts have shifted some of their focus from testing to vaccination. However, we are continuing to support testing in the community through other public and private partnerships, including the use of the Virginia National Guard; private commercial turn-key providers, including the privately-operated kiosks recently deployed in some areas in partnership with localities and local health districts; and the Division of Consolidated Laboratory Services, which is working with VDH to form a strike team to assist with specimen collection and testing.

VDH also is working to expand the number of fixed testing sites in the community, including a partnership with Walgreens to provide fixed rapid point of care testing sites at no cost in locations with limited access to testing. During the week of January 21, Virginia's 7-day average of nearly 47,000 tests per day far exceeded the goal we set last year of conducting 10,000 tests per day. Realizing that resources in each community differ, VDH will continue to work with local health departments and local government officials to address any remaining unmet needs for COVID-19 testing.

Thank you for the tireless work you and your colleagues are doing in our shared fight against COVID-19, and for your willingness to identify opportunities for improvement in the effort to vaccinate all Virginians as soon as possible.

Sincerely,



Ralph S. Northam

cc: Hampton Roads Planning District Commissioners  
Hampton Roads General Assembly Members  
Danny TK Avula, MD, MPH, Virginia Vaccine Coordinator