ALEXANDRIA HEALTH DEPARTMENT

Communicable Disease Division
4480 King Street
Alexandria, VA 22302
Phone: 703.746.4951
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www.alexandriava.gov/health

Stephen A. Haering, MD, MPH, FACPM
Health Director

HEALTH UPDATE 25

January 4, 2021

Dear Partners in Health,

Please find enclosed in this update:

1. COVID-19 Vaccination for Health Care Personnel
    a. Registration for Healthcare Personnel (HCP) Vaccination Appointments
    b. Post-vaccination vs. COVID-19 Symptoms and Work Restrictions
    c. Becoming a Vaccine Provider
    d. CDC Updates to Vaccine Contraindications and Precautions
2. Considerations When Advising on Quarantine Duration

COVID-19 Vaccination for Health Care Personnel

a. Registration

In case you were missed in the 12/15 e-mail detailing how to register your healthcare organization for COVID-19 vaccination with Alexandria Health Department (AHD), please do the following:

1. Fill out the registration form (https://redcap.link/alxarmor_hcp1a) for your organization as soon as possible; vaccine quantities will be limited at first and we want your employees to have access. If you have questions, please call the AHD hotline on weekdays, from 9am-6pm, at 703.746.4988 or visit our website (https://www.alexandriava.gov/Coronavirus).
2. Within a week of completing the registration form, you will receive an automated email asking you to upload a list of your employees' names and email addresses to a CDC program called VAMS (Vaccine Administration Management System).
3. VAMS will generate emails to your employees asking if they would like to make an appointment to get a vaccine. Adding your employees' names to the system does not obligate them to get the vaccine. Your employees can then sign up for a free appointment through their own VAMS portal. To protect privacy, the employer will not receive information about whether an employee made an appointment or received the vaccine.

If you have previously attempted to register but encountered technical issues, or have not yet received a follow-up invitation from VAMS to sign-up your HCP for appointments, please call our 703.746.4988 for further assistance.

If you need fact sheets to share with HCP wanting more information on the COVID-19, see the following CDC toolkit materials:

- Basic answers about the vaccines: https://www.cdc.gov/vaccines/covid-19/downloads/healthcare-professionals-vaccine-quick-answers.pdf
- mRNA vaccines: https://www.cdc.gov/vaccines/covid-19/downloads/healthcare-professionals-mRNA.pdf

b. Post-Vaccination Work Considerations for HCP Experiencing Side Effects

Post-vaccination side effects can overlap with COVID-19 signs and symptoms. In making determinations about whether a symptomatic HCP should report to work after receiving COVID-19 vaccine, the following is recommended:

HCP with signs and symptoms **NOT consistent with post-vaccination side effects** (e.g. cough, shortness of breath, rhinorrhea, sore throat, loss of taste or smell) should be excluded from work pending evaluation for possible etiologies, including SARS-CoV-2 infection, as appropriate**.** *Criteria for return to work depends on the suspected or confirmed diagnosis.*

HCP with signs and symptoms **consistent with post-vaccination side effects** (e.g. fever, chills, fatigue, headache, myalgias, arthralgias) may return to work without viral testing for SARS-CoV-2 if they**:**

1. Feel well enough and are willing to work and
2. Are afebrile* and
3. Systemic signs and symptoms are limited only to those observed following COVID-19 vaccination (i.e., do **not** have other signs and symptoms of COVID-19 including cough, shortness of breath, sore throat, or change in smell or taste).

If symptomatic HCP return to work, they should be advised to contact occupational health services (or another designated individual) if symptoms are not improving or persist for more than 2 days. Pending further evaluation, they should be excluded from work and viral testing should be considered. If feasible, viral testing could be considered for symptomatic HCP earlier to increase confidence in the cause of their symptoms.

**HCP with fever should, ideally, be excluded from work pending further evaluation, including consideration for SARS-CoV-2 testing. If an infectious etiology is not suspected or confirmed as the source of their fever, they may return to work when they feel well enough.*

*In facilities where critical staffing shortages are anticipated or occurring, HCP with fever and systemic signs and symptoms limited **only** to those observed following vaccination could be considered for work if they feel well enough and are willing. These HCP should be re-evaluated, and viral testing for SARS-CoV-2 considered, if fever does not resolve within 2 days.*

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-healthcare-personnel.html

c. Becoming a Vaccine Provider

If your practice is interested in administering COVID-19 vaccine in Virginia, you will first need to complete a VDH COVID-19 Vaccine Provider Intent Form for each of your shipping locations. (https://apps.vdh.virginia.gov/VERIP/Covid19RegistrationSurvey.aspx).

- VDH will follow-up with next steps once you have submitted your intent form and will send a CDC COVID-19 Vaccination Program Provider Agreement and Profile to providers who want to further commit to administering COVID-19 vaccine.
- Vaccine providers will need to report all doses administered through Virginia Immunization Information System (VIIS), the state's immunization registry, either by connecting their electronic medical records system directly to VIIS or by entering doses administered into the VIIS website. (https://www.vdh.virginia.gov/immunization/viis). Early vaccinators may also need to use the CDC's Vaccine Administration Management System (VAMS) tool.
- Questions can be directed to COVIDVaccineInfo@vdh.virginia.gov. More information about how to order COVID-19 vaccine will be shared as soon as it is available.

d. CDC Updates to COVID-19 Vaccine Contraindications and Precautions - as of December 30, 2020

	MAY PROCEED WITH VACCINATION	PRECAUTION TO VACCINATION	CONTRAINDICATION TO VACCINATION
CONDITIONS	**CONDITIONS** • Immunocompromising conditions • Pregnancy • Lactation **ACTIONS** • Additional information provided* • 15 minute observation period	**CONDITIONS** • Moderate/severe acute illness **ACTIONS** • Risk assessment • Potential deferral of vaccination • 15-minute observation period if vaccinated	**CONDITIONS** • None **ACTIONS** • N/A
ALLERGIES	**ALLERGIES** History of allergies that are unrelated to components of an mRNA COVID-19 vaccine†, other vaccines, injectable therapies, or polysorbate, such as: • Allergy to oral medications (including the oral equivalent of an injectable medication) • History of food, pet, insect, venom, environmental, latex, etc., allergies • Family history of allergies **ACTIONS** • 30-minute observation period: Persons with a history of anaphylaxis (due to any cause) • 15-minute observation period: All other persons	**ALLERGIES** • History of any immediate allergic reaction‡ to vaccines or injectable therapies (except those related to component of mRNA COVID-19 vaccines† or polysorbate, as these are contraindicated) **ACTIONS:** • Risk assessment • Consider deferral of vaccination and/or referral to allergist-immunologist • 30-minute observation period if vaccinated	**ALLERGIES** History of the following are contraindications to receiving either of the mRNA COVID-19 vaccines†: • Severe allergic reaction (e.g., anaphylaxis) after a previous dose of an mRNA COVID-19 vaccine or any of its components • Immediate allergic reaction‡ of any severity to a previous dose of an mRNA COVID-19 vaccine or any of its components^ (including polyethylene glycol)# • Immediate allergic reaction of any severity to polysorbate^# **ACTIONS** • Do not vaccinate# • Consider referral to allergist-immunologist

** See Special Populations section for information on patient counseling in these groups*

† Refers only to mRNA COVID-19 vaccines currently authorized in the United States (i.e., Pfizer-BioNTech, Moderna COVID-19 vaccines)

‡ Immediate allergic reaction to a vaccine or medication is defined as any hypersensitivity-related signs or symptoms consistent with urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration. See Appendix C in the source link below (and at the end of this letter) for additional information on potential characteristics of allergic reactions, vasovagal reactions, and vaccine side effects following mRNA COVID-19 vaccination.

^ See Appendix B in the source link below for a list of ingredients. Note: Polyethylene glycol (PEG), an ingredient in both mRNA COVID-19 vaccines, is structurally related to polysorbate and cross-reactive hypersensitivity between these compounds may occur.

 # These persons should not receive mRNA COVID-19 vaccination at this time unless they have been evaluated by an allergist-immunologist and it is determined that the person can safely receive the vaccine (e.g., under observation, in a setting with advanced medical care available)

NOTE: HCP with an acute COVID-19 infection or close contact to a COVID-19 case should delay vaccination until after completion of their isolation/quarantine period.

Source: https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fpfizer%2Fclinical-considerations.html

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Considerations When Advising on Quarantine

As your staff and patients return from the holidays, please consider the exposure risk levels of their activities and gatherings in the 14 days prior, along with the vulnerabilities of the locations they will be returning to (e.g. daycare, congregate settings, health care settings), when making quarantine recommendations. Our region continues to see substantial community transmission, hence, just you would for travel-related high-risk exposures, consider quarantining staff with high-risk local exposures.

Due to substantial transmission in the community, **please remind your staff that physical distancing and mask use apply not only between self and patients, but also among co-workers during working hours, during breaks, and outside of work.** If staff must remove their facemask, for example, in order to eat or drink, they should separate themselves from others. Staff also need to be mindful of these public health precautions in their social/personal lives in order to prevent transmission in the workplace.

For known exposures, VDH and CDC continue to recommend a 14-day quarantine period after the last close contact to a person with COVID-19 as the safest option to protect HCP and patients. Any quarantine shorter than 14 days balances reduced burden against a small possibility of spreading the virus. For healthcare facilities that may be experiencing staffing shortages due to COVID-19, CDC previously issued guidance that permits healthcare facilities to implement strategies to Mitigate Healthcare Personnel Staffing Shortages. These strategies include allowing asymptomatic exposed HCP to work before the end of the 14-day quarantine.

As a last resort, if a healthcare facility needs to mitigate a staffing shortage by allowing asymptomatic exposed HCP to work during the 14-day period post-exposure,

- Quarantine can end after Day 10 without testing and if no symptoms have developed; OR
- Quarantine can end after Day 7 if a viral test (e.g., PCR or antigen test) performed on or after Day 5 is negative and if no symptoms have developed.

To the extent possible, please refrain from shortening quarantine in situations where patients or HCP might introduce COVID-19 into congregate settings (e.g. daycares) or to vulnerable individuals.

Source: https://www.vdh.virginia.gov/content/uploads/sites/182/2020/12/VDH-Interim-Recommendations-for-Quarantine-Duration-of-HCP_12.15.2020_Final.pdf

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Thank you for all that you do to protect and promote the health and well-being of our community

For more information on COVID-19:
www.cdc.gov/coronavirus
https://www.alexandriava.gov/Health
http://www.vdh.virginia.gov/surveillance-and-investigation/novel-coronavirus/

Sincerely,

Kim Luk, MD, MPH
Medical Director
Alexandria Health Department

Anne Gaddy, MD, MPH
Deputy Health Director
Alexandria Health Department

Potential characteristics of allergic reactions, vasovagal reactions, and vaccine side effects following mRNA COVID-19 vaccination

Characteristic	Immediate allergic reactions (including anaphylaxis)	Vasovagal reaction	Vaccine side effects (local and systemic)
Timing after vaccination	Most occur within 15-30 minutes of vaccination	Most occur within 15 minutes	Median of 1 to 3 days after vaccination (with most occurring day after vaccination)
Signs and symptoms			
Constitutional	Feeling of impending doom	Feeling warm or cold	Fever, chills, fatigue
Cutaneous	Skin symptoms present in ~90% of people with anaphylaxis, including pruritus, urticaria, flushing, angioedema	Pallor, diaphoresis, clammy skin, sensation of facial warmth	Pain, erythema or swelling at injection site; lymphadenopathy in same arm as vaccination
Neurologic	Confusion, disorientation, dizziness, lightheadedness, weakness, loss of consciousness	Dizziness, lightheadedness, syncope (often after prodromal symptoms for a few seconds or minutes), weakness, changes in vision (such as spots of flickering lights, tunnel vision), changes in hearing	Headache
Respiratory	Shortness of breath, wheezing, bronchospasm, stridor, hypoxia	Variable; if accompanied by anxiety, may have an elevated respiratory rate	N/A
Cardiovascular	Hypotension, tachycardia	Variable; may have hypotension or bradycardia during syncopal event	N/A
Gastrointestinal	Nausea, vomiting, abdominal cramps, diarrhea	Nausea, vomiting	Vomiting or diarrhea may occur
Musculoskeletal	N/A	N/A	Myalgia, arthralgia
Vaccine recommendations			
Recommended to receive 2nd dose of mRNA COVID-19 vaccine?	No	Yes	Yes

Source: https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fpfizer%2Fclinical-considerations.html

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Anne Gaddy, MD, MPH
Acting Health Director

HEALTH ADVISORY: CDC and FDA are recommending a pause in the use of the J&J COVID-19 vaccine

April 13, 2021

On April 13, 2021, the CDC and FDA issued updated guidance regarding the administration of the COVID-19 Johnson & Johnson vaccine (Janssen) due to six U.S. cases of a rare adverse event following the administration of this vaccine. These six events included a report of a blood clot called cerebral venous sinus thrombosis (CVST) in combination with low levels of blood platelets (thrombocytopenia). All six cases occurred among woman aged 18-48 and symptom onset ranged from 6-13 days post vaccination. When these types of blood clots are observed following Johnson and Johnson vaccine administration, recommended treatment is different from the typical treatment for blood clots. Studies conducted in Europe following the administration of the AstraZeneca COVID-19 vaccine show that the pathogenesis of similar adverse events may be due to platelet-activating antibodies against platelet factor-4 (PF4). **Heparin may be harmful and different treatments should be considered in patients that have recently received the Johnson & Johnson COVID-19 vaccine.**

The CDC and FDA will review and analyze all relevant data but until that process is complete, they are recommending a pause in the use of the J&J COVID-19 vaccine out of an abundance of caution.

Here are some recommendations to keep in mind as you continue your daily practice:

1. Pause the use of the J&J COVID-19 vaccine until further notice.
2. **Maintain a high index of suspicion for symptoms** that might represent serious thrombotic events or thrombocytopenia in patients who have recently received the J&J COVID-19 vaccine: including **severe headache, backache, new neurologic symptoms, severe abdominal pain, shortness of breath, leg swelling, petechiae (tiny red spots on the skin), or new or easy bruising**. Obtain platelet counts and screen for evidence of immune thrombotic thrombocytopenia.
3. In patients with a thrombotic event and thrombocytopenia after the J&J COVID-19 vaccine, evaluate initially with a screening PF4 enzyme-linked immunosorbent (ELISA) assay as would be performed for autoimmune HIT. Consultation with a hematologist is strongly recommended.
4. **Do not treat patients with thrombotic events and thrombocytopenia following receipt of J&J COVID-19 vaccine with heparin**, unless HIT testing is negative.
5. If HIT testing is positive or unable to be performed in patient with thrombotic events and thrombocytopenia following receipt of J&J COVID-19 vaccine, non-heparin anticoagulants and high-dose intravenous immune globulin should be strongly considered.
6. Report adverse events to VAERS, including serious and life-threatening adverse events and deaths in patients following receipt of COVID-19 vaccines. https://vaers.hhs.gov/reportevent.html

Please do not refer patients experiencing any of these types of symptoms to their original vaccination site, but please evaluate them and report any suspected adverse events to VAERS. For more information, see the CDC HAN Alert https://emergency.cdc.gov/han/2021/han00442.asp

Anne Gaddy, MD, MPH Acting Health Director, Alexandria Health Department

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Stephen A. Haering, MD, MPH, FACPM
Health Director

HEALTH UPDATE 27 – May 5, 2021

Dear Partners in Health,

Please find enclosed in this update:

1. COVID-19 vaccination opportunities - open scheduling and walk-in referral options
2. Johnson & Johnson (Janssen) COVID-19 vaccine considerations
3. Vaccine hesitancy educational materials

COVID-19 Vaccination Opportunities

Dear City of Alexandria Healthcare Providers,

After several weeks of Phase Two COVID-19 vaccination campaigns, all who have pre-registered for vaccines in the City of Alexandria have now been offered the opportunity to receive vaccines. COVID-19 vaccines are now widely available in Alexandria, and both the Alexandria Health Department and some partnering vaccine providers have moved into direct scheduling and walk-in vaccine clinics. Patients no longer need to pre-register and can find available appointments online or over the phone.

Vaccine Events

If your practice is not enrolled as a vaccine provider, and still has patients seeking COVID-19 vaccines, we would like to introduce to you the Alexandria vaccines page (alexandriava.gov/vaccines/), which displays upcoming COVID-19 vaccine events, direct appointment-making opportunities, and event details for walk-in opportunities. Over the next weeks, we will be dispatching outreach workers throughout the city, including to your practices, to deliver information cards with the above website for ease of information distribution/referrals-making. The vaccine events website flyer is also attached.

Vaccine Provider Enrollment

Alternatively, if your practice is now interested in becoming a COVID-19 vaccine provider, we encourage you to apply as soon as you are able. There are multiple layers to the application process, and it may take several weeks to months to complete enrollment.

Vaccine provider enrollment begins with the state (Virginia Department of Health, VDH). Once your practice has been approved by VDH and CDC, and they have confirmed your vaccine storage and data reporting methods are functional, they will then send a message to me at the local level, and I will reach out to you directly to begin the onboarding process. Currently, vaccine doses are allocated at the local level, but eventually, direct provider to state ordering may be possible. I will walk you through specifics of that process during our onboarding conversation.

Please review the attached Provider Enrollment Process Flow Map / Checklist to ensure you've completed necessary steps in the VDH Provider Enrollment process. The provider enrollment landing page is located at: https://www.vdh.virginia.gov/covid-19-vaccine/healthcare-professionals/#penroll

For assistance related to the enrollment process, please direct questions to COVIDVaccineInfo@vdh.virginia.gov. For VIIS-specific questions, please contact the VIIS Help Desk at 1-866-375-9795 or viis_helpdesk@vdh.virginia.gov.

If you have previously applied but have not heard back from VDH, please reach out to me at 703-746-4935 or kim.luk@vdh.virginia.gov and I can inquire on the status of your provider enrollment application.

Johnson & Johnson (Janssen) COVID-19 Vaccine Considerations

- CDC and the U.S. Food and Drug Administration (FDA) recommend use of Johnson & Johnson's Janssen (J&J/Janssen) COVID-19 Vaccine resume in the United States, after a temporary pause.
- Reports of adverse events following the use of J&J/Janssen vaccine suggest an increased risk of a rare adverse event called thrombosis with thrombocytopenia syndrome (TTS). Nearly all reports of this serious condition, which involves blood clots with low platelets, have been in adult women younger than 50 years old.
- A review of all available data at this time shows that the J&J/Janssen COVID-19 Vaccine's known and potential benefits outweigh its known and potential risks.
- However, women younger than 50 years old especially should be aware of the rare but increased risk of this adverse event and that there are other COVID-19 vaccine options available for which this risk has not been seen.
- Although the etiology of TTS associated with the Janssen COVID-19 vaccine is unclear, it appears to be similar to another rare immune-mediated syndrome, heparin-induced thrombocytopenia (HIT). Until more information becomes available, experts advise that persons with a history of an episode of an immune-mediated syndrome characterized by thrombosis and thrombocytopenia, such as HIT, should be offered another FDA-authorized COVID-19 vaccine (i.e., mRNA vaccine) if they are within at least 90-180 days after resolution of their illness.
- Venous thromboembolism (VTE), defined as deep vein thrombosis, pulmonary embolism, or both, are common. The biologic mechanisms for VTE (as well as arterial thrombi) differ from the underlying immune-mediated mechanism for HIT. Based on current knowledge, experts believe that people with risk factors for VTE (e.g., inherited or acquired thrombophilia including Factor V Leiden, prothrombin gene 20210A mutation, antiphospholipid syndrome, protein C, protein S or antithrombin deficiency), or a prior history of other types of thromboses (including cerebral venous sinus thrombosis [CVST]) not associated with thrombocytopenia are unlikely to be at increased risk for TTS. Likewise, although the risk of thrombosis is increased during pregnancy and the postpartum period, and with certain hormonal contraceptives (e.g., combined oral contraceptives, patch, and ring), experts believe that these factors do not make people more susceptible to TTS after receipt of the Janssen COVID-19 vaccine. These people can receive any FDA-authorized vaccine, including the Janssen COVID-19 vaccine.
- Talking to Patients about the Safety of Janssen COVID-19 Vaccine (fact sheet)

Vaccine Hesitancy

Please find the following vaccine hesitancy educational materials attached. We hope you'll find these helpful in your clinics.

- The truth about COVID-19 vaccines (English and Spanish)
- Why should I get the COVID-19 vaccine? (English and Spanish)
- Free COVID-19 vaccines events flyer (English and Spanish)
- Is the J&J COVID-19 Vaccine Safe? (English and Spanish)

Thank you for all that you do to continuously protect and promote the health and well-being of our community.

Sincerely,

Kim Luk, MD, MPH
Medical Director
Alexandria Health Department

Anne Gaddy, MD, MPH
Deputy Director
Acting Health Director
Alexandria Health Department

No ID or Insurance Required

FREE COVID-19 VACCINES

ARE AVAILABLE NOW!

Getting vaccinated will help protect you and your community from getting COVID-19.

SIGN UP AT

alexandriava.gov/Vaccines

OR CALL

703.746.4988

VDH VIRGINIA DEPARTMENT OF HEALTH

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No se requiere identificación ni seguro

¡LAS VACUNAS COVID-19 GRATUITAS

YA ESTÁN DISPONIBLES!

Vacunarse ayudará a protegerlo a usted y a su comunidad de contraer COVID-19.

REGÍSTRESE HOY EN
alexandriava.gov/Vaccines

O LLAME AL
703.746.4988

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Is the J&J COVID-19 vaccine safe

The Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA) have **lifted the temporary pause** on the use of the Johnson & Johnson (J&J) COVID-19 vaccine after a **thorough safety review**.

What We Know

- The **Virginia Department of Health** (VDH) is following the CDC and FDA guidance to **resume use** of the J&J vaccine.
- The CDC and FDA have confidence that this vaccine is **safe and effective** at preventing COVID-19.
- The vaccine's **known and potential benefits outweigh** its known and potential risks in people aged 18 years and older.
- Data suggest the chance of developing blood clots with low levels of platelets (thrombosis with thrombocytopenia)* is **very low**.
- The CDC and FDA will **remain vigilant**.
- Vaccinations are an **important tool to control the pandemic** and all 3 COVID-19 vaccines are safe and effective.

Other factors considered in evaluating the risks and benefits of resuming use of the J&J vaccine included:

- **Recent trends** in COVID-19 cases in the U.S. and around the world
- **Variants** circulating in the U.S.
- **Hospitalizations and deaths** associated with COVID-19
- **Equity** of obtaining the vaccine

*__Women younger than 50 years of age__ should be aware of the rare but increased risk of this adverse event. There are other COVID-19 vaccine **options available** for which this risk has not been seen.

Sign up for **your** free COVID-19 vaccine at **Vaccinate.Virginia.gov** or call **877-VAX-IN-VA (877-829-4682)**.

VDH VIRGINIA DEPARTMENT OF HEALTH

Vacuna contra el COVID-19 de J&J, ¿es segura?

Tras una exhaustiva revisión de seguridad, los Centros para el Control y la Prevención de Enfermedades (CDC) y la Administración de Drogas y Alimentos de los EE. UU. (FDA) **levantaron la pausa temporal** colocada sobre el uso de la vacuna contra el COVID-19 de Johnson & Johnson (J&J).

Lo que sabemos

- El **Departamento de Salud de Virginia** (VDH) está siguiendo las pautas de los CDC y de la FDA para **reanudar el uso** de la vacuna de J&J.
- Los CDC y la FDA confían en que esta vacuna es **segura y eficaz** para prevenir el COVID-19.
- Los beneficios **conocidos y potenciales** de la vacuna **superan** sus riesgos conocidos y potenciales en personas mayores de 18 años.
- Los datos sugieren que la probabilidad de desarrollar coágulos sanguíneos con niveles bajos de plaquetas (trombosis con trombocitopenia)* es **muy baja.**
- Los CDC y la FDA **permanecerán atentos.**
- Las vacunas contra el COVID-19 son una **herramienta importante a la hora de controlar la pandemia** y las 3 marcas disponibles son seguras y eficaces.

Otros factores considerados al evaluar los riesgos y los beneficios de reanudar el uso de la vacuna de J&J incluyeron:

- **Tendencias recientes** en cuanto a casos de COVID-19 en los EE. UU. y en todo el mundo
- **Variantes** que circulan en EE. UU.
- **Hospitalizaciones y muertes** asociadas con COVID-19
- **Equidad** en cuanto a la administración de la vacuna

***Las mujeres menores de 50 años** deben estar al tanto del riesgo poco común pero mayor de este evento adverso. Existen otras **opciones** de vacuna contra el COVID-19 **disponibles** para las que no se ha observado este riesgo.

Inscríbete para recibir **gratis** tu vacuna contra el COVID-19 en **Vaccinate.Virginia.gov** o llama al **877-VAX-IN-VA (877-829-4682).**

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VACCINATION MYTHBUSTERS

VDH VIRGINIA DEPARTMENT OF HEALTH

THE TRUTH ABOUT COVID-19 VACCINES

FDA-authorized COVID-19 vaccines will NOT affect or hurt the fertility or the ability to become a parent for anyone, regardless of gender identity, race or ethnicity.

The vaccines will NOT cause sterility or contribute to sterility, regardless of gender identity, race or ethnicity.

The authorized vaccines will **NOT give anyone COVID-19**, nor will they make anyone more susceptible to getting sick from COVID-19.

FDA-authorized vaccines will **NOT affect the DNA** or alter the DNA of anyone, regardless of race or ethnicity.

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Schedule your vaccination today!

alexandriava.gov/Vaccines

COVID-19 Hotline: 703.746.4988

DESTERRANDO MITOS
SOBRE LA VACUNACIÓN

VDH VIRGINIA DEPARTMENT OF HEALTH

LA VERDAD SOBRE LAS VACUNAS COVID-19

Las vacunas contra el COVID-19 autorizadas por la FDA n**o afectan ni dañan la fertilidad** ni la posibilidad de ser padres, más allá de la identidad de género, raza o etnia.

Las vacunas **no causan esterilidad** contribuyen con la esterilidad más allá de la identidad de género, raza o etnia.

Las vacunas autorizadas **NO infectan de COVID-19** a nadie, ni tampoco hacen que seas más susceptible a enfermarte por COVID-19.

Las vacunas contra el COVID-19 autorizadas por la FDA **no afectan ni alteran el ADN** de nadie,más allá de la raza o etnia. L

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¡Programe su vacunación hoy!

alexandriava.gov/Vaccines

Se habla Español: 703.746.4988

WHY SHOULD I GET THE COVID-19 VACCINE?

BECAUSE IT'S EFFECTIVE

In clinical trials of more than 40,000 people who varied in age, race, gender, and health condition, the Pfizer and Moderna vaccines were more than 90% effective at preventing COVID-19. The vaccines do not contain live virus cells and cannot infect you with COVID-19.

BECAUSE IT'S FREE

The vaccine will be available at no cost to every person in the U.S. (although some providers may charge an administrative fee). Over time, it will be offered in multiple locations to ensure anyone who wants the vaccine can get it, including primary care providers, public health clinics and pharmacies.

BECAUSE EVERYONE IN YOUR CIRCLE WILL BE SAFER

Young or healthy adults may think they don't need the vaccine because their risk of serious illness is low. If you become infected you may expose more vulnerable people to the virus, so getting vaccinated has a positive ripple effect that helps protect loved ones, coworkers and neighbors.

BECAUSE ENDING THE PANDEMIC DEPENDS ON MOST OF US GETTING VACCINATED

Experts do not yet know the percentage of immune people needed for herd immunity, which is the point when so many people are protected that the virus can't spread. However, without widespread vaccination, reaching this point could take years, resulting in many more deaths.

BECAUSE THE COVID-19 VACCINE FIGHTS MORE THAN JUST THE VIRUS

The pandemic has taken a toll on many aspects of our lives. Widespread vaccination also fights the impacts of the pandemic, including unemployment, loss of housing, hunger, loneliness and drug overdose. It helps return children to school, brings families back into balance and reduces risks of violence. As a result, it fights for communities that have been hit hardest by COVID-19, including our elders and Black, Latino, undocumented and tribal communities.

1.7.21

¿POR QUÉ DEBERÍA RECIBIR LA VACUNA CONTRA EL COVID-19?

PORQUE ES EFICAZ

En ensayos clínicos de más de 40 000 personas, que variaban en edad, raza, sexo y afección médica, las vacunas de Pfizer y Moderna fueron más eficaces para prevenir la COVID-19 en un 90 %. Las vacunas no contienen células de virus vivos y no pueden infectarlo con coronavirus.

PORQUE ES GRATIS

La vacuna estará disponible sin costo para todas las personas en EE. UU. (aunque algunos proveedores pueden cobrar una tarifa administrativa). Con el tiempo, se ofrecerá en diversos lugares para garantizar que cualquier persona que desee vacunarse pueda hacerlo, incluidos los proveedores de atención primaria, el personal de clínicas de salud pública y los empleados de farmacias.

PORQUE TODOS EN SU ENTORNO ESTARÁN MÁS SEGUROS

Los adultos jóvenes o sanos pueden pensar que no es necesario vacunarse porque su riesgo de padecer una enfermedad grave es bajo. Si se infecta, puede exponer a las personas más vulnerables al virus, por lo tanto, vacunarse tiene un efecto dominó positivo que ayuda a proteger a sus seres queridos, compañeros de trabajo y vecinos.

PORQUE TERMINAR CON LA PANDEMIA DEPENDE DE QUE LA MAYORÍA DE NOSOTROS RECIBA LA VACUNA

Los expertos aún no conocen el porcentaje de personas inmunes que se necesita para que haya inmunidad colectiva, que es el punto en el que se protege a tanta gente que el virus no puede propagarse. Sin embargo, sin la vacunación generalizada, alcanzar este punto podría llevar años, lo que ocasionaría muchas más muertes.

PORQUE LA VACUNA CONTRA LA COVID-19 COMBATE MÁS QUE SOLO EL VIRUS

La pandemia ha afectado muchos aspectos de nuestras vidas. La vacunación generalizada también combate los impactos de la pandemia, que incluyen el desempleo, la pérdida de vivienda, el hambre, la soledad y la sobredosis de drogas. Ayuda a que los niños regresen a la escuela, devuelve el equilibrio a las familias y reduce los riesgos de violencia. Como resultado, lucha por las comunidades que han estado más afectadas por la COVID-19, incluidos nuestros ancianos, las personas de color, los Latinos, los indocumentados y las comunidades tribales.

1.15.21

COMMONWEALTH of VIRGINIA
Department of Health

M. NORMAN OLIVER, MD, MA
STATE HEALTH COMMISSIONER

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TTY 7-1-1 OR
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COVID-19 Update for Virginia

May 14, 2021

Dear Colleague:

Thank you for your partnership in responding to the COVID-19 pandemic for over a year now. Please visit the Virginia Department of Health (VDH) website for current guidance, epidemiologic data, and information. The following updates are included here:

- **Updated CDC Guidance for Fully Vaccinated People**
- **Pfizer-BioNTech COVID-19 Authorized and Recommended for 12-15 Year Olds**
- **Importance of Not Missing COVID-19 Vaccination Opportunities**
- **Importance of Second Dose Administration of Pfizer-BioNTech and Moderna Vaccines**
- **Upcoming Webinar with a Pediatric COVID-19 Vaccination Expert Panel**
- **Importance of Testing Returning International Travelers and Encouraging Quarantine**

Updated CDC Guidance for Fully Vaccinated People

On May 13, CDC updated Interim Public Health Recommendations for Fully Vaccinated People. A growing body of evidence suggests that fully vaccinated people are less likely to have asymptomatic infection and less likely to spread the SARS-CoV-2 virus. Fully vaccinated people no longer need to wear a mask or physically distance in any setting, except where required by federal, state, or local rules and regulations, including local businesses and workplaces. This guidance does not apply to healthcare settings, correctional facilities, or homeless shelters. Guidance for residents and staff of healthcare settings can be found in the Updated Healthcare Infection Prevention Control Recommendations in Response to COVID-19 Vaccination. People who have a condition or are taking medications that weaken the immune system are advised to talk to their healthcare provider to discuss their activities; they may need to keep taking all precautions to prevent COVID-19.

VDH plans to adopt the CDC masking recommendations once they have been fully reviewed. Governor Northam's 7th amended Executive Order 72 is set to take effect on May 15; please monitor the Governor's Executive Action webpage to remain abreast of any changes, including those that may be related to masking requirements. As a reminder, until a person is fully vaccinated, they should continue to follow all precautions that are recommended by public health.

Pfizer-BioNTech COVID-19 Authorized and Recommended for 12–15 Year Olds

On May 10, the U.S. Food and Drug Administration (FDA) expanded the emergency use authorization (EUA) for the Pfizer-BioNTech COVID-19 Vaccine to include adolescents 12 –15 years of age. The FDA determined that the known and potential benefits of this vaccine in individuals 12 year of age and older outweigh the known and potential risks. The available safety data support the EUA in this age group.

On May 12, CDC's Advisory Committee on Immunization Practices (ACIP) met to review the safety, immunogenicity, and efficacy of the Pfizer-BioNTech vaccine in people 12–15 years old. They also discussed clinical considerations and implementation of this vaccine in adolescents. ACIP voted to support use of this vaccine in individuals 12 years of age and older and CDC adopted these recommendations.

ACIP also concluded that COVID-19 vaccines (Pfizer-BioNTech, Moderna, and Janssen (Johnson & Johnson)) and other vaccines may now be administered without regard to timing. This includes simultaneous administration of COVID-19 vaccines and other vaccines on the same day. ACIP's recommendations and CDC's updated clinical considerations guidance were published today.

Importance of Not Missing COVID-19 Vaccination Opportunities

Now that we have ample supply of COVID-19 vaccine in Virginia, our strategy has shifted to making access to COVID-19 vaccine as easy as possible and to addressing concerns among Virginians who remain hesitant to get vaccinated. It is critical not to miss a single opportunity to administer a vaccine. You are the most trusted resource for your patients in making health decisions. Your strong recommendation to get a COVID-19 vaccine is one of the most important factors in your patients' decision to accept vaccination. I encourage you to make every effort to vaccinate every eligible patient you serve. Tell your patients how important getting the COVID-19 vaccine is to protect their health, as well as the health of their family and friends.

Given this goal, it is acceptable to open a multi-use vial without a guarantee that you can use all doses contained within it. It is no longer imperative that you use every dose of vaccine the week you receive it. It is acceptable to have multiple weeks of inventory on hand as long as all manufacturer specifications for storage and handling are followed.

Importance of Second Dose Administration of Pfizer-BioNTech and Moderna Vaccines

Some Virginians have not returned for their second dose of Pfizer-BioNTech or Moderna vaccine. Although this could be happening for a variety of reasons, it is important that we make it as easy and convenient as possible for everyone receiving a two-dose vaccine to receive the second dose so they can get the full protection available.

Please be flexible in accommodating second-dose needs. Try to schedule each person's second-dose appointment when they receive their first dose. If that is not possible, make sure they understand that they can receive that second dose anywhere that offers that vaccine. If they cannot find a second-dose appointment at either vaccinate.virginia.gov or by calling 877-VAX-IN-VA (877-829-4682), they can email 2ndvaxdose@vdh.virginia.gov and VDH will find an appointment for them.

Upcoming Webinar with a Pediatric COVID-19 Vaccination Expert Panel

All providers are invited to join a webinar on May 18 from 12:15 to 1:15 PM featuring a Pediatric COVID-19 Vaccination Expert Panel to answer your questions. Additional information is available here.

Importance of Testing Returning International Travelers and Encouraging Quarantine

Air passengers entering the United States are required to have a negative COVID-19 test result or documentation of recovery from COVID-19 before they board a flight to the United States. It is also important to test returned travelers three to five days after travel and to encourage them to stay home and quarantine for seven days after travel. If they do not get tested, they should stay home and quarantine for ten days. International travelers who are fully vaccinated should still be tested, but they do not have to quarantine.

I appreciate the many sacrifices healthcare workers have made to protect Virginians from COVID-19. The excess morbidity and mortality is not only tragic but puts a significant strain on healthcare professionals, practices, hospitals, and fatality management professionals. For the Office of the Chief Medical Examiner, the excess cases represented an additional 1,592 deaths managed by the statewide system, a 21.5% increase from 2019, further stressing an already overworked system. I appreciate their efforts.

I am thankful for the recent decrease in COVID-19 cases in Virginia and hopeful that with your help we can vaccinate enough Virginians to get us to a new normal. Please continue to contact your local health department if you have questions about COVID-19.

Sincerely,

M. Norman Oliver, MD, MA

State Health Commissioner

A version of this letter is available on the VDH Resources for Health Care Professionals web page.

ALEXANDRIA HEALTH DEPARTMENT

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Anne Gaddy, MD, MPH
Acting Health Director

HEALTH ADVISORY: Increased Interseasonal Respiratory Syncytial Virus (RSV) Activity in Parts of the Southern US

June 14, 2021

On June 10, 2021, the CDC issued a health advisory to notify clinicians and caregivers for unseasonably high RSV activity. RSV can cause severe disease in both children and older adults. Due to reduced circulation of RSV during the winter months of 2020–2021, older infants and toddlers might now be at increased risk of severe RSV-associated illness since they have likely not had typical levels of exposure to RSV during the past 15 months. CDC encourages broader testing for RSV among patients presenting with acute respiratory illness who test negative for SARS-CoV-2, the virus that causes COVID-19.

Symptoms and Clinical Presentation of RSV by Age Group:

Infants < 6 months	Older Infants and Young Children	Adults
Irritability, poor feeding, lethargy, and/or apnea with or without fever	Rhinorrhea and decreased appetite may appear one to three days before cough, often followed by sneezing, fever, and sometimes wheezing	Upper respiratory tract infections, including rhinorrhea, pharyngitis, cough, headache, fatigue, and fever

Although the alert is focused on parts of the Southern US, HHS Region 3 which includes Virginia has also seen an increase in RSV detections in recent weeks (Figures 1 and 2).

Figure 1: RSV antigen for HHS Region 3 (3 week average) from 6/6/2020 to 6/14/2021

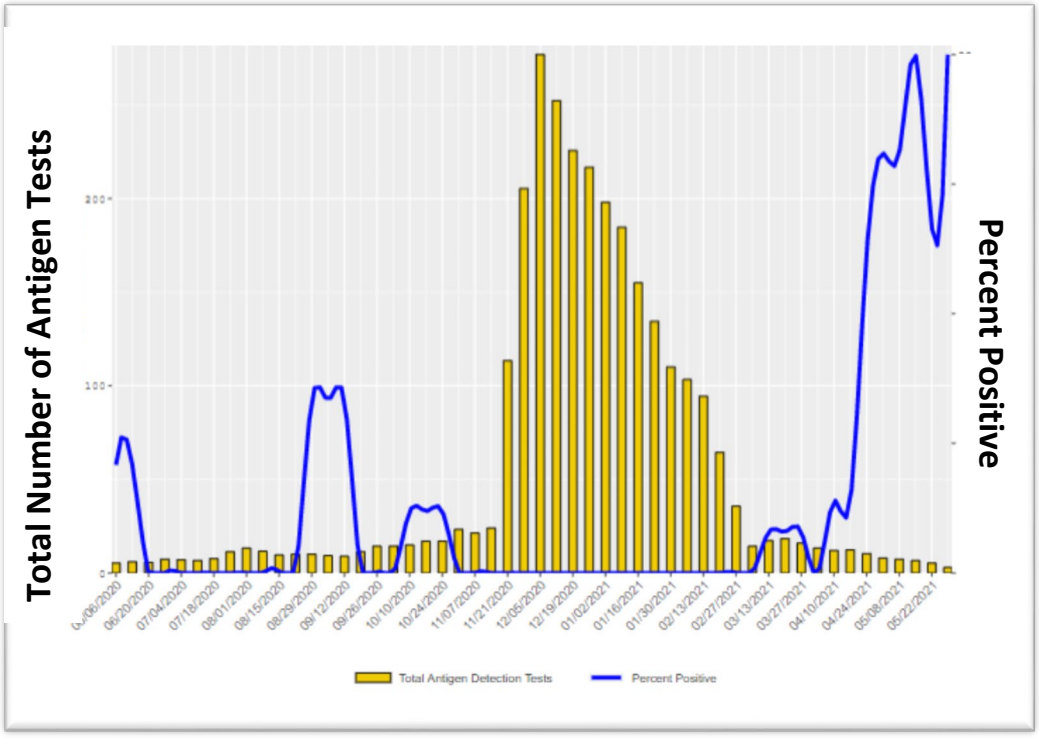
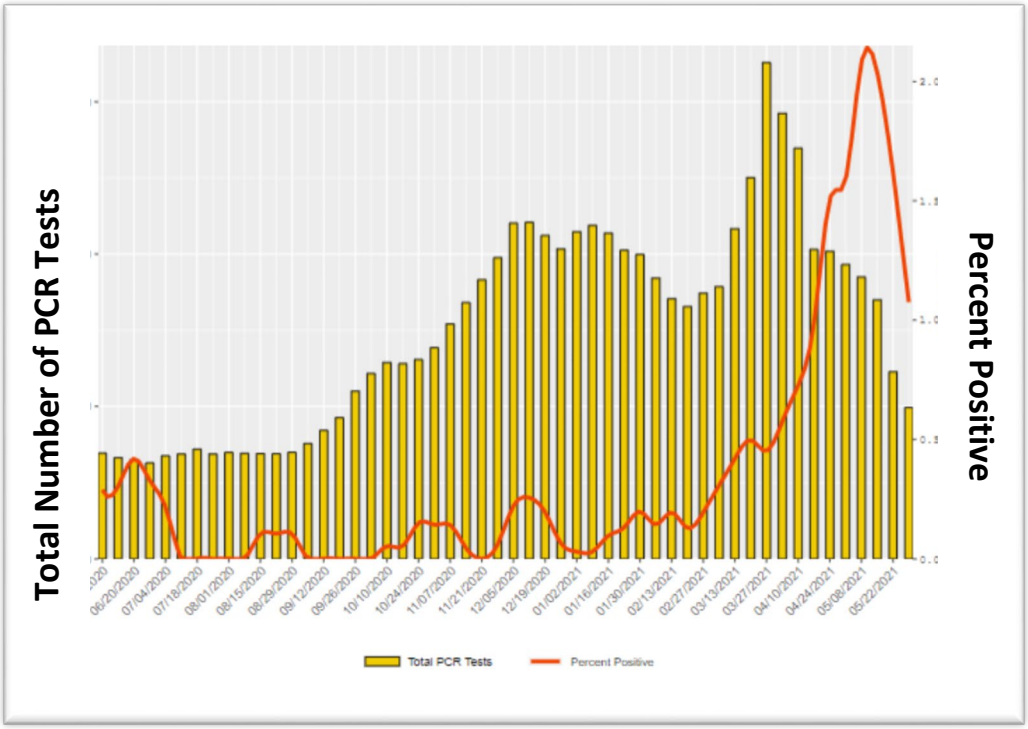


Figure 2: RSV PCR for HHS Region 3 (3 week average) from 6/6/2020 to 6/14/2021



Recommendations for Providers:

1. Be aware of the typical clinical presentation of RSV for different age groups
2. **Consider testing for RSV in patients that have tested negative for SARS-CoV-2.** Real time reverse transcription PCR is the preferred method for testing for respiratory viruses.
3. **Report lab confirmed RSV cases and suspected clusters of severe respiratory illness** to the Alexandria Health Department by calling**:** 703-746-4951
4. Healthcare personnel, childcare providers, and staff of long term care facilities should avoid reporting to work while acutely ill-even if they test negative for SARS-CoV-2
5. Clinicians can review weekly updates to the NREVSS website and refer to surveillance data collected by local hospitals and health departments for information on RSV circulation trends in their area.

For more information, see the CDC HAN Alert443
https://emergency.cdc.gov/han/2021/han00443.asp

Anne Gaddy, MD, MPH Acting Health Director, Alexandria Health Department

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Anne Gaddy, MD, MPH
Acting Health Director

HEALTH ADVISORY: Multistate Investigation of Non-travel Associated Burkholderia pseudomallei Infections (Melioidosis)

July 12, 2021

On June 30, the CDC issued a health advisory to notify clinicians of three cases of Burkholderia pseudomallei (meliodosis) infections identified in Kansas, Texas, and Minnesota. We are asking for your vigilance in identifying additional cases. B.pseudomallei is most commonly found in soil and water in tropical climates. Mortality varies depending on disease severity and clinical presentation, with case fatality ranging between 10-50%. Since March 2021, 3 cases have been identified; 1 was fatal. None of the cases reported a history of traveling outside of the continental United States.

Melioidosis symptoms are nonspecific may include:

• Pneumonia	• Swelling	• Fever	• Ulceration	• Abscess
• Cough	• Chest pain	• Headache	• Anorexia	• Nausea
• Abdominal discomfort	• Joint pain	• Disorientation	• Weight loss	• Stomach pain
• Muscle or joint pain	• seizures	• Respiratory distress	• Rash on trunk, abdomen and face	

For more information, see the CDC HAN Alert444 https://emergency.cdc.gov/han/2021/han00444.asp

We are asking providers to:

1) Recognize: Consider melioidosis in patients with a compatible illness even if they do not have a travel history to a disease-endemic country. Early recognition is key to preventing sepsis, severe pneumonia and abscesses.
- Due to its nonspecific symptoms, melioidosis can initially be mistaken for other diseases such as tuberculosis, and proper treatment may be delayed.

2) Detect: Culture of *B. pseudomallei* from any clinical specimen (Blood, urine, when relevant respiratory, abscesses or wound swabs) is considered diagnostic for melioidosis. Advise the laboratory *to follow appropriate biosafety precautions.*
- Laboratory testing involving automated identification algorithms (e.g., MALDI-TOF, 16s, VITEK-2) may misidentify *B. pseudomallei* as another bacterium. The isolate from the Texas case was initially misidentified as *B.thailandensis* by MALDI-TOF. Consider re-evaluating patients with compatible clinical presentation.

3) Treat: Empirical antibiotics used for suspected bacterial sepsis or community acquired pneumonia may not provide adequate coverage for B. *pseudomallei.*
- **Treatment** consists of IV antibiotics (i.e., ceftazidime or meropenem) for at least two weeks followed by oral trimethoprim-sulfamethoxazole (TMP/SMX) for 3-6 months to prevent relapse.

4) Report: If *B. pseudomallei* is identified or an organism is suspicious for *B. pseudomallei,* contact AHD at 703.746.4951 immediately

Anne Gaddy, MD, MPH Acting Health Director, Alexandria Health Department

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Anne Gaddy, MD, MPH
Acting Health Director

HEALTH UPDATE 29 – August 6, 2021

Dear Partners in Health,

Please find enclosed in this update:

1. City of Alexandria experiencing substantial community transmission
2. Respiratory Syncytial Virus (RSV), SARS-CoV-2, and Influenza co-testing
3. Forward of Virginia State Health Commissioner Letter:
    - *Updates on the Delta (B.1.617.2) Variant and Guidance*
    - *Monoclonal Antibody Therapy and Postexposure Prophylaxis****
    - *Guillain-Barré syndrome after receiving Johnson & Johnson's COVID-19 vaccine*
    - *Updates about Non-COVID-19 Respiratory Viruses*
    - *Burkholderia cepacia complex Infections Associated with Contaminated Ultrasound Gel*
    - *Back-to-school Vaccinations and Updated Resources*

City of Alexandria experiencing substantial community transmission

Alexandria is currently within the threshold of 50 to 99 new cases per 100,000 residents in the past seven days and is in a state of **substantial transmission**. Fairfax, Arlington, Prince William, and Loudoun counties are also all communities in substantial transmission.

What this means for City of Alexandria healthcare providers and residents:

- **Wear a mask indoors.** New CDC recommendations for universal masking indoors in communities with substantial or high transmission. Infection control guidance in healthcare settings have remained unchanged since February 2021: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
- **Test symptomatic persons for COVID-19 (EVEN WITH MILD SYMPTOMS), regardless of vaccination status.** Breakthrough cases among fully vaccinated individuals can spread the delta variant. CDC also recommends testing fully vaccinated individuals 3-5 days after exposure, and having them wear a mask in public indoor settings for 14 days or until they receive a negative test result: https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html
- **Advocate for COVID-19 vaccination.** Ask your patients if they have been vaccinated, and turn this into a vital sign. Though transmission still occurs among vaccinated individuals, the risk of hospitalization and death are significantly lowered for those who have received the COVID-19 vaccines.

  *Please Note: **Booster doses and repeat vaccine series are not currently FDA-authorized**. At this time, and until authorized by the FDA, Alexandria Health Department will not be providing additional vaccines to individuals who are fully vaccinated.*

  Research consistently shows that a ***healthcare provider's recommendation is among the most influential factors in a person's decision to get vaccinated***. Dr. Anthony Fauci joins distinguished panelists, including Honorable Governor Ralph Northam and State Health Commissioner Dr. Normal Oliver, in a discussion of strategies for building confidence in COVID-19 vaccines. Recording available at: governor.virginia.gov/providerwebinar/livestream

Respiratory Syncytial Virus (RSV), SARS-CoV-2, and Influenza co-testing

On June 10, 2021, the CDC issued a health advisory to notify clinicians and caregivers for unseasonably high RSV activity. RSV can cause severe disease in both children and older adults. Due to reduced circulation of RSV during the winter months of 2020–2021, older infants and toddlers might now be at increased risk of severe RSV-associated illness since they have likely not had typical levels of exposure to RSV during the past 15 months.

Please consider co-testing for RSV, SARS-CoV-2 and influenza for patients presenting with acute respiratory illness. Curative kiosks located throughout the City of Alexandria also have the ability to co-test for COVID-19, Flu A, Flu B, and Respiratory Syncytial Virus (RSV). See this flyer for more information about Curative appointment and walk-up testing: https://www.alexandriava.gov/uploadedFiles/health/info/covid19/inventory/TestingKiosksFlyer8x11En.pdf

Thank you for all that you do to continuously protect and promote the health and well-being of our community.

Sincerely,

Kim Luk, MD, MPH
Medical Director
Alexandria Health Department

Anne Gaddy, MD, MPH
Deputy Director
Acting Health Director
Alexandria Health Department

COMMONWEALTH of VIRGINIA
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August 6, 2021

Dear Colleague:

Thank you for your continued partnership in responding to the COVID-19 pandemic. Please visit the Virginia Department of Health (VDH) website for current clinical and public health guidance, epidemiologic data, and other information. Updates on the following topics are included in this correspondence:

- Updates on the Delta (B.1.617.2) Variant and Guidance
- Monoclonal Antibody Therapy and Postexposure Prophylaxis
- Guillain-Barré syndrome after receiving Johnson & Johnson's COVID-19 vaccine
- Updates about Non-COVID-19 Respiratory Viruses
- *Burkholderia cepacia* complex Infections Associated with Contaminated Ultrasound Gel
- Back-to-school Vaccinations and Updated Resources

Updates on the Delta (B.1.617.2) Variant and Guidance

Due to a surge in COVID-19 cases across the United States, the Centers for Disease Control and Prevention (CDC) released a health advisory, Vaccination to Prevent COVID-19 Outbreaks with Current and Emergent Variants — United States, 2021, urging for increased vaccination coverage and mask usage. Nationally, the Delta (B.1.617.2) variant is causing a surge in cases, hospitalizations, and deaths. In Virginia, cases have increased by 956% since mid-June, and the state is now at a substantial level of transmission. The majority of cases, hospitalizations, and deaths in the U.S. and Virginia are occurring in people who are not fully vaccinated. The percent of fully vaccinated adults in Virginia varies widely by locality, from 35% to 72%.

The Delta (B.1.617.2) variant is more infectious than previous circulating strains. It spreads more than two times the rate of earlier strains and now accounts for more than 90% of sequenced samples in the country. According to a non-peer reviewed publication, people infected with the Delta variant have higher viral loads than those infected with the wild-type SARS-CoV-2 virus during the initial wave in China.

Evidence shows that COVID-19 vaccines available in the U.S. are safe and protect against severe disease, hospitalization, and death. It is important that people receive both doses of the two-dose vaccines. The Pfizer-BioNTech and Moderna COVID-19 vaccines protect against known circulating variants, including the Delta variant; data about the effectiveness of the Johnson & Johnson/Janssen vaccine are being collected. COVID-19 infections in people who are fully vaccinated are uncommon, but are expected because no vaccine works 100% of the time. Some fully vaccinated people who are infected with the Delta variant might be able to spread the virus to others; one recent study demonstrated that when breakthrough cases occur, fully vaccinated people who are infected with the Delta variant have viral loads comparable to infected people who are not fully vaccinated. Given these concerning trends and emerging data, CDC continues to emphasize the need to improve vaccination coverage rapidly to control the pandemic.

Given the new evidence, CDC updated its Interim Public Health Recommendations for Fully Vaccinated People. VDH recommends the following:

- Fully vaccinated people should wear a mask in public indoor settings if they are in an area of substantial or high transmission.
- Fully vaccinated people might choose to mask regardless of the level of transmission, particularly if they or someone in their household is immunocompromised or at increased risk for severe disease, or if someone in their household is unvaccinated.
- Fully vaccinated people should get tested if they are experiencing COVID-19 symptoms and isolate if they have tested positive for COVID-19 in the prior 10 days or are experiencing COVID-19 symptoms.
- Fully vaccinated people should also get tested 3–5 days after exposure to someone with suspected or confirmed COVID-19 and wear a mask in public indoor settings for 14 days after exposure or until they receive a negative test result.
- All K-12 schools (including PreK classrooms) in Virginia should implement a requirement for students, teachers, and staff to wear masks indoors, regardless of vaccination status. For additional information, see Interim Guidance for COVID-19 Prevention in Virginia PreK-12 Schools for the 2021-2022 school year.

Monoclonal Antibody Therapy and Postexposure Prophylaxis

Outpatient monoclonal antibody (mAb) therapy for the treatment of mild to moderate COVID-19 is an underutilized resource, despite the wide availability of these drugs (REGEN-COV and sotrovimab). With the current increase in COVID-19 cases, VDH encourages medical providers to consider using point-of-care (POC) molecular or antigen tests to evaluate patients suspected of having COVID-19. Results from POC tests generally come back in 10–30 minutes, which allows for prompt individual and public health decision making. Patients with a positive POC test who meet Emergency Use Authorization criteria for monoclonal antibody therapy should be offered REGEN-COV or sotrovimab.

On July 30, FDA granted an Emergency Use Authorization (EUA) for REGEN-COV to be used for COVID-19 postexposure prophylaxis. To qualify for therapy, patients must be at least 12 years old and weigh at least 40 kg, AND be at high-risk for progression to severe COVID-19, AND not be fully vaccinated or not expected to mount an adequate immune response to complete vaccination, AND have been a close contact to a person with COVID-19, or be at high-risk of exposure to a person with COVID-19 (for example, residents in a congregate setting where cases of COVID-19 are known to be present). Please see the U.S. Department of Health and Human Services website or the VDH Monoclonal Antibody website for more information.

Guillain-Barré syndrome (GBS) after receiving Johnson & Johnson/Janssen COVID-19 Vaccine

On July 12, the Food and Drug Administration (FDA) announced a new warning for the J&J/Janssen COVID-19 vaccine, stating that reports suggest an increased risk of GBS, a serious but rare side effect, during the 42 days following vaccination. CDC's Advisory Committee on Immunization Practices (ACIP) met on July 22 to discuss this issue. As of June 30, 100 preliminary reports of GBS were received in the Vaccine Adverse Event Reporting System (VAERS) after more than 12 million doses of J&J/Janssen COVID-19 had been administered. Among the 100 reported cases, 61 occurred in males and the median age was 57 years (range 24–76 years). The median time from vaccination to symptom onset was 13 days (range 0–75 days); 95 patients required hospitalization and one died.

Despite the higher than expected rate of GBS following J&J/Janssen vaccination, this event is still relatively rare (7.8 GBS cases per million doses administered among adults). Both CDC and VDH continue to strongly recommend this vaccine for anyone 18 years of age and older, given the greater risk of serious COVID-19 complications, even death. Although patients with a history of GBS can receive any of the authorized vaccines, they should talk with their healthcare provider about the availability of mRNA vaccines to offer protection against COVID-19. FDA has updated the J&J/Janssen COVID-19 Vaccine Fact Sheet for Healthcare Providers Administering Vaccine (Vaccination Providers), and J&J/Janssen COVID-19 Fact Sheet for Recipients and Caregivers. CDC plans to update its Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States and J&J/Janssen materials soon.

Updates about Non-COVID-19 Respiratory Viruses

VDH disease surveillance systems are detecting a significant increase of non-COVID-19 respiratory illness, including respiratory syncytial virus (RSV), human parainfluenza virus 3 (HPIV-3), and other human coronaviruses among 0 to 9 year-old children. All healthcare professionals, especially pediatricians, should re-familiarize themselves with pediatric-specific clinical presentations of RSV, HPIV-3 and other common respiratory illnesses, and can review weekly updates about these viruses of concern via CDC's NREVSS website. Patients at highest risk for developing severe respiratory illness include infants and young children, adults aged 65 years and older, those with chronic medical conditions, and those taking immunosuppressive drugs or with weakened immune systems. Clinicians should consider if prophylaxis with palivizumab (SYNAGIS) is indicated in children at high risk of RSV disease. VDH recommends clinicians consider testing patients with a negative SARS-CoV-2 test and acute respiratory symptoms for other respiratory pathogens; real-time RT-PCR is the preferred testing method for respiratory viruses. Clinicians should report clusters of laboratory-confirmed RSV and HPIV-3 cases, as well as suspected outbreaks of severe respiratory illness to the local health department.

***Burkholderia cepacia* complex Infections Associated with Contaminated Ultrasound Gel**

An investigation is ongoing of *Burkholderia stabilis* infections in healthcare facilities across multiple states. Patients have developed infections, including bloodstream infections, after undergoing ultrasound-guided procedures in which a MediChoice M500812 ultrasound gel was used. Unopened bottles of the non-sterile gel have been determined to be contaminated with high levels of bacteria that genetically match the bacteria identified in patient isolates.

On August 4, the manufacturer (Eco-Med Pharmaceutical, Ontario, Canada) recalled multiple lots of the ultrasound gel. **All healthcare facilities should immediately destroy or return recalled products, and should immediately stop use and quarantine all lots of ultrasound gels distributed under a long list of brand names.** It is unknown how many and what types of facilities in Virginia currently have products from the recall list, but it has been confirmed that the MediChoice product is used in Virginia. For more information, see FDA's link to product recall as well as the manufacturer press release and recall information. Please notify your local health department if a cluster of *Burkholderia cepacia* complex infections is identified among patients with exposure to the recalled products.

Back-to-School Vaccinations and Updated Resources

School-required vaccines have changed for the 2021–2022 school year. Starting this school year, students in Virginia will need vaccines to protect against meningococcal disease, human papillomavirus (HPV), and hepatitis A, in addition to previously required immunizations. Without these vaccinations, children will not be able to start school on time or go to daycare. For more information, please review the updated Virginia Childhood Vaccination Schedule. Visit VDH's Healthy Back to School Campaign website for more details on this and COVID-19, child well visits, routine oral health, and mental health resources for children.

VDH and the Virginia Department of Education released updated Interim Guidance for COVID-19 Prevention in Virginia PreK-12 Schools.

On behalf of VDH, I thank you for your tireless efforts and sacrifices these many months to protect Virginians from COVID-19. If you have questions about COVID-19, please contact your local health department.

Sincerely,

M. Norman Oliver, MD, MA

State Health Commissioner

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Anne Gaddy, MD, MPH
Acting Health Director

HEALTH ADVISORY: New Case Identified in Multistate Investigation of Non-travel Associated Burkholderia pseudomallei Infections (Melioidosis)

August 9, 2021

On August 9, the CDC issued a health advisory to notify clinicians of an additional case of Burkholderia pseudomallei (meliodosis) infection identified in Georgia. A total of four cases have now been identified, two of which have been fatal. Genomic analysis of the organism suggests a common source of infection for all four cases, but this source has not yet been identified despite extensive investigation. The cases include both children and adults, and none of the cases had a history of travel outside the US.

Melioidosis symptoms are nonspecific may include:

• Pneumonia	• Swelling	• Fever	• Ulceration	• Abscess
• Cough	• Chest pain	• Headache	• Anorexia	• Nausea
• Abdominal discomfort	• Joint pain	• Disorientation	• Weight loss	• Stomach pain
• Muscle or joint pain	• seizures	• Respiratory distress	• Rash on trunk, abdomen and face	

For more information, see the CDC HAN Alert448 https://emergency.cdc.gov/han/2021/han00448.asp

If *B. pseudomallei* is identified or an organism is suspicious for *B. pseudomallei,* contact AHD at 703.746.4951 immediately.

Anne Gaddy, MD, MPH Acting Health Director, Alexandria Health Department

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COVID-19 Update for Virginia

August 16, 2021

Dear Colleague:

Thank you for your continued partnership in responding to the COVID-19 pandemic. Please visit the Virginia Department of Health (VDH) website for current clinical and public health guidance, epidemiologic data, and other information. Updates on the following topics are included in this correspondence:

- **CDC Recommends an Additional Dose of mRNA Vaccine Following a Primary Series in Certain Immunocompromised People**
- **CDC Strengthens Vaccine Recommendation for People Who Are Pregnant, Breastfeeding, or Thinking of Becoming Pregnant**
- **VDH Reminds Clinicians of Testing and Masking Recommendations**

CDC Recommends an Additional Dose of mRNA Vaccine Following a Primary Series in Certain Immunocompromised People

On August 12, 2021, the U.S. Food and Drug Administration (FDA) authorized a third dose of Pfizer-BioNTech or Moderna COVID-19 vaccines following a primary series for individuals who are moderately to severely immunocompromised. FDA updated its fact sheets for healthcare providers administering vaccine and for recipients and caregivers for the Pfizer-BioNTech and Moderna vaccines.

On August 13, 2021, the Centers for Disease Control and Prevention (CDC) adopted the Advisory Committee on Immunization Practices advice to recommend an additional dose of Pfizer-BioNTech COVID-19 vaccine (aged ≥12 years) or Moderna COVID-19 vaccine (aged ≥18 years) for moderately to severely immunocompromised individuals. CDC also revised its Clinical Considerations for COVID-19 Vaccination and developed a new communication tool for clinicians, Talking with Patients Who Are Immunocompromised. In response, VDH issued a press release and updated its Vaccination FAQs for the public and healthcare providers.

When considering this new recommendation, it is important to define some key terms:

- An “additional dose after an initial primary vaccine series” refers to the administration of an additional vaccine dose when the initial immune response following a primary vaccine series may have been insufficient.
- A “booster dose” refers to a dose of vaccine administered when the initial sufficient immune response to a primary vaccine series is likely to have waned over time. The need for and timing of a COVID-19 vaccine booster dose for people without weakened immune systems has not been established.

- "Moderately to severely immunocompromised people" includes people with a range of conditions, such as recipients of organ or stem cell transplants, people with advanced or untreated HIV infection, active recipients of treatment for cancer, people who are taking some medications that weaken the immune system, and others. A full list of conditions and factors to consider for making this determination can be found in CDC's clinical considerations guidance.

The recommendation for the additional mRNA dose following a primary series **applies** to Pfizer-BioNTech or Moderna vaccine recipients who are moderately or severely immunocompromised. The recommendation **does not apply** to immunocompromised people who received the Johnson & Johnson (Janssen) COVID-19 vaccine because available data are insufficient to recommend an additional dose of this vaccine. FDA and CDC will provide further guidance when these data become available. Other fully vaccinated individuals do not need a booster dose right now. The need for and the timing of booster doses has not been established. Public health officials are actively planning for this possibility, in case such booster doses are recommended in the future.

Beginning August 14, COVID-19 vaccine providers in Virginia may administer the additional mRNA dose for eligible patients. The third dose should be the same manufacturer as the previous two doses when possible, but this is not required. It should be administered at least 28 days after the second dose of the mRNA vaccine and the vaccine dosage has not changed. Eligible patients are not required to show proof of their medical condition. Details about how to record the additional dose into the electronic systems are available in the Vaccination FAQs. Side effects to an additional mRNA dose are expected to be similar to those with the 2-dose series, with fever and pain at injection site being most commonly reported. Patients should be encouraged to enroll in v-safe to report any side effects. Healthcare providers should report any vaccine errors or adverse events into the Vaccine Adverse Event Reporting System (VAERS).

Healthcare providers should advise **all** immunocompromised persons who get vaccinated, including those who receive an additional mRNA dose, that they might not have strong protection after COVID-19 vaccination. That is why they should continue to follow COVID-19 precautions (e.g., wear a mask, stay at least 6 feet from others they don't live with, and avoid crowds and indoor areas with poor air flow) to help prevent COVID-19. VDH strongly recommends that their household members and other close contacts get vaccinated to provide increased protection to the immunocompromised person. Immunocompromised persons should also discuss monoclonal antibody treatment options with their healthcare provider in case they get exposed to or infected with COVID-19.

CDC Strengthens Vaccine Recommendation for People Who Are Pregnant, Breastfeeding, or Thinking of Becoming Pregnant

On August 11, 2021, CDC strongly recommended COVID-19 vaccination for everyone aged 12 years and older, including people who are pregnant or breastfeed and those who are trying to become pregnant now or thinking of becoming pregnant in the future, as well as their partners. This stronger recommendation was based on new data on the safety of COVID-19 vaccines during pregnancy. A preprint analysis of data from the v-safe pregnancy registry found no increased risk of miscarriage among pregnant people who received an mRNA COVID-19 vaccine before 20 weeks of pregnancy. This adds to a previous report that reviewed data from CDC's vaccine safety monitoring systems and found no safety risks for pregnant individuals who received vaccines during late pregnancy or their babies. Additional details about these recommendations are available in CDC's Clinical Considerations for COVID-19 Vaccination.

Pregnant and recently pregnant people are at increased risk for severe disease, and it is important to improve vaccination coverage among these patients. As of August 7, 2021, only 23% of pregnant people aged 18–49 years identified in CDC's Vaccine Safety Datalink had received at least one dose of COVID-19 vaccine. Healthcare providers should **strongly recommend** these patients to get vaccinated, especially as the more infectious Delta variant spreads across Virginia.

VDH Reminds Healthcare Providers of Testing and Masking Recommendations

Virginia is currently experiencing a high level of community transmission. Testing for SARS CoV-2 remains a critical prevention strategy, particularly in the context of increasing cases and exposures. Healthcare providers should test individuals who have symptoms of COVID-19 or who have had close contact with someone with COVID-19, including people who are fully vaccinated. In addition, CDC and VDH continue to recommend that during times of substantial and high transmission, all people aged 2 years or older, including those who are fully vaccinated, wear a mask in public indoor settings. Fully vaccinated people might choose to mask regardless of the level of transmission, particularly if they or someone in their household is immunocompromised or at increased risk for severe disease, or if someone in their household is unvaccinated. On August 11, 2021, I reissued a Public Health Order that requires all students, teachers, staff and visitors to wear masks indoors at public and private K12 schools to reinforce this public health guidance and state law. Healthcare providers should continue to remind their patients of the current mask recommendations and strongly recommend that patients adhere to public health prevention recommendations.

The COVID-19 trends in Virginia and across the country are deeply concerning. I sincerely thank all of you on the frontlines for your heroic actions and continued partnership. If you have questions about COVID-19, please contact your local health department.

Sincerely,

M. Norman Oliver, MD, MA

State Health Commissioner

ALEXANDRIA HEALTH DEPARTMENT

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Anne Gaddy, MD, MPH
Acting Health Director

HEALTH UPDATE 30 – September 3, 2021

Dear Partners in Health,

Please find enclosed in this update:

1. Outpatient monoclonal antibody (mAb) use for COVID-19 treatment and post-exposure prophylaxis – indications, referrals, and ordering
2. Alexandria homebound patient vaccination referrals

COVID-19 Monoclonal antibody (mAb) treatment and post-exposure prophylaxis

With the current increase in COVID-19 cases, patients with a positive SARS-CoV-2 test who meet Emergency Use Authorization (EUA) criteria for monoclonal antibody therapy should be offered REGEN-COV or Sotrovimab. Outpatient monoclonal antibody (mAb) therapy for the treatment of mild to moderate COVID-19 is an effective tool to reduce hospitalization and death rates among individuals at high risk for severe illness (70% risk reduction), and can also help to prevent severe COVID-19 among exposed high-risk unvaccinated and immunocompromised individuals.

Referral information for mAb infusion in the Northern Virginia region and ordering information for subcutaneous injections are detailed below.

mAb for COVID-19 Treatment

IV Infusion *(preferred):* REGEN-COV (Regeneron; casirivimab/imdevimab), Sotrovimab (GlaxoSmithKline), and Bam/Ete (Lilly; Bamlanivimab/Etesevimab)

Subcutaneous Injections *(alternative if infusion is not feasible or would significantly delay treatment):* REGEN-COV (Regeneron; casirivimab/imdevimab*)*

The above therapeutic options are all authorized for COVID-19 treatment for:

- Adults and pediatric (12 and older, weighing at least 40 kg) patients
- With mild-moderate COVID-19 (not for those requiring hospitalization or supplemental oxygen)
- At high risk for severe COVID-19 disease,[1]
- Within 10 days of positive test (as soon as possible after positive test)

mAb for Post-exposure prophylaxis

IV Infusion or Subcutaneous Injection: REGEN-COV "Regeneron" (casirivimab/imdevimab) is authorized as post-exposure prophylaxis for:

- Adults and pediatric patients (12 and older, weighing at least 40 kg),
- At higher risk for severe COVID-19,[1]
- Who are not fully vaccinated or who are not expected to mount an immune response (e.g., moderately-severely immunocompromised),[3]
- Who have had close contact[2] to a person with COVID-19, or be at high-risk of exposure to a person with COVID-19 (e.g. residents in a congregate setting where cases of COVID-19 are known to be present)

Definitions

1. Individuals at **high risk for severe disease** (https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html) include:
    a. Older adults (e.g. 65+)
    b. Obesity or overweight
    c. Pregnancy

d. Chronic Kidney Disease
e. Diabetes
f. Immunosuppressive disease or immunosuppressive treatment
g. Cardiovascular disease (including congenital heart disease and hypertension)
h. Chronic lung disease (e.g. COPD, moderate-severe asthma, interstitial lung disease, cystic fibrosis, pulmonary hypertension)
i. Sickle cell disease
j. Neurodevelopmental disorders or other conditions that confer medical complexity (e.g. genetic or metabolic syndromes and severe congenital anomalies)
k. Having a medical-related technological dependence (e.g. tracheostomy, gastronomy, or positive pressure ventilation not related to COVID-19)

2. **Close contact** with an infected individual is defined as being within 6 feet for a total of 15 minutes or more, providing care at home to someone who is sick, having direct physical contact with the person (e.g. hugging or kissing), sharing eating or drinking utensils, or being exposed to respiratory droplets from an infected person (e.g. sneezing or coughing).

3. **Moderately-severely immunocompromised individuals** (https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html) include those who have:
   a. Been receiving active cancer treatment for tumors or cancers of the blood
   b. Received an organ transplant and are taking medicine to suppress the immune system
   c. Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
   d. Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
   e. Advanced or untreated HIV infection
   f. Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response

Ordering IV and/or subcutaneous REGEN-COV

- Healthcare providers can order mAb products directly through the U.S. Government distributor AmerisourceBergen ***at no cost***, at https://app.smartsheet.com/b/form/255d164d67834793b4ab549e160941e8
  - For more information about the ordering process, visit: https://www.vdh.virginia.gov/content/uploads/sites/202/2021/04/Overview-HHS-direct-order-process-Fact-Sheet.pdf
- CMS reimbursement rates have recently been increased to $450 for most outpatient settings, https://go.cms.gov/3fQKOmg
- Treatment options for uninsured available from HRSA, https://bit.ly/3CFcJ2S

Referral Sites in Northern Virginia for IV REGEN-COV Infusions

INOVA Emergency Departments – All
MAB infusion is accessible at all INOVA Emergency Departments 24/7 for eligible patients (see above indications)

INOVA Extended Care Clinic – Lorton
7 days per week, call 571-472-4502

INOVA Extended Care Clinic – Reston
7 days per week, call 571-472-4502

Reston Hospital Center (HCA)
1850 Town Center Parkway, Reston VA 20190
Monday thru Friday, 8am-3PM
Fax orders to Infusion Center: 703.639.9569
Call 703-639-9559 with questions.

Sentara Northern Virginia Medical Center
2300 Opitz Blvd, Woodbridge, VA 22191
Phone: (703) 523-0640
Fax: (703) 670-4098

Stafford Hospital (Mary Washington Healthcare)
101 Hospital Center Boulevard, Stafford, VA 22554
Monday thru Friday, 2PM-5PM
540-741-2580

Mary Washington Hospital (Mary Washington Healthcare)
1001 Sam Perry Boulevard, Fredericksburg, VA 22401
Monday thru Friday, 8AM-4:30PM
540-741-2580

Alexandria homebound patient vaccination referrals

If you have a patient who is a homebound City of Alexandria resident, who is in need of COVID-19 vaccination, please complete this AHD Homebound Vaccination form: https://redcap.link/homebound

Our public health nurses conduct once weekly home visits to provide complete COVID-19 vaccine series to homebound individuals living in the City of Alexandria.

Please note: 'Alexandria' ZIP Codes 22303, 22306, 22307, 22308, 22309, 22310, 22313, and 22315 belong within Fairfax County. If the homebound individual lives in one of the ZIP codes above, please reach out to Fairfax County Health Department for vaccine appointment instructions.

Thank you for all that you do to continuously protect and promote the health and well-being of our community.

Sincerely,

Kim Luk, MD, MPH
Medical Director
Alexandria Health Department

Anne Gaddy, MD, MPH
Deputy Director
Acting Health Director
Alexandria Health Department

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Acting Health Director

HEALTH ALERT: Measles Cases Identified in Northern Virginia

September 13, 2021

Measles cases have been identified in Northern Virginia this week. Please see the attached press release (also available here: https://www.vdh.virginia.gov/news/2020-regional-news-releases/virginia-health-officials-investigating-potential-measles-exposures-in-northern-virginia/) for more information.

Call the Alexandria Health Department at 571.259.8549 IMMEDIATELY for any suspect cases of measles.

Measles is characterized by:

- Generalized maculopapular rash lasting at least 3 days
- Fever
- Cough, coryza, or conjunctivitis.

Specimen collection for suspected measles: obtain a serum sample for IgM testing and an OP or NP swab for detection of measles RNA by PCR. Collect a urine specimen if possible. The health department will coordinate testing.

Measles is highly infectious. Do not use the exam room, waiting room, or other space where the patient was present for at least 2 hours after the patient has left. Ensure the patient is transported by private vehicle or, if required, an EMS unit equipped to provide airborne precautions.

Thank you for your continued partnership and attention to these important issues. Please call 703.746.4951 or email alex_epi@vdh.virginia.gov with any non-urgent questions.

Anne Gaddy, MD, MPH Acting Health Director, Alexandria Health Department

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Thank you for your continued partnership and attention to these important issues. Please call 703.746.4951 or email alex_epi@vdh.virginia.gov with any non-urgent questions.

Anne Gaddy, MD, MPH Acting Health Director, Alexandria Health Department

VIRGINIA HEALTH OFFICIALS INVESTIGATING POTENTIAL MEASLES EXPOSURES IN NORTHERN VIRGINIA

September 10, 2021

Media Contact: Risk Communications Manager Lorrie Andrew-Spear – lorrie.andrew-spear@vdh.virginia.gov

Virginia Health Officials Investigating Potential Measles Exposures in Northern Virginia
Northern Virginia Health Departments Are Working Together to Identify People Who Are at Risk

(**Fairfax, Va.**)— Out of an abundance of caution, health districts in northern Virginia are informing people who were at various locations listed below during the specified time frames, that they may have been exposed to one of three people diagnosed with measles. These individuals recently traveled from Afghanistan as part of the United States government's emergency evacuation efforts. Northern Virginia area health officials are coordinating efforts to reach people who may have been exposed. Listed below are the dates, times, and locations of the potential exposure sites associated with measles. Outside of these specific locations and times, it is currently believed that the risk to the community is low.

Location	Date and Time
Dulles International Airport 1 Saarinen Circle Dulles, VA 20166	September 3-4, 2021
· International Arrivals Building/U.S. Customs Hall · Main Terminal Ticketing Level	6:30 p.m.-12 a.m. 9:30 p.m.-3 a.m.
Dulles International Airport 1 Saarinen Circle Dulles, VA 20166	September 8, 2021
· International Arrivals Building/U.S. Customs Hall · Main Terminal Ticketing Level	4:30-10:30 a.m. 8 a.m.-12:30 p.m.
StoneSprings Hospital Center 24440 Stone Springs Boulevard Dulles, VA 20166· Emergency Department, including waiting area	September 6, 2021 11 a.m. to 6 p.m. and September 8, 2021 9 a. m. to 9 p.m.
Inova L.J. Murphy Children's Hospital 3300 Gallows Road Falls Church, VA 22042· Floors 1-9	September 7, 2021 – 3 p.m. to September 8, 2021 – 7:30 p.m.

Dulles Expo Center 4320 Chantilly Shopping Center Chantilly, VA 20151	September 4, 2021- September 8, 2021
Crowne Plaza Dulles Airport 2200 Centreville Rd Herndon, VA 20170	September 4, 2021 – September 9, 2021

Measles is a highly contagious illness that is spread through coughing, sneezing, and contact with droplets from the nose, mouth or throat of an infected individual. Measles symptoms usually appear in two stages. In the first stage, most people have a fever of greater than 101 degrees, runny nose, watery red eyes and a cough. The second stage begins around the third to seventh day when a rash begins to appear on the face and spreads over the entire body.

What should you do if you were at one of the above locations at the time specified?

- If you have received two doses of a measles containing vaccine (either the measles, mumps and rubella [MMR] vaccine or a measles only vaccine which is available in other countries) you are protected and do not need to take any action.
- If you have received only one dose of a measles containing vaccine, you are very likely to be protected and your risk of being infected with measles from any of these exposures is very low. However, to achieve complete immunity, contact your health care provider about getting a second vaccine dose.
- If you have never received a measles containing vaccine nor had a documented case of measles, you may be at risk of getting measles from this exposure. Contact your local health department or health care provider for advice. If you notice the symptoms of measles, stay home and away from others and immediately call your primary health care provider or health department to discuss further care. **Call aheadbefore going to the medical office or the emergency room** and tell them that you were exposed to measles.

Please make sure children are up to date on their childhood vaccinations. Measles is easily preventable through a safe and effective MMR vaccine. The best protection against future measles cases is the vaccination of all susceptible persons. Two doses are recommended for most individuals with the first dose given at age 12-15 months and the second prior to kindergarten entry (age 4-6 years).

Measles is common in many parts of the world, including popular tourist destinations. All persons who will be traveling internationally should be evaluated for measles immunity and vaccinated as needed. Infants too young to be vaccinated should avoid travel to areas with measles until they can be vaccinated.

Residents with additional questions about this measles investigation should contact their local health district; find contact information, here: www.vdh.virginia.gov/local-health-districts. Those in Fairfax may call the health district at 703-246-2411; for Loudoun Health District email Health@loudoun.gov. For more information on measles, visit www.vdh.virginia.gov/epidemiology/epidemiology-fact-sheets/measles-rubeola/.

# # #

COMMONWEALTH of VIRGINIA
Department of Health

M. NORMAN OLIVER, MD, MA
STATE HEALTH COMMISSIONER

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RICHMOND, VA 23218

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1-800-828-1120

Update on Measles in Virginia
September 14, 2021

Dear Colleague:

Today, I am writing to provide specific information about recent measles cases in Virginia. Specifically, the following are addressed in this letter:

- **Current Measles Situation in Virginia**
- **Management of Patients with Illness Clinically Compatible with Measles**
- **Measles Vaccination**

Current Measles Situation in Virginia

Multiple cases of measles have been confirmed among individuals who have arrived in the United States from Afghanistan. VDH is working closely with federal partners who are in charge of the transport and housing of individuals from Afghanistan to identify any new cases of measles and perform case investigation, contact tracing, and administration of post-exposure prophylaxis (PEP).

Clinicians should maintain a high index of suspicion for measles in patients who present with a febrile rash illness and clinically compatible symptoms (cough, coryza, and/or conjunctivitis) or epidemiologic linkage to known measles cases and notify their local health department immediately upon knowledge of any suspect cases of measles so that testing can be arranged and public health actions can be initiated quickly.

Management of Patients with Illness Clinically Compatible with Measles

Measles is a highly infectious viral disease spread through coughing, sneezing, and contact with secretions from the nose, mouth, and throat of an infected person. Typically, it is characterized by fever >101°F, cough, coryza, and conjunctivitis. After 3-7 days of illness, this stage progresses to a maculopapular rash that begins on the face and generalizes to the rest of the body. Persons with measles are contagious from 4 days before rash onset through 4 days after rash onset.

If you suspect measles, the following actions are recommended:

- Immediately isolate and report suspected cases to your local health department (After hours call 866-531-3068).
- Use standard and airborne precautions.
- Do not allow such patients to remain in your waiting area.

- Immediately provide a surgical mask to the patient and place the masked person in a private negative pressure room, if available, or a room with a closed door. This room should not be used for 2 hours after a suspect measles patient leaves.
- Permit only healthcare workers with measles immunity to attend to the patient.
- For patients being transported by EMS, EMS and the receiving hospital should be notified before arrival so the masked patient may be directed immediately to an appropriate exam room.
- Collect serum, a nasopharyngeal swab, throat swab, and urine (if possible) and coordinate with the local health department for submitting specimens for laboratory confirmation.
- Patients who are asymptomatic may present to you because they believe they have been exposed or worried they may be susceptible. For those who are not immune, provide vaccination as appropriate.
- People who work in healthcare facilities in any capacity are at increased risk of exposure to measles. To ensure healthcare workers, from direct care to administrative staff, are immune to measles, they must have documentation of two doses of measles vaccine or laboratory evidence of immunity to measles. Recommendations from the Centers for Disease Control and Prevention regarding the vaccines recommended for healthcare workers can be found here.
- Susceptible personnel who have been exposed to measles should not have contact with patients or be in a healthcare facility from the 5th to the 21st day after exposure, regardless of whether they received vaccine or immune globulin after the exposure.

Measles Vaccination

Vaccination is the best prevention for measles. VDH urges persons who are not vaccinated or whose children have not been vaccinated to receive the vaccine as soon as possible. A healthcare provider's recommendation encouraging vaccine has been shown to be one of the most influential components of a parent's decision making about vaccinating their children. Please continue to encourage routine vaccinations to your patients.

Measles vaccination recommendations include the following:

- Children should receive two doses of MMR vaccine – the first dose at 12 through 15 months of age and the second dose 4 through 6 years of age. Giving the second dose earlier is acceptable as long as it is at least 28 days after the first dose.
- Children 6 through 11 months of age who are traveling internationally should receive one dose of vaccine before departure. Upon return, the child should receive two additional doses of vaccine as above.
- Birth before 1957 is considered acceptable evidence of immunity for adults other than healthcare workers, college and other students, and international travelers, who should receive two appropriately spaced doses.
- Adults born after 1957 who are not in a high risk group described above need one dose.
- People who received two doses of MMR vaccine as children according to the U.S. vaccination schedule do not ever need a booster dose.

Please contact your local health department if you have any questions about this guidance.

Sincerely,

M. Norman Oliver, MD, MA

State Health Commissioner

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Acting Health Director

HEALTH ADVISORY: Guidance for Clinicians Caring for Individuals Recently Evacuated from Afghanistan

September 22, 2021

On September 20, the CDC issued a health advisory to notify clinicians of clinical guidance for caring for individuals recently evacuated from Afghanistan (including both Afghan nationals and US citizens).

The CDC recommends that clinicians be on alert for cases of measles that meet the case definition, as well as other infectious diseases, including mumps, leishmaniasis, and malaria**. Clinicians should immediately notify AHD of any suspected cases of measles by calling 571.259.8549**. As of September 20, 2021, CDC has been notified of 16 confirmed cases of measles and 4 cases of mumps among Afghan nationals and U.S. citizens recently arriving from Afghanistan, and continued vigilance is needed.

Clinicians should also recommend the measles, mumps, and rubella (MMR) vaccine for unvaccinated patients. In addition to MMR vaccination, CDC recommends that evacuees are also up to date on vaccinations for varicella, polio, COVID-19, and seasonal influenza.

Full text of the HAN Alert is available here:
https://emergency.cdc.gov/han/2021/han00452.asp?ACSTrackingID=USCDC_511-DM66243&ACSTrackingLabel=%20HAN%20452%20-%20General%20Public&deliveryName=USCDC_511-DM66243

Quick Reference guide:

Disease	Signs/Symptoms	Lab Tests
Measles	Acute illness characterized by generalized, maculopapular rash lasting at least 3 days, fever of at least 101F, and cough, coryza, or conjunctivitis.	Serum for IgM; NP or OP swab and urine for PCR
Mumps	Characterized by pain, tenderness, and swelling in one or both parotid salivary glands. Nonspecific symptoms, including fever, myalgia, anorexia, malaise, and headache, may precede parotitis by several days.	Buccal or oral swab for PCR
Leishmaniasis	Encompasses multiple clinical syndromes - the cutaneous, mucosal, and visceral forms. Cutaneous: The sores may start out as papules or nodules and may end up as ulcers Visceral: fever, weight loss, enlargement (swelling) of the spleen and liver, pancytopenia, high total protein and low albumin	Sterile biopsy specimen for culture, PCR, and microscopy
Malaria	Characterized by high fevers, shaking chills, and flu-like illness. The incubation period ranges from 7 to 30 days.	Blood smear for microscopy

Please email alex_epi@vdh.virginia.gov with any non-urgent questions.

Anne Gaddy, MD, MPH Acting Health Director, Alexandria Health Department

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Anne Gaddy, MD, MPH
Acting Health Director

Dear Partners in Health,

Please find enclosed the September 30 State Health Commissioner COVID-19 Update for Virginia. Topics include:

- CDC Recommends a Booster Dose of Pfizer-BioNTech Vaccine Following a Primary Series for Certain Populations
- COVID-19 Vaccination and Pregnancy
- Vaccination for Children Aged 5 to 11 Years
- Update on Monoclonal Antibody Treatment for COVID-19 Distribution

Alexandria Health Department Addendum: Only 31% of pregnant people are fully vaccinated as of September 18, 2021. Compared with non-pregnant symptomatic people, symptomatic pregnant people have more than a two-fold increased risk of requiring ICU admission, invasive ventilation, and ECMO, and a 70% increased risk of death. AHD urges all clinicians to provide a strong recommendation for COVID-19 vaccination among people planning pregnancy, currently pregnant, and recently pregnant.

COMMONWEALTH of VIRGINIA
Department of Health

M. NORMAN OLIVER, MD, MA
STATE HEALTH COMMISSIONER

PO BOX 2448
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TTY 7-1-1 OR
1-800-828-1120

COVID-19 Update for Virginia
September 30, 2021

Dear Colleague:

Thank you for your continued partnership in responding to the COVID-19 pandemic. Please visit the Virginia Department of Health (VDH) website for current clinical and public health guidance, epidemiologic data, and other information.

CDC Recommends a Booster Dose of Pfizer-BioNTech Vaccine Following a Primary Series for Certain Populations

On September 23, the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) recommended certain populations at high risk for severe COVID-19 illness receive a booster shot of Pfizer's COVID-19 vaccine at least six months after the completion of their Pfizer vaccine primary series. The CDC Director adopted ACIP's recommendations and also recommended a booster dose for workers in high-risk occupational and institutional settings. The Pfizer booster dose is the same formula and volume (0.3 mL) as the primary series.

CDC recommends the following people **should** receive a booster shot of Pfizer's COVID-19 vaccine at least six months after their Pfizer primary series:

- People 65 years and older
- Residents aged 18 years and older in long-term care settings
- People aged 50–64 years with underlying medical conditions

The following people **may** receive a booster shot of Pfizer's COVID-19 vaccine at least six months after their Pfizer primary series, based on individual benefits and risks:

- People aged 18–49 years with underlying medical conditions
- People aged 18-64 years who are at increased risk for COVID-19 exposure and transmission because of occupational or institutional setting

CDC revised its Clinical Considerations for COVID-19 Vaccination, which provides information about assessing individual risks and benefits and occupations (e.g., healthcare workers, teachers) or institutional settings (e.g., correctional and detention facilities) where an increased risk for transmission or exposure exists. Providers may begin administering Pfizer boosters to patients who self attest that they are eligible. VDH also updated its Vaccination FAQs for the public and healthcare providers.

The CDC Director's decision follows the U.S. Food and Drug Administration's (FDA) amendment to the Emergency Use Authorization (EUA) on September 22, 2021, to allow a booster dose of Pfizer's COVID-19 vaccine for certain populations. FDA updated its fact sheets for healthcare providers administering vaccine and for recipients and caregivers for the Pfizer-BioNTech vaccine.

The potential benefits of a Pfizer booster dose include increased protection against severe disease and infection. The strongest evidence for waning of protection against severe disease has been seen among adults 65 years and older, while protection against severe illness, hospitalization, and death remain high for younger individuals. Waning of vaccine effectiveness against infection has been noted in all age groups, including residents of long-term care facilities, healthcare and other frontline essential workers.

A booster dose is not yet recommended for those who received the Moderna and Johnson & Johnson/Janssen (J&J) vaccines for their primary series. People who got these vaccines will likely need a booster dose in the future. CDC and FDA are reviewing data to determine recommendations for booster doses for this population over the next few months.
Because immunity decreases gradually, Pfizer booster doses are recommended no sooner than six months after completing the two-dose primary series and may be given at intervals greater than six months. The real urgency is still to vaccinate people who remain unvaccinated.

If your patients are uncertain of which vaccines they received in the past, they can look up their COVID-19 vaccination record at www.vaccinate.virginia.gov. If they have difficulty looking up their record, they can contact 877-VAX-IN-VA (877-823-4628). Providers should also encourage their patients to enroll in the v-safe after vaccination health checker℠ and complete health check-ins after COVID-19 vaccination. V-safe is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after COVID-19 vaccination.

COVID-19 Vaccination and Pregnancy

On September 29, CDC issued a Health Alert Network (HAN) Health Advisory urging action to increase COVID-19 vaccination among people who are pregnant, recently pregnant (including those who are lactating), who are trying to become pregnant now, or who may become pregnant in the future. Pregnant and recently pregnant people are at increased risk for severe disease (including hospitalization and death) and pregnancy complications related to COVID-19. Despite these risks, only 31% of pregnant people were fully vaccinated before or during pregnancy as of September 18, 2021. A strong recommendation from a healthcare provider is an important factor in the decision to get vaccinated.

Vaccination for Children Aged 5 to 11 Years

On September 28, Pfizer and BioNTech submitted initial data from the Phase 2/3 clinical trial of their COVID-19 vaccine in children aged 5 to 11 years to the FDA. Pfizer and BioNTech state that they anticipate submitting a request to amend the vaccine EUA in the coming weeks. The initial data submission follows an announcement from the company on September 20 that the Phase 2/3 trial showed a safe and effective vaccine response in children aged 5 to 11 years using a two-dose regimen of 10 µg (micrograms) administered 21 days apart.

Update on Monoclonal Antibody Treatment for COVID-19 Distribution

On September 13, the U.S. Department of Health and Human Services (HHS) added an allocation process for the distribution of the monoclonal antibody (mAb) therapies, REGEN-COV and Bamlanivimab/Etesevimab. Each state now receives a weekly allotment based on its number of COVID-19 cases and mAb usage. States are required to then allocate the mAbs to providers (administration sites) and place their orders with AmerisourceBergen (the distributor) for shipment to the administration site. VDH emailed current administration sites to inform them of the new process. Please email mabs_requests@vdh.virginia.gov if you have questions or would like to become a mAB provider site.
Of note, on September 16, Bam/Ete received FDA Emergency Use Authorization (EUA) for the product to be used for postexposure prophylaxis (PEP) against COVID-19. Please see the updated Bam/Ete package insert. With this new EUA, both Bam/Ete and REGEN-COV now have an indication for COVID-19 PEP.
Thank you for all your continued efforts to protect Virginians from COVID-19. If you have questions about COVID-19, please contact your local health department.

Sincerely,

M. Norman Oliver, MD, MA
State Health Commissioner

Thank you for all that you do to continuously protect and promote the health and well-being of our community.

Sincerely,

Kim Luk, MD, MPH
Medical Director
Alexandria Health Department

Anne Gaddy, MD, MPH
Deputy Director
Acting Health Director
Alexandria Health Department

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Anne Gaddy, MD, MPH
Acting Health Director

HEALTH ADVISORY Update: Source Identified in Multistate Investigation of Non-travel Associated Burkholderia pseudomallei Infections (Melioidosis)

October 25, 2021

Over the summer, the CDC issued health advisories to notify clinicians of four cases of Burkholderia pseudomallei (meliodosis) infections identified in Kansas, Texas, and Minnesota, and Georgia; two cases were fatal. At this time, the source of infection is believed to be the **Better Homes and Gardens-branded Essential Oil Infused Aromatherapy Room Spray with Gemstones "Lavender & Chamomile" scent**, manufactured in India. The spray was sold at Walmart between February and October 21, 2021, and was distributed in a limited number of stores and online nationwide.

For more information, see the CDC HAN Alert455 https://emergency.cdc.gov/han/2021/han00455.asp

We are asking providers to:

1) **Offer postexposure prophylaxis (PEP)** (Trimethoprim/sulfamethoxazole or Amoxicillin/clavulanic acid) to patients who were exposed to the Better Homes and Gardens-branded Essential Oil Infused Aromatherapy Room Spray with Gemstones "Lavender & Chamomile" scented product within the last **seven days**. At this time and out of an abundance of caution, PEP guidance also applies to the five other scents under the same brand (Lemon and Mandarin, Lavender, Peppermint, Lime & Eucalyptus, Sandalwood and Vanilla). Testing is underway to rule out contamination of these other scented aromatherapy products, and PEP guidance will be updated as more information becomes available. For dosing information, see the full HAN Alert linked above.
    a. Exposure is defined as:
        i. being in the room while the product is being sprayed in the seven days before clinical consultation
        ii. having directly "sniffed" or inhaled from the product bottle in the seven days before clinical consultation
        iii. having direct contact with an item (such as pillowcases or other linens) on which the product has been sprayed in the seven days before clinical consultation.
2) **Recognize:** Consider melioidosis in patients with a compatible illness even if they do not have a travel history to a disease-endemic country. Early recognition is key to preventing sepsis, severe pneumonia and abscesses.

Melioidosis symptoms are nonspecific may include:

• Pneumonia	• Swelling	• Fever	• Ulceration	• Abscess
• Cough	• Chest pain	• Headache	• Anorexia	• Nausea
• Abdominal discomfort	• Joint pain	• Disorientation	• Weight loss	• Stomach pain
• Muscle or joint pain	• seizures	• Respiratory distress	• Rash on trunk, abdomen and face	

3) **Detect:** Culture of *B. pseudomallei* from any clinical specimen (Blood, urine, when relevant respiratory, abscesses or wound swabs) is considered diagnostic for melioidosis. Advise the laboratory to follow appropriate biosafety precautions.
    - Laboratory testing involving automated identification algorithms (e.g., MALDI-TOF, 16s, VITEK-2) may misidentify *B. pseudomallei* as another bacterium. The isolate from the Texas case was

initially misidentified as *B.thailandensis* by MALDI-TOF. Consider re-evaluating patients with compatible clinical presentation.

4) **Treat:** Empirical antibiotics used for suspected bacterial sepsis or community acquired pneumonia may not provide adequate coverage for B. *pseudomallei*. Treatment consists of IV antibiotics (i.e., ceftazidime or meropenem) for at least two weeks followed by oral trimethoprim-sulfamethoxazole (TMP/SMX) for 3-6 months to prevent relapse.

Report: If *B. pseudomallei* is identified or an organism is suspicious for *B. pseudomallei,* contact AHD at 703.746.4951 immediately.

Anne Gaddy, MD, MPH Acting Health Director, Alexandria Health Department

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David C. Rose, MD, MBA, FAAP
Health Director

Health Update: Use of Antigen Tests in Clinical Settings

November 22, 2021

Partners in health,

Alexandria Health Department would like to remind you that antigen tests are appropriate in many situations, but are not required nor recommended for every patient. PCR tests remain the gold standard for both screening and diagnostic testing and are an appropriate test for every situation.

Antigen tests

- Are most appropriate for symptomatic persons very close to their symptom onset.
- Are most appropriate for people known to be exposed to COVID-19.
- Have lower sensitivity and more false negatives than molecular tests, particularly in later stages of COVID-19.
- Are **not recommended** for those that have tested PCR positive for COVID-19 within the past 90 days.

Clinical Status	Antigen Test Results	Recommendations
Symptomatic	Positive	No further testing recommended; patient is considered a case. Report test results to the health department. Instruct patient to isolate.
	Negative	Order a confirmatory PCR test. This test needs to be collected within 48 hours of the initial antigen test. Instruct patient to isolate until the PCR test result is available. A positive PCR result means the patient is a confirmed case and will need to continue isolation.
Asymptomatic	Positive	Order a confirmatory PCR test. This test needs to be collected within 48 hours of the initial antigen test. Instruct patient to isolate until the PCR test result is available. A positive PCR result means the patient is a confirmed case and will need to continue isolation.
	Negative	Not a case. No further testing recommended.

If you do not offer PCR testing at your practice, you may direct patients to **free** testing resources offered by the City of Alexandria and Curative at https://curative.com/.

Point-of-care antigen test results can be conveniently reported to the health department through an online portal: https://apps.vdh.virginia.gov/pocreporting/login/login.aspx

Sincerely,
David C. Rose, MD, MBA, FAAP
Health Director, Alexandria Health Department

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

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Health Director

HANAlert: New SARS-CoV-2 Variant of Concern Identified: Omicron (B.1.1.529) Variant

December 2, 2021

Partners in health,

On December 1, the CDC released HAN00459 to provide information on what is currently known about a new variant of SARS-CoV-2, named Omicron. A press release was also issued on 12/1 to announce the first case of Omicron in the United States, identified in resident of San Francisco who recently returned from international travel.

At this time, CDC is reporting that:

- Omicron may have increased infectivity as compared to other variants.
- No unusual symptoms have been reported, and some patients are asymptomatic.
- The effectiveness of monoclonal antibodies, antiviral therapies, prior infection, and vaccination against Omicron is not yet known.

We ask clinicians to:

1. **Notify AHD of any cases of COVID-19 in individuals with an international travel history** in the 14 days prior to symptom onset or positive test by calling 703.746.4951.
2. Follow the NIH COVID-19 Treatment Guidelines, which include:
    a. **COVID-19 positive patients in outpatient settings:** Provide monoclonal antibody therapy for patients with COVID-19 who do not require hospitalization or supplemental oxygen but who are at high risk of disease progression.
    b. **Patients with known exposure to COVID-19:** Provide monoclonal antibody therapy as post-exposure prophylaxis (PEP) for those who have been exposed to COVID-19 and who are not fully vaccinated or not expected to mount an adequate immune response to vaccination (i.e. immunocompromised patients). This therapy should be administered as soon as possible and preferably within 7 days of a high-risk exposure.
3. **Remind patients who are symptomatic that they should be tested and stay home** until their test results come back, even if their symptoms resolve before the test results are available.
4. **Encourage vaccination for all patients**. Everyone who is 18 years or older is now recommended for a booster dose at the appropriate interval.

The full text of the HANAlert is available here: https://www.cdc.gov/media/releases/2021/s1201-omicron-variant.html

Sincerely,
David C. Rose, MD, MBA, FAAP
Health Director, Alexandria Health Department

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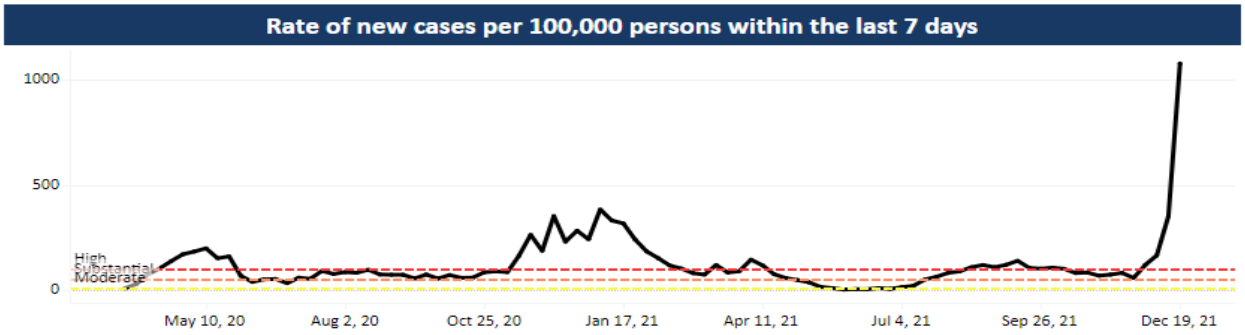
David C. Rose, MD, MBA, FAAP
Health Director

December 27, 2021

HANAlert: Rapid Increase of Omicron Variant Infections in the United States: Management of Healthcare Personnel with SARS-CoV-2 Infection or Exposure

Colleagues,

Due to the arrival of the Omicron variant, Alexandria is currently seeing unprecedented levels of COVID-19. During the week of 12/19-12/25, there were 1,078 new cases per 100,000 people in the City of Alexandria; this is more than three times the previous prior peak from January 2021.



Source: https://www.vdh.virginia.gov/coronavirus/see-the-numbers/covid-19-in-virginia/community-transmission/

Additionally, the percent PCR positivity during the week of 12/19-12/25 was 16.5%, triple the percentage noted at the beginning of the month.

On December 24, the CDC released HAN00460 to provide updated information about management of healthcare personnel with SARS-CoV-2 infection or exposure. This guidance provides a continuum of options to ensure that safe staffing levels at healthcare facilities are maintained.

For healthcare personnel with high-risk exposures:

Vaccination Status	**Conventional Recommendations**	**Contingency Options**	**Crisis Options**
Boosted (Received both a primary series and booster)	Continue working. Test on day 2 and between 5-7 days after exposure.	Continue working. No testing required.	Continue working. No testing required.
Vaccinated (Not received all CDC-recommended doses, including booster) or unvaccinated	Exclude for 10 days without testing, or for 7 days with testing between days 5 and 7.	Continue working with testing on days 1, 2, 3, and between days 5 and 7.	No work restrictions. Staff member should wear a respirator, even in non-patient care areas. Avoid assigning staff to immunocompromised patients. Test if possible.

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For healthcare personnel with SARS-CoV-2 infection:

Vaccination Status	Symptom Status	Conventional Recommendations	Contingency Options	Crisis Options
Boosted, Vaccinated, or Unvaccinated	Severe symptoms	Exclude for 10 days or until well enough to work (whichever is longer); no testing needed.	None	None
Boosted, Vaccinated, or Unvaccinated	Asymptomatic or mildly symptomatic	Exclude for 10 days without a test or 7 days with a negative test if asymptomatic or mildly symptomatic with resolved fever and improving symptoms.	Exclude for 5 days if asymptomatic or mildly symptomatic with resolved fever and improving symptoms. Testing optional.	No work restrictions. Prioritize returning asymptomatic or mildly symptomatic with resolved fever and improving symptoms.

The full text of the HANAlert is available here: https://emergency.cdc.gov/han/2021/han00460.asp

At this time, AHD recommends that all healthcare personnel wear well-fitting masks and practice physical distancing to the extent possible while in the workplace.

The guidance above on shorter quarantine and isolation windows applies only to healthcare personnel while in the workplace. AHD continues to ask healthcare personnel to isolate or quarantine for 10 days if positive for COVID-19, and quarantine for 14 days if exposed and unvaccinated, respectively, in regards to all activities that occur outside of work**.**

Because of the immense rate of new case identification, AHD and many other local health departments are currently unable to reach every case. Please help us ensure that people who test positive know what to do.

- **Remind your patients that if they have symptoms of COVID-19 or test positive for COVID-19, they should isolate at home for 10 days following their symptom onset or test date.** Please refer your patients to this website if they test positive: https://bit.ly/PositiveTestResult

Ask your patients to notify their own close contacts, as it is unlikely that close contacts will be reached by the health department.

Thank you for all you do to support our community.

Sincerely,
David C. Rose, MD, MBA, FAAP
Health Director, Alexandria Health Department

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David C. Rose, MD, MBA, FAAP
Health Director

December 30, 2021

Health Update: Commissioner Letter and Limited Testing

Colleagues,

In light of the fast-changing state of the pandemic, please review these important messages:

1. Please read the 12/29/2021 State Health Commissioner *COVID-19 Update* (available here and attached to this correspondence). The update includes the following:

- Isolation and quarantine guidance updated by the CDC in the past week for both the general population and for healthcare personnel
- Prescription guidance and information on availability of the **first oral antivirals authorized** for the treatment of COVID-19
- An update on pre-exposure prophylaxis for COVID-19

2. Because of the immense rate of new cases, testing has become extremely limited in the Northern Virginia region. If you do not offer COVID-19 testing at your practice, your patients may be unable to access testing elsewhere.

If your patients cannot access testing, please recommend the following:

- If they are symptomatic, it is likely that they have COVID-19. They should follow the isolation guidance that is applicable to them (either for healthcare workers or for the general population).
- If they are asymptomatic but have had an exposure, they should follow the quarantine guidance that is applicable to them (either for healthcare workers or for the general population), and avoid any large gatherings, sensitive settings, and visiting with medically vulnerable people for at least 10 days.

3. Ask your patients who have either confirmed for suspected COVID-19 infection to notify their own close contacts, as it is unlikely that close contacts will be reached by the health department.

4. Hospital capacity in the region is being impacted by the recent surge in cases. Remind patients with mild COVID-19 and other non-emergent illness and injuries to avoid seeking care at hospitals. A press release with more information is available here: https://www.vdh.virginia.gov/news/2021-news-releases/

Thank you for all you do to support our community.

Sincerely,
David C. Rose, MD, MBA, FAAP
Health Director, Alexandria Health Department

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