



**GOVERNOR NORTHAM - COVID-19 BRIEFING  
MONDAY, MAY 11, 2020**

**CASE INFORMATION**

Total Cases: 25,070 (+2,728 from 5/08)  
 People Hospitalized: 3,300 (+241 from 5/8)  
 COVID-19-Linked Deaths: 850 (+38 from 5/8)  
 People Tested: 167,758 143,220 (+24,538 from 5/8)  
 Unique People Tested: 149,436 (+20,559 5/8)

**Outbreaks COVID-19 Statewide: 271 (+11 from 5/8)**

- 160 (+10) outbreaks are in long-term care facilities
- 62 in congregate settings
- 21 in a healthcare setting
- 21 (+1) in correctional facilities
- 7 cases in an educational setting

**VFC City Breakdown of Cases, Hospitalizations, Deaths Virginia Department of Health**

(Change since 5/6/20)

<u>CITY</u>	<u>Total Cases</u>	<u>Hospital-izations</u>	<u>Deaths</u>	<u>CITY</u>	<u>Total Cases</u>	<u>Hospital-izations</u>	<u>Deaths</u>
Charlottesville	68 (+2)	14 (-+2)	2	Newport News	164 (+20)	36 (+1)	10 (+1)
Danville	39	13	1	Norfolk	308	50	5
Hampton	146 (+11)	29 (+1)	3	Petersburg	48 (+7)	17 (+2)	2
Harrisonburg	583 (+9)	35	21	Portsmouth	208 (+14)	38 (+1)	8
Hopewell	39 (+6)	11 (+1)	0	Richmond	546 (+52)	92 (+7)	18 (+2)
Lexington	5	0	0	Staunton	18 (+3)	0	0
Lynchburg	69 (+1)	6	1	Williamsburg	42 (+11)	9 (+1)	3 (+1)
Martinsville	2	1	0	Winchester	66 (+5)	2	0

## Governor Northam's Briefing Notes: Monday, May 11, 2020

### Major Takeaways

- Despite the Governor's plan to begin gradual reopening this Friday, Northern Virginia's leaders agree [across the board](#) that the region is not yet ready to reopen the economy. NoVA has been hit harder by Coronavirus than the rest of the Commonwealth, meaning it's imperative for public safety to avoid reopening too early. Leaders from the city of Alexandria and Arlington, Fairfax, Loudoun, and Prince William counties have sent necessary public health data and a [letter](#) to the Governor that will be used to exempt these jurisdictions from certain state-level reopening policies. That means it will most likely be another two weeks before there is a real possibility of beginning a reopening in NoVA.
- See Phase 1 reopening for the rest of the Commonwealth [HERE](#)
- Executive Order 61 Phase 1 Easing of Certain Temporary Restrictions Due to Novel Coronavirus Linked [HERE](#)
- Petersburg water utility issue – Don't turn off anyone's water for non-payment. It is unacceptable to have residents without water service, especially at this time where they need to be washing hands frequently. Yesterday, Dr. Oliver issued a [public health certification](#) that requires the City of Petersburg to restore service to 46 homes that have had their water cutoff and prevents them shutting off other customers.
- Elections - More than 50 Virginia localities have local elections on May 19. Please note that May 12 is the last day to request an absentee ballot to be mailed to you. Please mark reason "2A - My disability or illness." Voting by mail is safe and secure. We will make sure poll workers, however, are safe.
- There will be news later this week about testing partnerships. They are working with retail stores on community testing.

### Governor Northam

- Update on where we are with the data metrics. Friday slides are on the VDH website. We want a 14-day downward trend on the percent of positivity and this is what they are seeing.
- Hospitalizations are trending downward and no reports of shortages.
- PPE and swabs are allowing us to test more
- We have a PPE warehouse in Virginia and supply on hand is looking good
- Hospital capacity to take patients is looking good. Watching it now that hospitals are doing elective surgeries
- Ventilator capacity is adequate at about 20%
- We recognize that different regions face different challenges. This is why Phase 1 is a floor. Governor asked for a final letter from Northern Virginia localities indicating that they are unified in asking for a delay in phase 1. That letter was received over the weekend. We all want a responsible, data driven, health driven focus.
- NoVa has about a 25% positivity rate, while the rest of the state is about 10%. NoVa COVID patients make up more percentage of hospitalizations. Therefore, we will work with them on a slower Phase 1.

- The key is testing. This weekend testing went on in a variety of places: New River Valley, Eastern Shore (Community testing), and targeting at-risk neighborhoods.

### **Dr. Janice Underwood – Chief Diversity Officer**

- Workgroup to assure health equity and that small, woman owned and minority businesses have masks, testing, etc. in the vulnerable communities and for those localities with elevated risks. They have provided 20,000 masks, and 20,000 hand sanitizers.
- Pilot project in Richmond is the first of many that the Equity and Diversity Task Force will work on.

### **Governor Northam:**

- We continue to increase our testing capacity and expect news about testing partnerships in the next few days. Working with retail stores on community testing.
- Petersburg water utility issue: it is unacceptable to have residents be without water, especially at this time where they need to be washing hands frequently. Yesterday, Dr. Oliver issued a public health certification that requires the City of Petersburg to restore service to 46 homes that have had their water cutoff and prevents them shutting off other customers.
- DVM offices have been closed and this has been extended for another week. Online services are open.
- Graduating seniors, as well as high schoolers have qualified for drivers licenses. Thank you for your patience.
- More than 50 localities have local elections on May 19. May 12 is the last day to request an absentee ballot be mailed to you. Mark reason 2A, “my disability or illness.” Voting by mail is safe and secure. We will make sure poll workers, however, are safe.

### **Q&A**

Q. Why is Virginia’s testing rate so low compared to other states?

A. Governor: We are trying to get to 10,000 tests per day. We are over 9,000 now. The team has been working very hard and with adequate PPE and testing supplies and we’ve been able to ramp up our testing. We have great working relationships with our retailers and we will have news about walk up and drive through testing in the next few days. “I make no excuses for Virginia, I think we are in a good place.”

A. Dr. Remley: The Johns Hopkins data is cumulative data and we’d never catch up to this. If you look at how we’ve ramped up, our testing, we are making sure we are taking care of the uninsured and under-insured. As we have more testing capacity and test kits, we are moving out to other settings. In the coming days we will be able to share with you how we are doing in every district. We want to assure that we are doing enough testing in each health district. If we can reassure Virginians that we know how much disease there is in any given area, we will be in a good place. We should not be comparing ourselves to Johns Hopkins data.

Q. Could you give us some context on the statistics that we are seeing? Are rates per 100,000 the best indicator to understand the illness in the total state population? What is the number/projection of infections per case?

A. Dr. Furlano: We look at it and we also look at the whole picture, not just case counts. Yes, it is one way that we look at the information. We don't have this information.

Q. Can you confirm the state will bring in McKinsey for testing capacity the same way they were brought in for PPE? Also, If NoVa opens up later, will there be restrictions on people traveling to or from NoVa?

A. Governor: We encourage folks not to travel to other parts of the state. The relationship with Maryland and DC, because it is so dense, went into our decision-making. Encourages individuals where there is a higher prevalence of CV-19 to stay at home, hand washing, etc. We are not restricting them, but encouraging them.

A. Clark Mercer, Chief-of-Staff: Virus does not obey political borders. All our border states are doing different things. People migrate across areas and this is not unique to NoVa. NoVa is collectively bigger than 6 other states. The big 5 jurisdictions had 73% of positive cases this weekend. It is to the point that a responsible Phase 1 must look different in NoVa. YES, we are looking at third parties to help us with testing. No state is doing it by themselves. We have talked to many firms and the health department is working with the Secretary of Finance because we will be using CARES Act money.

Q. Issues getting through to the Virginia Employment Commission. Will there be more staff hired?

A. Dr. Healy: We have lost half of the workforce since the Great Recession. Two call centers are about to come on board and the Grundy call center is soon to come on line. Online capability has ramped up. Try online platform first.

Q. Update on contact tracing workforce and ability to isolate those needing to isolate

A. Dr. Carey: Department has staffed up to 600 at VDH. Want to get to additional 1000 tracers and 200 supervisory folks with public health experience. We are well on our way and aggressively ramp up over the next several weeks to meet these goals. We have increased capacity but need to increase it even more.

Q. Have you considered a mask order as a phased approach to reopening?

A. Governor: Yes, we have required it in restaurants and encouraged it otherwise. We will consider it as a restriction at some point if need be.

Q. Outdoor seating requirement is contradictory to retail establishments that can basically open with no restrictions. When will we know for sure about May 15 date for Phase 1.

A. Will make a ruling on Wednesday. If numbers trend as they have been, especially outside NoVa, the Governor anticipates Phase 1 to come on May 15.

A. Contradictory guidelines being inconsistent. This is a phase. We are hopeful phase 1 will last no more than 2-3 weeks. If comes back to people being comfortable and feeling safe and for employees. Restaurant owners were part of our task force.

Q. Can you speak to the Vincent Martin Virginia Parole Board case and intervention? How long will NoVa delay going into Phase 1 and when will you know and announce it?

A. To be determined after following the trends we've outlined. We will work closely with them. We commend the leadership at all levels for being part of the solution. As soon as we are all comfortable we will move forward. They are anxious to ease restrictions, but they are not there yet.

A. Secretary Moran: Vincent Martin's parole in Richmond police officer killing. Parole Board has determined to put his release on hold. New Chair, Chapman have raised concerns as all have. Now an independent investigation that has begun and the process the Parole Board used in the original determination. An independent review will allow all to move on after the independent investigation is concluded. We all want to make sure that the proper process was followed.

Q. VDH said on Friday that daily numbers include antibody testing. Why are these numbers included and when might they be separated? Are we at a capacity where we won't see cases spike when we start to reopen on Friday? Can we see how many test are serum tests versus molecular tests.

A. Dr. Oliver: There is no CDC guidance on serum/antibody testing. We will look at how and if we can separate out serum tests from molecular test results. We will try to entangle this data.

Clark Mercer: He has asked the team to make sure that we are doing apples to apples with other states. We want to be consistent with our reporting vis-à-vis what other states are doing. We will have guidance coming out via an amended Executive Order. We are more than ready for the rest of the Commonwealth to open up next week. We will have ramped up contact tracers for NoVa when they start their phase 1.

Q. Point prevalence surveys at nursing homes and where they are taking place? Will you provide information that you've learned from this data so we'll have a better idea of cases?

A. Dr. Forlano: We are doing it predominantly at nursing, long-term care, and correctional facilities. We can provide aggregate information. Regarding universal testing is comparable to what is happening in Maryland. That is, identifying who would benefit from a point prevalence survey. They've not turned down any requests.

Q. Those on the front lines concerned about hazard pay when they look at those getting subsidized incomes and unemployment checks? How is Dr. Underwood's department being perceived with the work they are putting forth?

A. Aubrey Layne, Secretary of Finance: The regulations given by the federal guidelines for local government funding says that allowable costs must be directly relatable/responsible for CV-19 virus.

Clark Mercer: Virginia Worker's Compensation Act governs this area. That presumption is provided in the Code of Virginia. If a temporary presumption was to be made for first responders, this would have to come through the legislature, not the Governor.

Q. Any updates for those that can't go back to work?

A. Clark Mercer: There is an adjudication process for those that don't think their workplace is safe. This will play out at the federal level, as well. The feds have asked the state to let them know who in Virginia has refused to go back to work. It is a work in progress. We are aware of it and working through it.

A. Dr. Underwood: The Governor tells folks that this office is the first of the nation. It is unique to Virginia, but all should have a cabinet level position. It is perceived positively. The localities have been excited to partner with her office. The City of Harrisonburg has a pilot program and the City of Richmond program begins tomorrow. Right now there are several localities that want to know more about how they can collaborate. Please look at their website.

Governor: In closing and relating to Mel Leonor's question about Phase 1 and what they are looking for, "we are going into phase 1 because we have been following the data (CDC) and we feel we are at a place where we can safely go into phase 1, with the exception of NoVa. We also have the tools to include more testing. He would not make these decisions unless he has the tool to make sure Virginians are safe. We have been dealing with this virus for two months. It doesn't discriminate. As a doctor he has never seen a more contagious pathogen. Until there is a cure/vaccination we have to be vigilant to protect ourselves, others, and those on the front lines. We need to keep hand washing, social distancing, safer at home.

**Next briefing on Wednesday, May 13th**