



## COMMONWEALTH of VIRGINIA

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### COVID-19 Update for Virginia

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Dear Colleague:

COVID-19 continues to evolve. Please visit the [Virginia Department of Health \(VDH\) website](#) for current clinical guidance and epidemiologic data. I want to highlight the following updates:

#### COVID-19 Reporting

Clinicians should report all suspected cases to the [VDH Online Morbidity Reporting Portal](#). Rapid reporting allows VDH to immediately initiate a case investigation and conduct contact tracing, with the ultimate goal of containing the spread of COVID-19.

On June 4, the [U.S. Department of Health and Human Services released new laboratory data reporting guidance for COVID-19 testing](#). In addition to test results, certain demographic data (e.g., race, ethnicity, age, and sex) are now required and reports should be transmitted to VDH electronically. This reporting should start no later than August 1, 2020. **Providers are strongly encouraged to report complete demographic information when ordering testing.**

#### COVID-19 Testing

VDH recommendations for prioritizing testing are [here](#). If testing in the private sector is not available, clinicians may request testing at Virginia's Division of Consolidated Laboratory Services (DCLS) by contacting their [local health department](#).

VDH is aware of extended testing turnaround times both here in the Commonwealth and nationwide as a result of increased demand. Adherence to VDH guidelines to ensure testing of priority groups is encouraged as the Commonwealth works with public and private partners to address gaps in resources.

VDH recently launched a new webpage for [healthcare providers](#) that includes a [one-page testing algorithm](#) and information on the types of COVID-19 tests, how to test patients safely, and tips for interpreting test results.

Healthcare providers should offer evaluation and diagnostic testing (e.g., PCR) for any patient who meets the definition of a [close contact](#) of a confirmed or probable COVID-19 patient. All close contacts should [self-quarantine](#) and monitor their health for 14 days from their last exposure, even if they are asymptomatic or test negative. Close contacts who are symptomatic or test positive should [self-isolate](#). [This resource](#) describes the difference between isolation and quarantine.

VDH updated [guidance](#) for assessing and managing healthcare personnel exposed in healthcare settings other than nursing homes, based on the latest Centers for Disease Control and Prevention (CDC) [recommendations](#).

## **Vaccinations**

Vaccination rates have decreased across all ages during the COVID-19 pandemic. Initially, CDC recommended prioritizing vaccines for children under 24 months of age. As a result, vaccines typically given to children older than 24 months and adults have seen the steepest decline. As of May 31, vaccines entered in the Virginia Immunization Information System (VIIS) were 23% lower compared to previous years. However, there are signs of improvement. In June, Virginia saw vaccine orders increasing and community pediatricians stepping up outreach to parents. Please continue to ensure your patients get back on track and incorporate the [ACIP Recommended Catch-Up Immunization Schedule for Children and Adolescents and Adults](#).

I want to draw special attention to the importance of influenza vaccination this season. It will be crucial to decrease the incidence of influenza in the community to ease the stress on the healthcare system when both viruses are likely to be circulating. VDH has pre-ordered additional influenza vaccines to ensure access for underserved populations through local health departments, community health centers, and free clinics. I ask you to champion the influenza vaccine this season. We need to work together to overcome barriers, including [common vaccine myths](#).

Regarding the anticipated COVID-19 vaccine, at this time VDH does not have definitive information on which or when vaccines may be available. However, VDH is working closely with CDC to prepare. VDH routinely practices mass vaccination events and is incorporating lessons learned during the 2009 H1N1 influenza pandemic into our planning. This includes identifying additional staff that need to be trained, ordering supplies, and upgrading the VIIS platform, software, and hardware. All COVID-19 vaccines administered will need to be entered into VIIS, as was done during the previous pandemic. If your practice is not already using VIIS, please contact our team today at [viisinfo@vdh.virginia.gov](mailto:viisinfo@vdh.virginia.gov).

As states move to reopen their economy, people are faced with difficult and personal decisions about returning to work, seeing family and friends, or traveling away from home. Clinicians should engage with their patients to provide support and insight for individualized risk assessments. Consider referring to, and expanding upon, the framework proposed by [Dr. Larochelle](#) based on the person's occupational risk of contracting COVID-19 and the person's risk of severe illness if infected.

Please continue to contact your [local health department](#) if you have questions about COVID-19. Thank you for all that you do every day to protect Virginians.

Sincerely,

M. Norman Oliver, MD, MA  
State Health Commissioner