**ODH & Local Health Department Wednesday Call**

**Agenda**

 **February 24, 2021**

**11:00am - 12:00pm**

1. **Welcome**

**Questions:** [**https://www.surveymonkey.com/r/LHD\_Call\_Questions**](https://www.surveymonkey.com/r/LHD_Call_Questions)

**To be submitted on Monday for follow up on Wednesday. The Link above allows you to submit your questions. This should help to get timely answers to your questions. We will get notes out to you as soon as completed. Notices for this call will go out by email on Tuesday Evening to the Health Commissioners, Deputy Health Commissioners and Administrators.**

* 1. **Opening Remarks/Senior Leadership**
* March 1 allocation information will be going out today, if not already
* More vaccines next week – another 17K Pfizer next week. School will be done also, should see increased numbers for next week
* Evening/weekends good opportunities to catch up from shipping delay and new surge
* 80+ seems to have stalled at about 60%. Think about how to get creative to reach in your community. Please focus on this group on your waiting lists. Will open up eligibility more widely soon. Let ODH know if anything has worked well in your jurisdiction so that it may be shared to others.
* Thank you for ongoing vaccine work.
* Working on survey to understand how much of other work being delayed/put off to see if ODH can assist with resources for vaccine, tracing, testing to allow LHDs to get back to normal work. Open to suggestions as well.
1. **Key Updates**
	1. **COVID-19 Variant Update/Dr. Bruce Vanderhoff**
* ODH in cooperation with CDC has confirmed 11 B117 variant (UK) in Ohio. CDC is reviewing more samples, expect increase over next few days. Has been pretty dispersed – Cuyahoga, Lorain, Medina, Portage, Ross, Hamilton. Wide age range. Hitting all over country - 40+ states. South Africa and Brazil variants also in other states, none yet in Ohio.
* Spike protein is main component that determines how virus behaves – attaches to ACE 2 receptors. When mutations of interest, consistently see described as letter (original amino acid) number, new letter for substituted amino acid. No clear evidence yet of worse severity or decreased vaccine efficacy.
* Continuing to monitor variants closely. Arrival is reminder that COVID is not just rolling over. It’s evolving and becomes more effective. As faces pressure with vaccination/growing immunity. We are working to increase immunity so less opportunity to change, doesn’t have time to outsmart vaccine approach. Masking/hand hygiene remain important.
* Results so far are encouraging. Masking and pretty good vaccine uptake work in our favor.
* Mutations don’t impact its ability (mechanism) to spread – still droplet spread. Still need to encourage multi-layer masks or surgical grade masks that fit properly.
* Joined genomic surveillance in January. Have moved from low levels of independent lab genomic analysis to 1%. Targeting 2% testing.
* What we need to keep doing is safety measures and vaccines. Vaccines are still good against the variants.
* Prior COVID + vaccine – can develop immunity to variants.
	1. **Medical Update/ Dr. Mary Kate Francis**
* US Dept of Agriculture/ FDA/ CDC statement – chances of COVID transmission from touching food packaging negligible, this is considered safe.
<https://www.fda.gov/news-events/press-announcements/covid-19-update-usda-fda-underscore-current-epidemiologic-and-scientific-information-indicating-no>
* Case interviews – PLEASE ask about travel/ COVID vaccination status, place in notes. Please ask this even if using abbreviated interview. ODH looking to streamline this entry in ODRS. Greater importance right now as variants identified.
	1. **Immunization Program Update/Kristen Dickerson**
* Pfizer/McKesson have worked to process backlog from last week’s weather delays. Hope to work through by tomorrow for remaining orders. Also processing first dose orders Thursday evenings and 2nd dose Sunday evenings
* 224,770 1st doses and 171,680 2nd doses this week
* CDC has updated number of vaccine doses per vial from 5-6 for Pfizer. Will arrive with count of 1,170, although same number vials as before. Moderna – 120 doses vs. 100. Ancillary kits will be updated accordingly
* Contact local EMA if need syringes. If EMA cannot fulfill, they will contact ODH
* VOMS – current shipments – may only see partial details. Working to correct issue. Doesn’t impact shipments, just may not see all order details.
	1. **Ohio VMS Update/Cindy Brooks, VMS IT Project Manager**
* 918 providers loaded
* 352 users have logged on
* Have had 3 clinics use this system for appointments.
* Continuing outreach, working to resolve any issues, and assist with integrating wait lists, scheduling clinics, etc.
1. **General Q & A**
	1. **Pre-submitted Questions**
* Will age eligible ped cancer patients be considered with adult cancer patients for 1B? 🡪 Ped cancer patients are not in current list of 1B conditions. Do not believe under consideration for future phases under discussion at this time. Governor anticipates continuing with age-based approach, with other small groups sprinkled in. Ped Cancer not in discussion currently
* Process for variant testing? 🡪 Sequencing being done throughout state. If someone has variant/clinical situation where associated, contact ODH and can conduct at ODHL. Discussing new dashboard for variants. Will put out info to contact ODH to provide sequencing info. # will be included in notes.
* Suggestion for PH programs on hold while doing vaccine? E.g. home visits, etc. ODH recovery plan to assist LHDs so that programs may resume? 🡪 Want to understand what programming is delayed. Survey or some other type of analysis in works. ODH does have CT, vaccine assistance resources to free up employees locally.
* Volunteer guidance – have already been using for weeks. Will those who have been vaccinating through MRC be exempt from new training mentioned? 🡪 Want to ensure volunteers vaccinating are trained per protocols. Recognize these came late for some, is responsibility of MRC units to ensure training either through own board competencies or elearning on CDC website. Have sent attestment that those vaccinating can sign to say they have been trained.
* Process with vital statistics moving forward? LHDs have some coded as deaths due to covid not characterized as such on our end. Can you advise so everyone is on same page? 🡪 ODRS – used for case surveillance. Working with VS to reconcile with death certs. More info coming on this.
* With pressure to move back to in person school by March 1, if school does not have 6ft distancing, does that mean cannot use modified quarantine? 🡪 greatest amount is optimal. When cannot be at 6 ft, but should be if able. Also following AAP recommendation 3-6 ft, and will allow modified guidance if 3 ft maintained.
* Does 3 ft = 6ft if double masking? 🡪 Any increased distance decreases chance of transmission. Many places have been using 3ft for some time. For schools are adopting 3ft. Benefit outweighs risk per evaluation in Ohio schools. Will apply 3-6ft for schools when return in person.
* New IDCM says needs to be within 3 mos of completed vaccination to not have to quarantine. Does person need to be revaccinated after 3 mos? 🡪 Do not think effectiveness wears off this quickly – limited information on protection period – will know more as time passes, and CDC may modify when more known. Vaccine and natural immunity requirements are same. Must continue protective measures.
* 11/15/20 Mass gatherings – can banquet halls have more than 2 people if following guidelines? 🡪 If banquet hall and meet definitions in order, can proceed, but is strict on number of people at each table, need to be from same family unit.
* Day camp guidance? 🡪 See Responsible Restart
* FSO self-service? 🡪 Addendum issued Feb 11 that allows this.
* Dropping of reporting requirement to dispatch/first responders? 🡪 Under discussion. More to come.
* Timeline for prom, graduation, etc? Schools pressuring? Dancing prohibited at weddings, so no proms? Also, schools claiming if can have people in gyms for BB games, not graduation? 🡪 Guidance in works for all these items. Hope to see soon.
	1. **Open Q & A**
* Clarification on autoimmune conditions that qualify for 1B? Some docs telling patients that they qualify that LHD does not think do. 🡪 See list on website.
* LHD getting calls from school personnel vaccinated by another provider that provider can’t help them with missed doses. Can LHD get vaccine for this purpose? 🡪 This is last week for K-12 program. Will be 2nd doses. Working on proposed program for those who missed. Likely will include mix in larger counties of dedicated POD approach. Smaller communities, LHDs may have role in this. More to come
* Can vaccinate those with dr orders who are not technically 1B? 🡪 No. If not on medical list, or not other eligibility, no. Defer to LHD judgement on close calls. Did thorough review to get list that is in place. Can raise issues if discussion needed, but generally, should not be honored if not eligible.
* Getting some for dose 2 who had dose 1 through other provider. Should we be using our appropriate doses to vaccinate these? 🡪 Ideally, should go to where got 1st dose. If extenuating circumstances and can afford in inventory, that’s fine. As much as possible, get where got first. Pharmacies in fed program are providing 2nd dose if didn’t get first dose there, so are some discrepancies.
* Calls from businesses saying ODH has appeared with mask complaint and threatening to shut down, but won’t provide ID info. 🡪 Retail compliance – would advise that legit inspectors investigating complaints/performing checks have and should show ID. If have situation, call ODH Hotline and ask for Retail Compliance
* Mega Clinics in state? 🡪 Planning underway for mass vaccination, to include mega sites. Still waiting for enough supply to do this.
* <Missed remaining questions due to reporting to Clinic>

**IV. Close Out & Next Call**

**Closing remarks / Senior Leadership**

* 1. **Meeting summary will be sent when completed**
	2. **Next Call: March 3, 2021 ~ 11am
	 February 26, 2021~11am (Vaccination Planning Call)**