

MEMORANDUM

To: City of Fairfax Mayor and City Council
From: Carolyn Sutterfield, Chair/City of Fairfax Representative
Re: Fairfax Area Commission on Aging
Date: January 2021

The Fairfax Area Commission on Aging (COA) continues to meet virtually on third Wednesdays of the month. Instructions for joining our public meetings are published in the [Golden Gazette](#). (Inauguration Day was a county holiday, so we did not meet on January 20.) Our next meeting is February 17 at 2 p.m. with guest speaker Steve Descano, Fairfax Commonwealth's Attorney.

- Foiling COVID scammers

Melissa Smarr of the Fairfax County Silver Shield Task Force briefed the 50+ Community Ambassadors on pandemic-related scams aimed especially at older adults, such as fake contact-tracing apps that charge a fee for false information, emails with links to phony COVID cures, or callers offering to arrange vaccination appointments for a fee. To read her advice, visit www.fairfaxcounty.gov and search "Staying Safe from Scams."

- Expansion of Senior Housing

Toni Clemmons-Porter and Ahmed Rayyan of Housing and Community Development (HCD) updated the COA on the current status of affordable housing for older (60+) county and city residents who meet income requirements. In addition to controlling a percentage of senior units in privately owned facilities, the Fairfax County Redevelopment and Housing Authority (FCRHA) owns 7 independent-living facilities (482 units) and 2 assisted-living facilities (86 units), with 600 more independent-living units planned (including 120 at One University). Each facility maintains its own application process and waitlist. For more information, visit www.fairfaxcounty.gov/rha.

- COVID-19 Response Plan for Older Adults

The Fairfax Area Agency on Aging (AAA), part of Fairfax County's Department of Family Services (DFS), led the effort this fall to develop a response plan for critical issues faced by older adults during the pandemic. I represented the Commission on Aging on the workforce team, which included representatives from the county departments of Health, Fire and Rescue, Neighborhood and Community Services, and Housing and Community Development (HCD), and the Fairfax-Falls Church Community Services Board (CSB).

The team identified three primary areas of need: Social Isolation, Technology, and Wellness. A joint plan to address these needs, sponsored by Supervisors Herrity and Walkinshaw, was approved by the Board of Supervisors on December 1. A sampling of its elements includes

- wellness assessments of individuals who formerly attended Senior Centers and Adult Day Health Care to offer support and connect them with essential resources;

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- expansion of Meals on Wheels to more clients, including delivery to those seniors who formerly participated in congregate meals programs at county centers;
- creation of a [Virtual Center for Active Adults](#), where older adults and adults with disabilities can gather, learn, talk, exercise and remain engaged online;
- telehealth options offered by CSB to meet the needs of older adults, adults with disabilities, and other eligible residents;
- a free Neighbor 2 Neighbor grocery shopping and pharmacy pick-up program; and
- participation by telephone in ElderLink's Chronic Disease Self-Management Program.

Additional programs and services are under development. See the full Response Plan at www.fairfaxcounty.gov/familyservices/older-adults/covid-19-response-plan-for-older-adults.

MEMORANDUM

To: Mayor and City Council

From: Sandra Slappey Brown, Fairfax City Representative to the Fairfax/Falls Church CSB Board

Re: Quarterly Report from the CSB Board, October through December 2020

Date: January 18, 2021

The CSB Board has continued to hold monthly virtually meetings. The primary topic this quarter has been:

Potential Contracting of Services

The CSB has begun exploration of potential contracts for some of its services. This has been the only topic of callers during Matters of the Public. The CSB Director issued a statement that read in part:

CSB is engaged in an exploration process to determine whether to contract some of the services currently directly operated by the CSB.... The savings provided by contracting services will allow the CSB to serve more individuals as well as reduce time individuals may spend on a waitlist.

The CSB will be using a phased approach to begin the Request for Proposal (RFP) writing process and any subsequent contracting decision. This will occur in four phases (occurring now through early 2022)

In response to expressed concerns from consumers, staff, and community members, CSB is gathering historical data on the costs of service delivery and trends in the residential services wait list; will host open town hall virtual meetings; and will conduct a survey to gather further input.

Also of Interest: MARCUS Alert Bill

This bill, informally called the MARCUS Alert bill, was passed by the Virginia General Assembly. The bill proposes the establishment of a statewide co-responder model that will pair mental health clinicians and peers with police officers responding to 911 calls involving individuals in a mental health crisis. The Board of Supervisors (BOS) has strong interest in this type of program. Initial plans under consideration include cooperative planning and information sharing between law enforcement and the CSB and the likely implementation of a micro pilot for which regular updates will be provided.

Additional Items of Interest:

- Efforts with Medicaid Expansion resulted in 500+ enrollments in Medicaid in September 2020
- Approximately 50% of services are delivered via telehealth
- Adult wait times reflect an increase at Merrifield attributed to staff vacancies, with youth wait times mostly stable
- Plans are underway for implementation of a new Electronic Health Record (EHR)
- CSB Deputy Director of Administrative Operations Michael Neff, who was hired in early 2020, is resigning effective Jan 22, 2021. A search for his replacement has begun.

Memorandum

To: Fairfax City Council
From: Andrew Wankum
Date: January 25, 2021
Subject: Health Systems Agency Board of Directors Report

The Board of Directors for the Health Systems Agency of Northern VA (HSANV) makes recommendations to the Virginia Commissioner of Health on whether to grant a Certificate of Public Need (COPN) to health care providers before proposed acquisitions, expansions, or creations of health care facilities or provider offices are allowed. HSANV covers Planning District 8, which includes the cities of Fairfax, Alexandria, Falls Church, Manassas, Manassas Park and the counties of Arlington, Fairfax, Loudoun and Prince William.

Virginia law requires owners and sponsors of identified medical care facility projects to secure a Certificate of Public Need (COPN) from the State Health Commissioner prior to initiating projects such as general acute care services, perinatal services, diagnostic imaging services, cardiac services, general surgical services, organ transplantation services, medical rehabilitation services, psychiatric/substance abuse services, mental retardation services, lithotripsy services, miscellaneous capital expenditures and nursing facility services.

Below are the final decisions made by the Virginia Commissioner of Health on health care projects in our planning district.

The Commissioner of Health has approved the Virginia Hospital to add Center COPN application seeking authorization to add 43 medical surgical beds (COPN Request VA-8519). HSANV recommended approval of the application on September 14, 2020. Virginia Division of Certificate of Public Need (DCOPN) staff also recommended approval of the application.

The Commissioner of Health has approved the Sentara Northern Virginia Medical Center COPN application seeking authorization to establish a CT scanning service in Fairfax County, VA (COPN Request VA-8503). HSANV recommended approval of the application on June 29, 2020. Virginia Division of Certificate of Public Need (DCOPN) staff also recommended approval of the application.

The Commissioner of Health has approved the Franconia-Springfield Surgery Center COPN application seeking authorization to introduce mobile renal lithotripsy (COPN Request VA-8479). HSANV recommended approval of the application on February 10, 2020. Virginia Division of Certificate of Public Need (DCOPN) staff also recommended approval of the application.

The Commissioner of Health has approved the Kaiser Foundation Health Plan COPN application seeking authorization to establish CT, MRI, PET-CT and non-cardiac nuclear medicine services in Woodbridge, VA (COPN Request VA-8468). HSANV recommended approval of the application on December 9, 2019. Virginia Division of Certificate of Public Need (DCOPN) staff also recommended approval of the application.

The Commissioner of Health has denied the Reston Hospital Center COPN application seeking authorization to expand its surgery service by establishing an open heart surgery program (COPN Request VA-8436). HSANV recommended denial of the application on May 20, 2018. Virginia Division of Certificate of Public Need (DCOPN) staff also recommended that the application be denied. An informal fact finding conference (IFFC) was held on December 11, 2019.

The Commissioner of Health has approved the Kaiser Foundation Health Plan COPN application seeking authorization to establish an outpatient surgical hospital in Woodbridge, VA (COPN Request VA-8467). HSANV recommended approval of the application on October 14, 2019. Virginia Division of Certificate of Public Need (DCOPN) staff also recommended approval of the application.

The Commissioner of Health has approved the Franconia-Springfield Surgery Center COPN application seeking authorization to add one general purpose operating room (COPN Request VA-8465). HSANV recommended approval of the application on October 14, 2019. Virginia Division of Certificate of Public Need (DCOPN) staff also recommended approval of the application.

The Commissioner of Health has approved the Virginia Hospital Center Edison COPN application seeking authorization to establish an outpatient surgical hospital (COPN Request VA-8462). HSANV recommended approval of the application on October 14, 2019. Virginia Division of Certificate of Public Need (DCOPN) staff also recommended approval of the application.

The Commissioner of Health has approved the Loudoun Hospital Center COPN application seeking authorization to acquire a cardiac catheterization laboratory (COPN Request VA-8461). HSANV recommended approval of the application on October 14, 2019. Virginia Division of Certificate of Public Need (DCOPN) staff also recommended approval of the application

The Commissioner of Health has approved the Inova Health Care Services COPN application seeking authorization to relocate and replace MRI scanners in Fairfax County (COPN Request VA-8442). HSANV recommended approval of the application on July 8, 2019. Virginia Division of Certificate of Public Need (DCOPN) staff also recommended approval of the application.

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The Commissioner of Health has approved the Heritage Hall-Leesburg COPN application seeking authorization to expand by adding 30 nursing home beds (COPN Request VA-8424). HSANV recommended denial of the application on April 8, 2019. Virginia Division of Certificate of Public Need (DCOPN) staff also recommended denial of the application. An informal fact finding conference (IFFC) was held on June 4, 2019.

The Commissioner of Health has approved the Reston Hospital Center COPN application seeking authorization to expand its surgery service by adding two general purpose operating rooms (COPN Request VA-8435). HSANV recommended approval of the application on May 20, 2019. Virginia Division of Certificate of Public Need (DCOPN) staff recommended that the application be denied. An informal fact finding conference (IFFC) was held on June 6, 2019.

MEMORANDUM

To: City of Fairfax Mayor and Council

CC: Lesley Abashian

From: Frank Franz, Fairfax City Board Chair, Fairfax County Juvenile and Domestic Relations Court Citizens Advisory Council

Date: January 21, 2021

Re: Report for the Period October 2020 - December 2020

- Due to changes at the courthouse due to COVID-19 restrictions, the court is continuing to try to reduce the case backlog, which extends to June 2021 and beyond for cases that do not involve defendants who are jailed or detained.
- Ms. Kristi Smith has been hired as the new Clerk of the Court.
- The Court Services Unit (CSU) residential programs are operational with limitations placed on new admittance, professional visits, and home visits because of COVID-19.
- The CSU Domestic Relations staff continue to process civil matters in person while most probation services are being conducted virtually at this time.
- The CSU is taking significant steps to expand diversion efforts for first-time low-risk youth.
- After the COVID-19 outbreak several months ago, there have been no further outbreaks of COVID-19 in the juvenile detention center.
- No budgetary cuts are anticipated for FY21.

MEMORANDUM

To: City of Fairfax Mayor and Council

From: Suzanne Levy

RE: Fairfax Library Report

Date: January 2021

While the Library System had been operating with open doors since August, it became necessary as of January 11 to close the buildings to the public once again. There is curbside pickup for books you have put on hold (Monday-Saturday from 10 to 4) or you can ask staff to bring you a bag of books on a particular subject. Meanwhile e-books and audio books are circulating like crazy and you just need to search the catalog and select a title to download or pick up. There are many options.

<https://research.fairfaxcounty.gov/unlimited>

<https://research.fairfaxcounty.gov/unlimited/at-home> lists these options.

- Ask Your Library is available to customers:
 - Monday through Friday: 10 am–5:45 pm
- Staff members at various library branches across the county will be available to answer your chat questions during the above hours.
- Customers may submit emails at any time or call one of the 23 branches during its regular hours when the service is offline. Fairfax number is 703-293-6227
Branch email is libFX@fairfaxcounty.gov; Virginia Room email is va_room@fairfaxcounty.gov
- Wi-fi access is available to the public outside branches from 6 am to 10 pm

The Library Annual Report will be delivered to City Hall shortly. It was published in limited quantities so I cannot provide copies for all, but I did include one for Lesley.

Check out the main library web site for more details, including virtual programming:
www.fairfaxcounty.gov/library

MEMORANDUM

To: Mayor and City Council

From: Anita Light, Fairfax City Representative to the Fairfax County Long Term Care Coordinating Council

Re: Quarterly Report from the LTCCC, July to September 2020

Date: January 21, 2021

Fairfax County Long Term Care Coordinating Council met on January 13, 2021. With almost 45 members of this committee and FOIA mandates in place, a Zoom meeting was held to (1) hear a presentation by Dr. Ben Schwartz, Director of Epidemiology, Fairfax County Health Department, (2) Hear an update from the LTCCC COVID-19 Impact and Response Committee, (3) a presentation on the NO Wrong Door Ombudsman Program and the BOS's COVID-19 Response Plan for Older Adults.

Dr. Schwartz provided an overview of what is currently known about COVID, the impact in Fairfax County, the various types of vaccines and how FFX County will role out vaccinations according to the Virginia Department of Health

- In Fairfax County: Over 50,000 cases identified with over 500 new cases each day; Over 3,000 hospitalized; Over 700 died
- FFX County is now in phase 1c and this group can register as of 1-18-21
- Indicated that the registration process has been problematic due to the call center and website being overwhelmed

Laura Nichols shared information on the Ombudsman Program. She indicated a need for volunteers, and that most of their work was being done remotely.

Tara Turner reported on the Area Agency for Aging Report that is posted on the FFX county website titled, COVID-19 Response Plan for Older Adults. This report highlights three primary concerns for older adults as follows: social isolation, technology, and wellness for older adults. This report reflects the efforts made by FFX County to address these issues over the past 9 months and then makes suggestions for immediate initiatives to address gaps related to the pandemic.

The LTCCC subcommittee titled ***COVID-19 Impact and Response Committee*** has also been working on identifying areas of concern for disabled and older adults. This committee has met every other week since September and has done the following:

The **Fairfax County LTCCC COVID-19 Impact Survey** was developed by the LTCCC COVID-19 Impact and Response Committee and made available online

in Survey Monkey from November through January 4, 2021. Responding were 30 LTCCC members. Key results in the survey are as follows:

- Of the 58 members of the LTCCC, responses were gathered from 30 (52%) which is above average for customer surveys which average from 5%-30% response rate.
- Over 82% of respondents represent non-profit organizations.
- The nature of the LTCCC members answering was evenly distributed among a wide variety of service areas listed with service providers and healthcare at 43% and volunteers, advisory and help to the public at 37%. Education services were provided by 53% of those responding.
- Almost 97% of respondents stated there was a change in operating status due to COVID-19, with 47% still open but with limited programs/services. Office visits and requests for rides were significantly decreased with “virtual everything” taking their places. Serving fewer people was almost a 50% response.
- Although only 23% reported there was a shift in constituencies served, comments were written about the underserved who do not have virtual connections and therefore cannot participate. This confirms sub-committee/work group input that inequity exists with those not able to use current technologies.
- Over 50% of respondents reported small to large financial losses. Over 50% reported that they did not apply for financial relief. The question is do LTCCC members need financial relief.
- Reducing services temporarily (35%) and working remotely (62%) were part of the adaptations required.
- Relationship questions showed restriction of guests/visitors was at 67% and reduced socialization was at 77%. This confirms sub-committee/work group input that relationships and social isolation are the hardest hit by far. Rethinking older models and finding innovation through human contact whether by the Village or neighbor concepts were offered as ideas to cope with this change in relationships.
- Relationships were cited as the biggest challenge. Isolation and loss of personal freedom were reported the most (both at 80%) by respondents. In answer to “What worked?”, virtual programming, being creative, partnering, telemedicine, regular phone calls, and recruiting young volunteers were mentioned.
- In answer to “Name any opportunities”, 83% stated developing new ways of communication and pioneering new programming and adapting services (50%) were open to them now.
- In answer to “What needs to be improved?”, respondents stated that more widespread communication of key information, more education, more mailings, more coordinating, more partnering, and more ideas for bridging the gap for those without technology were stated.

Additional comments included more about communications in different languages, technology gaps, lack of computer access and a growing concern about the emphasis on “leaning toward technology and not enough toward thinking of other ways of imparting information.”

As a result of the survey, the emphasis of this committee in the near-term will be to focus on

1-Inequitable Communications

Problem: Not everyone gets the COVID-19 information in a way they can use.

Solution: Raise awareness and a sense of urgency of the problem. Provide input for messaging content and methods.

Actions:

1. Give feedback to Fairfax County communications staff about this problem. Find out what information dissemination is available to this subset. Discuss what type of help can this committee provide to the County.
2. Where gaps exist, provide to Fairfax County Communications staff innovative solutions for messaging and modes to ensure the population receives and understands key information about COVID-19.
3. Ask for evaluation of how messaging is received, when and how many, what effect, what results are measured.
4. Advocate within LTCCC organizations to be proactive with County efforts.

Recommendation:

1. For the January 5, 2021 committee meeting request a Fairfax County communications staff member to attend our meeting for an exchange of information and to hear our concerns/ideas. Prior to the meeting, create a list of questions to be given in advance to the County Communications Staff.

2-Social Isolation

Problem: Necessary COVID-19 related restrictions isolate older adults and adults with disabilities severely.

Solution: Raise awareness of the problem and increase strategies such as personal touch (one- to-one), social conversations by phone and/or other overt methods; and collaborate to create safe socially distanced in-person activities, as solutions to address social isolation.

Actions:

- 1-Leverage LTCCC organizations already doing these activities to partner with more LTCCC organizations to expand and increase the impact. This will be led by committee members whose organizations are already doing some of these activities.
- 2-Encourage neighborhood connections such as through established networks like Aging-in-Place Villages, neighborhood associations, block captains, faith-based groups and other organizations that specialize in one-to-one connections.

- 3-Explore collaboration with county agencies and county-staffed community groups serving these populations, where appropriate.
- 4-Determine what legal requirements and alternative methods, within COVID-19 restrictions, may need to be implemented to provide social isolation interventions to older adults and adults with disabilities.

Recommendations:

1. For the January 13, 2021 full LTCCC meeting, engage LTCCC members to join with the committee to increase activities that address social isolation among older adults and adults with disabilities.
2. Dedicate one LTCCC COVID-19 Impact & Response Committee meeting to identify new ways to reach isolated older adults and adults with disabilities. Create additional actions as identified.
 - (1) expanding communications and reducing social isolation for disabled and older adults and their caregivers.

On January 5, 2021, the committee had the FFX County Health Dept. Communications Specialist Allyson Pearce speak about efforts of the health department to communicate about the pandemic and the vaccine.

After the full LTCCC meeting on January 13, 2021, all members of the LTCCC were asked to share ideas of what has worked for their organization and to participate in the coordination of partnerships among these agencies for economies of scale.

This committee will continue to address other priority issues identified for this population thru December 2021.



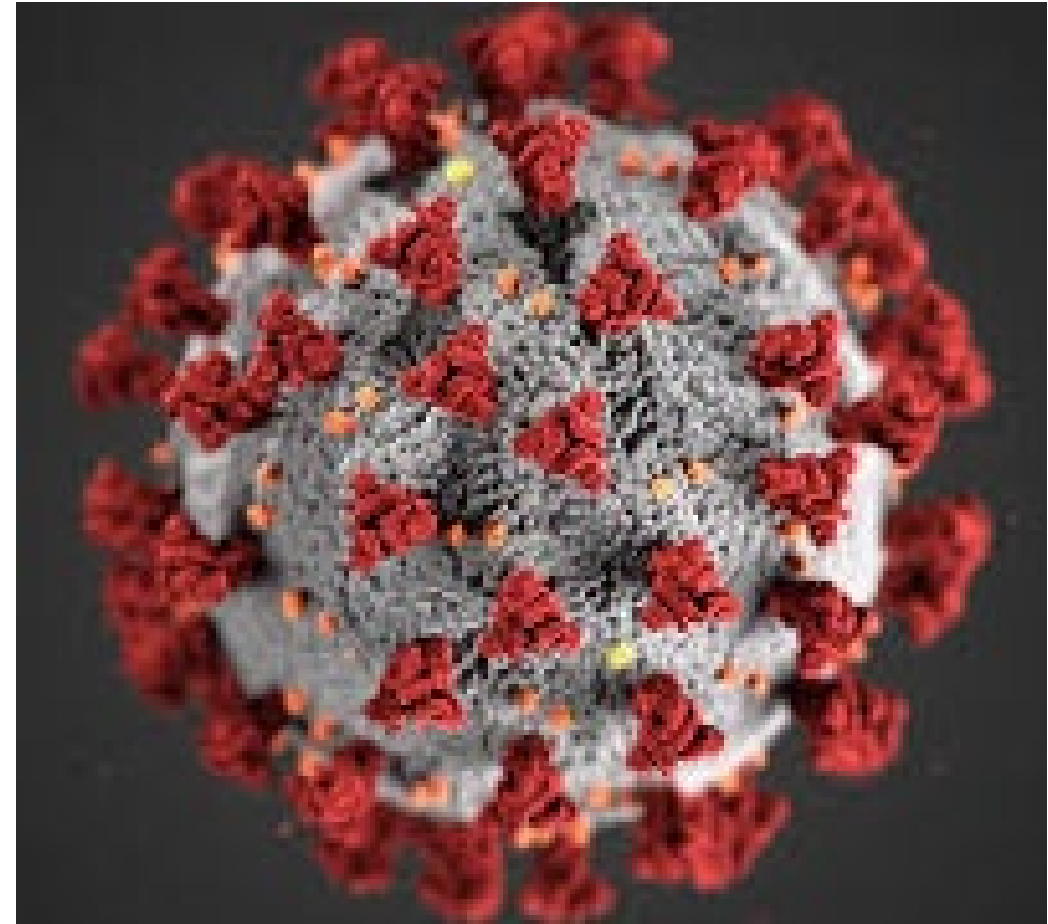
COVID-19 Vaccines and Vaccination

Benjamin Schwartz, MD
Fairfax County Health Department

January 12, 2020

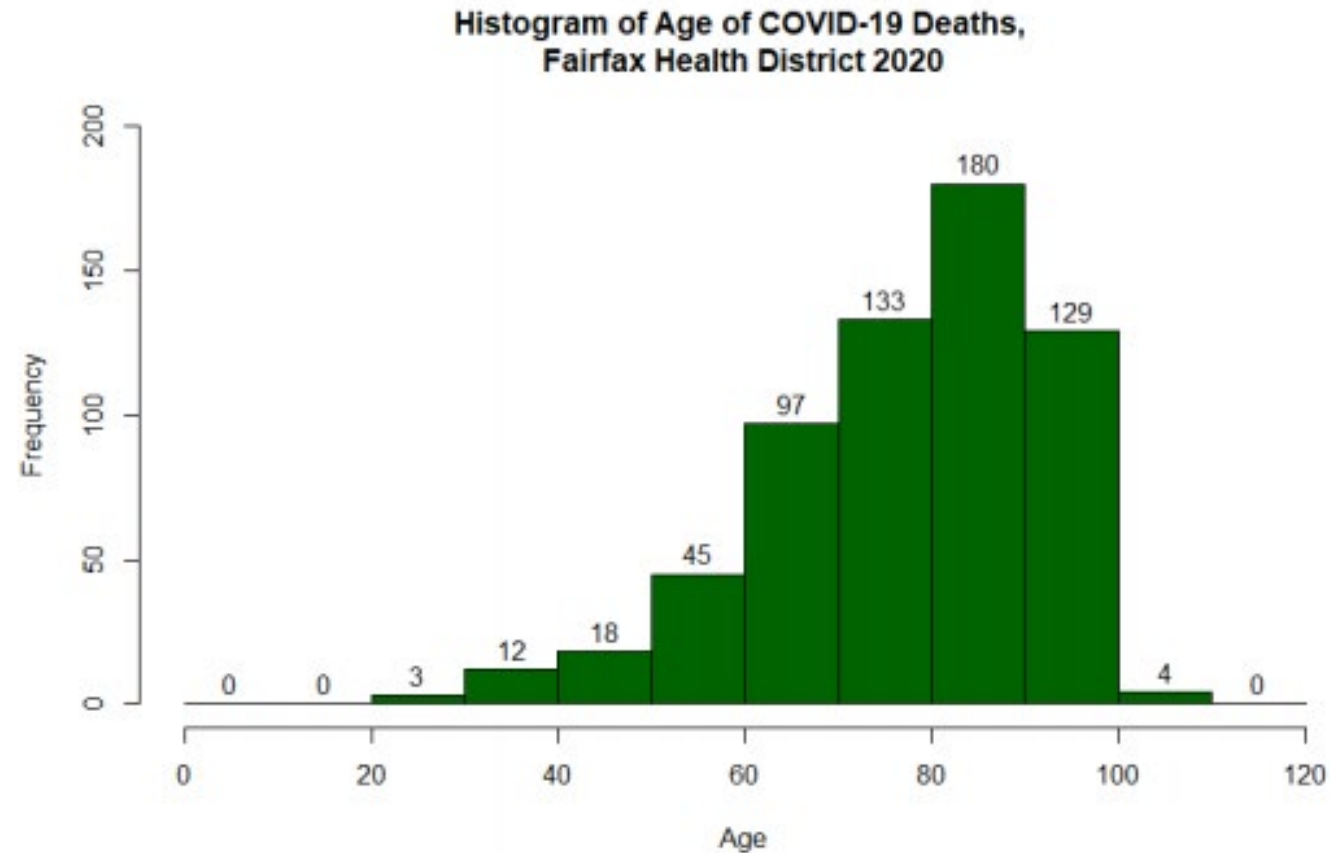
COVID-19 by the Numbers

- In Fairfax County
 - Over 50,000 cases identified with over 500 new cases each day
 - Over 3,000 hospitalized
 - Over 700 died
- Nationally
 - Over 22,000,000 cases
 - Over 373,000 deaths



COVID-19 Mortality in Older Adults

- 58% of deaths in LTCF residents
- 72% of deaths in persons 70+ years old
- Greater risk of death and lower median age among Hispanic and African American populations



Data through 10/31/20



Impacts Beyond the Numbers

- Health impacts
 - Severe disease, hospitalizations, prolonged illness
 - Mental health impacts, stress, feeling out of control
 - Food insecurity
- Economic impacts
 - Loss of jobs
 - Inability to pay rent
- Educational impacts



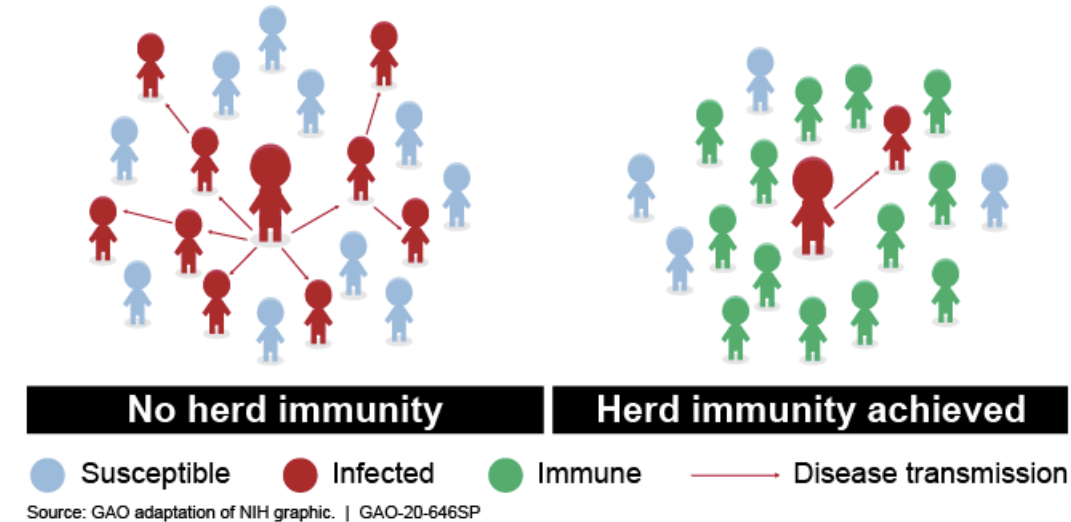
Why Are Cases Increasing?

- Increased time spent indoors
- Increased family gatherings
- Increased travel
- Increased attendance at restaurants, gyms, and other locations
- **Mitigation fatigue**

How We End the Pandemic

- The pandemic will end when people are immune to COVID-19 so that the virus can't spread
 - For COVID-19 this “community immunity” is thought to occur when about 60-70% of people are immune
- There are 2 ways to become immune
 - Get COVID-19 **disease**
 - Get COVID-19 **vaccine**

How “herd” or “community” immunity works





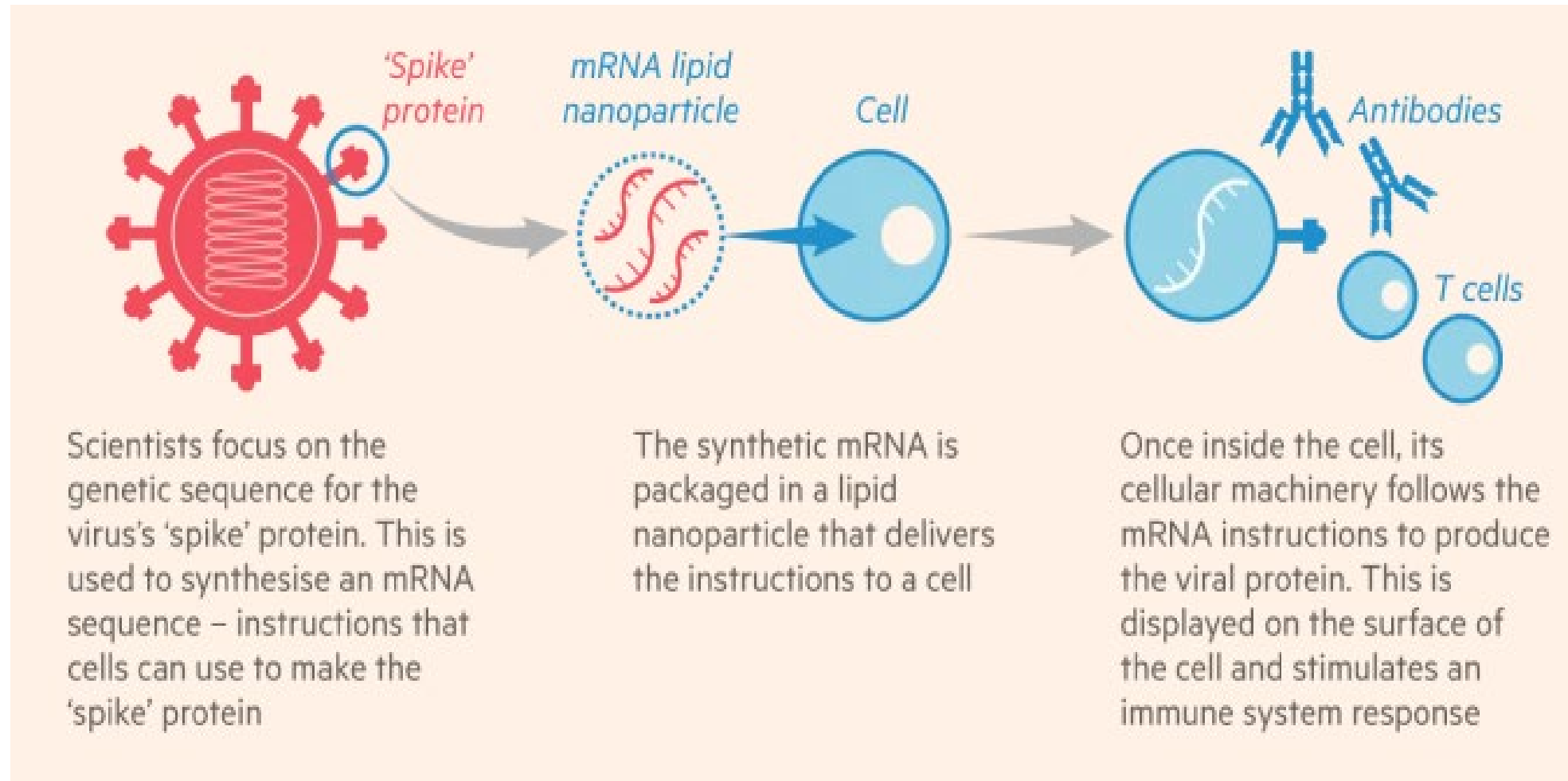
tell me more about
vaccines



COVID-19 Vaccines

- COVID-19 **mRNA vaccines** from Pfizer and Moderna were approved by FDA and recommended by CDC in mid-December
- Each vaccine was studied in trials with over 30,000 volunteers including:
 - Adults of all ages
 - Women and men
 - People of different races and ethnicities
- Independent scientists reviewed all the study data before FDA authorization
- This process was the same as that used for other vaccines: **no corners were cut**

How mRNA Vaccines Work



Scientists focus on the genetic sequence for the virus's 'spike' protein. This is used to synthesise an mRNA sequence – instructions that cells can use to make the 'spike' protein

The synthetic mRNA is packaged in a lipid nanoparticle that delivers the instructions to a cell

Once inside the cell, its cellular machinery follows the mRNA instructions to produce the viral protein. This is displayed on the surface of the cell and stimulates an immune system response



mRNA Vaccine Facts

- You can't get COVID-19 from the vaccine – there is no live virus
- They do not interact with our DNA in any way - mRNA never enters the nucleus of the cell where our DNA is kept
- The cell breaks down and gets rid of the mRNA after it's finished using the instructions
- They do not contain a tracking microchip!



How Could New COVID-19 Vaccines be Made so Quickly?

- The mRNA vaccine technology had been studied for more than a decade before the pandemic
 - Once the pandemic occurred, scientists used this approach with the virus that causes COVID-19
- Money from the government let the companies work more efficiently
- **No corners were cut** in evaluating or approving the vaccines – the types of studies, their size, and the independent scientific review before approval are the same as for other vaccines



Pfizer and Moderna Vaccine Clinical Trial Results

Pfizer

- ~43,000 participants
- **95% efficacy**
- 9 of 10 severe cases in the placebo group
- Efficacious across all age, gender, racial/ethnic groups
- **No serious safety concerns** (local reactions and flu-like symptoms; more with 2nd dose)

Moderna

- ~30,000 participants
- **94.1% efficacy**
- 30 of 30 severe cases in the placebo group
- Efficacious across all age, gender, racial/ethnic groups
- **No serious safety concerns** (local reactions and flu-like symptoms; more with 2nd dose)



**What about
people like me?**



Moderna COVID-19 Clinical Trial Data: Vaccine Efficacy

Group	Number Vaccinated	Vaccine Efficacy
Overall	15,180	94%
Age Group		
18-64	10,551	96%
65+	3,583	86%
Racial/Ethnic Group		
White, non-Hispanic	8,858	94%
African American	1,369	100%
Asian	616	100%
Hispanic	2,783	100%
Underlying Medical Condition		
High risk	3,116	96%
Not high risk	10,818	94%

FDA Briefing Document,
December 17, 2020



Moderna COVID-19 Clinical Trial Data: Vaccine Safety

There were no specific safety concerns identified in subgroup analyses by age, race, ethnicity, medical conditions, or prior COVID-19 infection.

FDA Briefing Document, December 17, 2020



Vaccine Safety: What We Know and Don't Know

- Many people had pain in the arm where they received the shot; and some had chills, headache, muscle aches, and tiredness for up to a few days
- Rarely, people had an allergic reaction which can be treated
- No serious side effects have been found that are caused by the vaccine
- As more people get these vaccines, CDC is tracking whether any serious side effects occur and will provide updates as we learn more
 - **This is the same as with all other new vaccines**

Targeted Vaccine when Supply is Limited

- Vaccination will be recommended for everyone, but at first, while supply is limited, it will be targeted to certain groups
- Vaccination is targeted to balance 2 goals: Preventing serious illness and death, and Preserving societal functioning

Phase	Prevent serious illness & death	Preserve societal functioning
1a	Long term care facility residents	Healthcare personnel
1b	Persons 75 years and older	Frontline essential workers
1c	Persons 65-74 years old; and Persons with high-risk medical conditions	Other essential workers

We are here →



Essential Workers

Frontline Essential Workers (~30 m)

- Police, fire, and hazmat
- Corrections & homeless shelters
- Childcare/K-12 teachers & staff
- Food & agriculture
- Manufacturing
- Grocery store workers
- Public transit workers
- Mail carriers
- Officials needed for continuity of government

Other Essential Workers (~57 m)

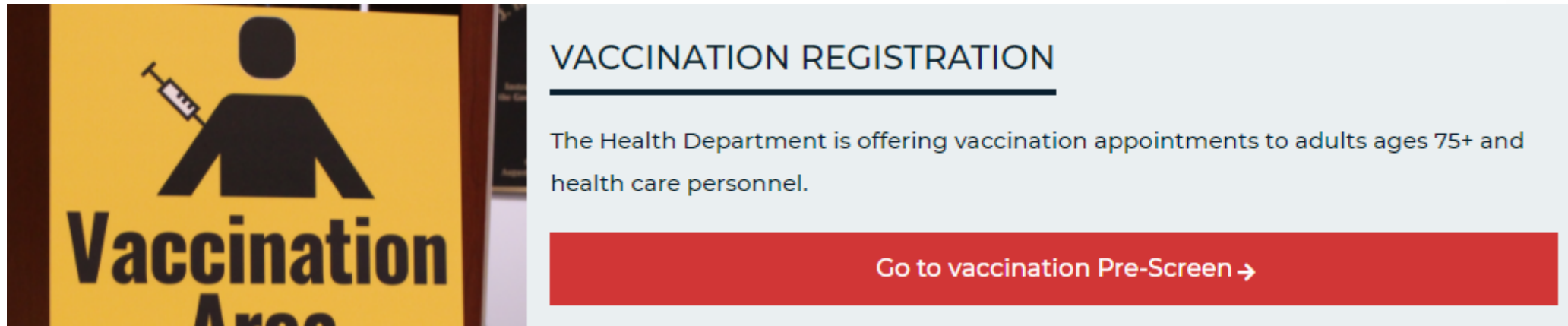
- Transportation & logistics
- Food service
- Housing & construction
- Finance
- IT & communications
- Energy
- Media
- Legal
- Public safety engineers
- Water & wastewater



Vaccination of Persons 75+ Years Old

- Fairfax County population 75+ years old: 64,478 (5.6%)
- Vaccine available at the Government Center (Sa, T, W, Th) and Health Department Clinics (T, W, Th, F)
- Registration online and through the call center
- One caregiver allowed to accompany people who need assistance
- Mobility accommodations being explored

Registration Information



VACCINATION REGISTRATION

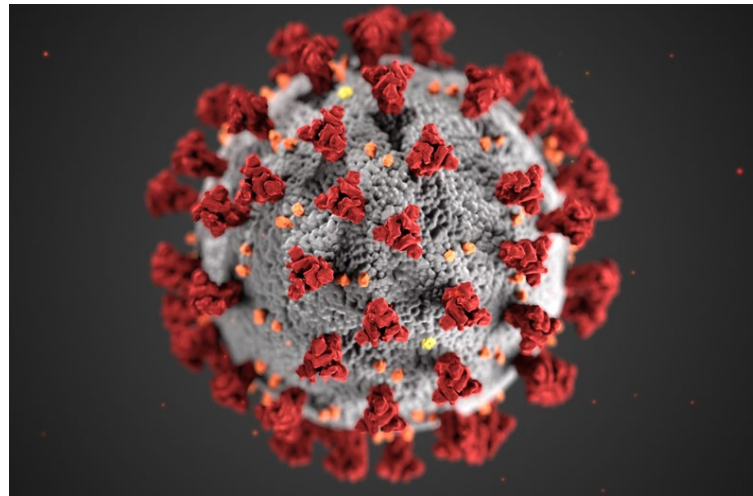
The Health Department is offering vaccination appointments to adults ages 75+ and health care personnel.

[Go to vaccination Pre-Screen →](#)

- Online registration at <https://www.fairfaxcounty.gov/health/novel-coronavirus/vaccine>
- Registration by phone through the call center at (703) 324-7404
- Currently accepting registration for healthcare personnel and adults 75+ years old

Questions

- What questions do you have?
- Can also have questions addressed through online FAQs or by calling the Health Department call center at (703) 267-3511



For more information: <https://www.fairfaxcounty.gov/health/novel-coronavirus/vaccine>