



All LHD Call

September 13th,
2022

Opening Remarks

Opening Remarks	Amanda Fuller Moore, PharmD Deputy Section Chief, Epidemiology	
COVID-19 and Monkey Pox Vaccine Update	Carrie Blanchard, PharmD, MPH COVID-19 Vaccine Program Manager	
Monkey Pox Communications Toolkit	Robin Deacle Senior Director, Communications	
CHW Program	Kathy Hodges, MSW, NCCM Community Development Specialist	Taylor Norris Project Manager PIH
HBCU Vaccination Events	Ava Crawford Director of the Office of Health Equity	Correll McRae, MPH Provider and Community Engagement
Monkey Pox and COVID-19 Treatment Update	Tim Davis PharmD, BCNP, PMP Medical Countermeasures Coordinator	
Question & Answer Session	Open for Questions – Please use the Zoom Q&A function	



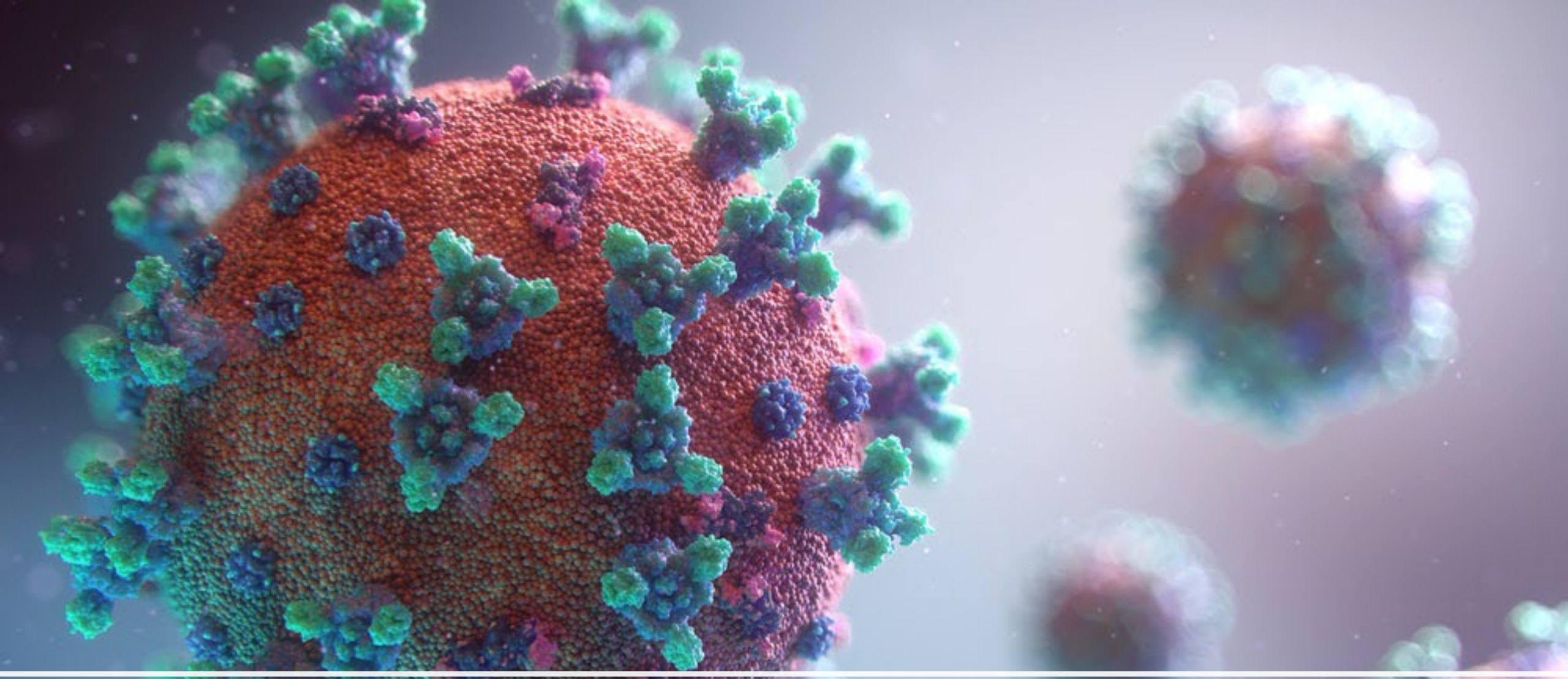
QUESTIONS?
Please use the Zoom Q&A function

COVID-19 and Monkey Pox Vaccine Update

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COVID-19 UPDATES

FALL BIVALENT BOOSTER AUTHORIZATION PROGRESS

The Centers for Disease Control and Prevention (CDC) has officially recommended the following products, following FDA emergency use authorization:

- The Pfizer-BioNTech COVID-19 bivalent booster dose for those 12+.

[Pfizer Statewide Standing Order](#)

- The Moderna COVID-19 bivalent booster dose for those 18+.



[Moderna Statewide Standing Order](#)

COVID-19 BIVALENT BOOSTER AUTHORIZATION TRACKER

The CDC recommends the use of fall bivalent boosters for the following age groups:

- 12 and older (Pfizer)
- 18 and older (Moderna)

You may now begin administering vaccine to these age groups.



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graph LR; A[1 FDA Authorized] --> B[2 ACIP Recommended]; B --> C[3 CDC Recommended];
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- **The monovalent mRNA COVID-19 vaccines are no longer authorized as booster doses for individuals 12 years of age and older. Eligible children 5-11 years old can still receive the original Pfizer booster.**
- **You may now begin administering bivalent booster doses.**

WHEN ARE YOU UP TO DATE?

- ✓ You are **up to date** with your COVID-19 vaccines if you have completed a COVID-19 vaccine primary series and **received the most recent booster dose** recommended for you by CDC.
- ✓ **To strengthen and extend protections against COVID-19, boosters are available to North Carolinians ages 5+.**



You should get a booster now if you are eligible based on the following:

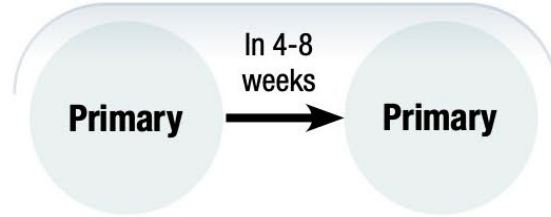
- You are **5 to 11 years old**, and you got a **second dose of the Pfizer** vaccine at least **5 months** ago.
- You are **12 or older**, and you got the last dose in your primary series or any booster at least **2 months** ago.

[CDC's Staying Up to Date \(Boosters Included\) Guidance](#)

NON-IMMUNOCOMPROMISED COVID-19 VACCINE SCHEDULE

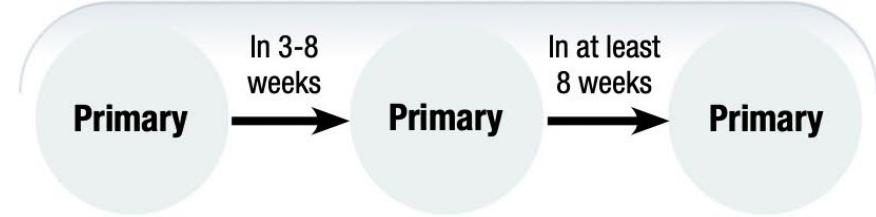
People ages 6 months through 4 years

Moderna



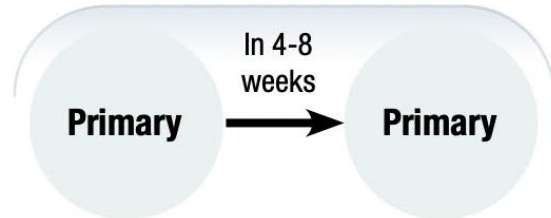
-OR-

Pfizer-BioNTech



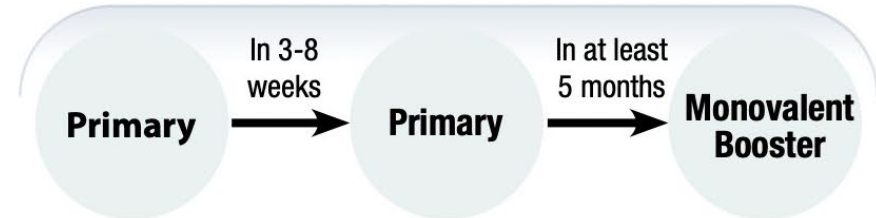
People ages 5 through 11 years

Moderna



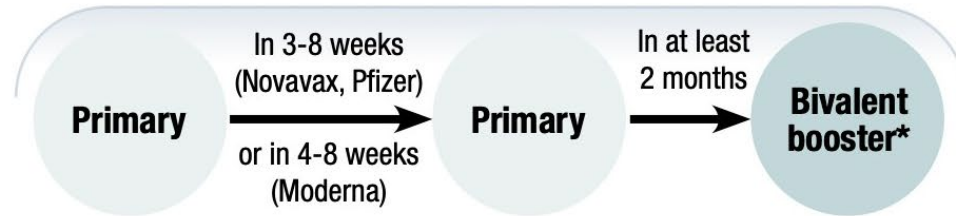
-OR-

Pfizer-BioNTech

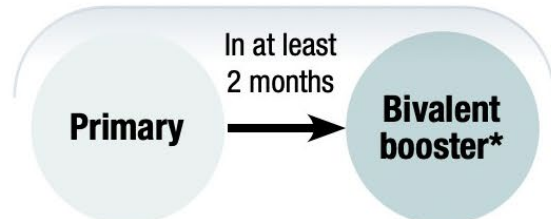


People ages 12 years and older

Moderna, Novavax, or Pfizer-BioNTech



People ages 18 years and older who previously received Janssen primary series dose[†]



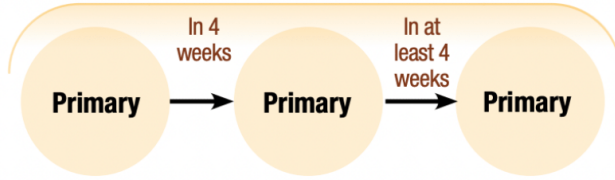
[Access the CDC's At-a-Glance COVID-19 Vaccination Schedule](#)



IMMUNOCOMPROMISED COVID-19 VACCINE SCHEDULE

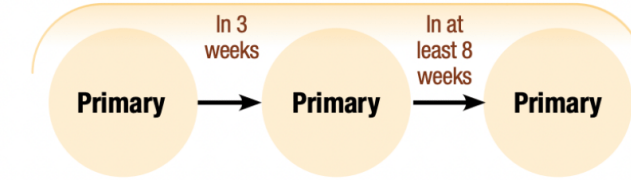
People ages 6 months through 4 years

Moderna



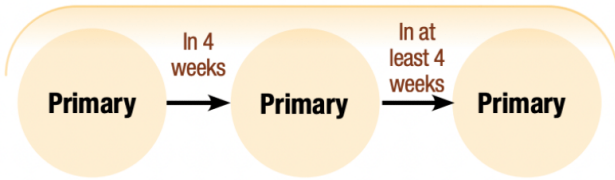
-OR-

Pfizer-BioNTech



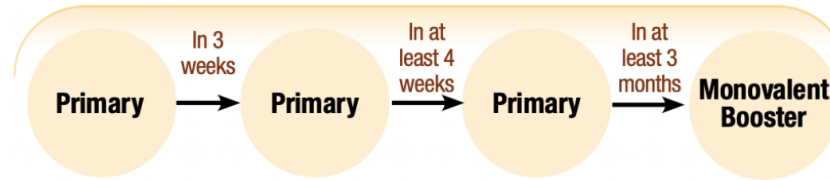
People ages 5 years through 11 years

Moderna



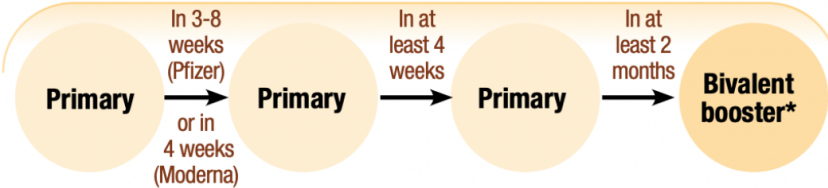
-OR-

Pfizer-BioNTech



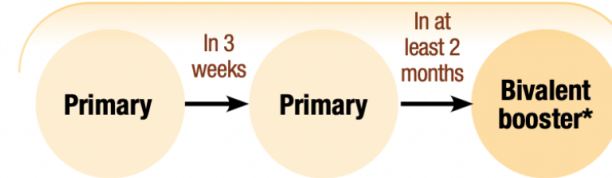
People ages 12 years and older

Moderna or Pfizer-BioNTech

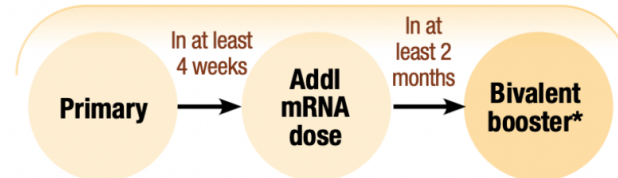


-OR-

Novavax



People ages 18 years and older who previously received Janssen primary series dose[†]



[Access the CDC's At-a-Glance COVID-19 Vaccination Schedule](#)



MODERNA BIVALENT BOOSTER

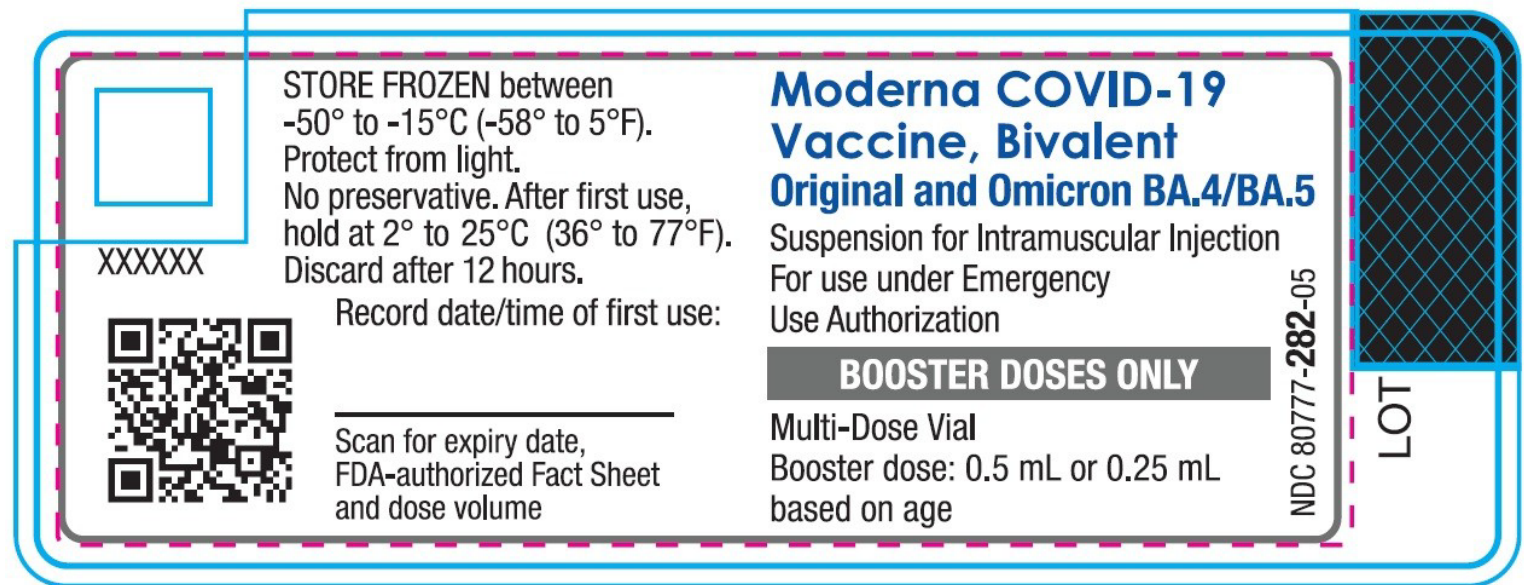
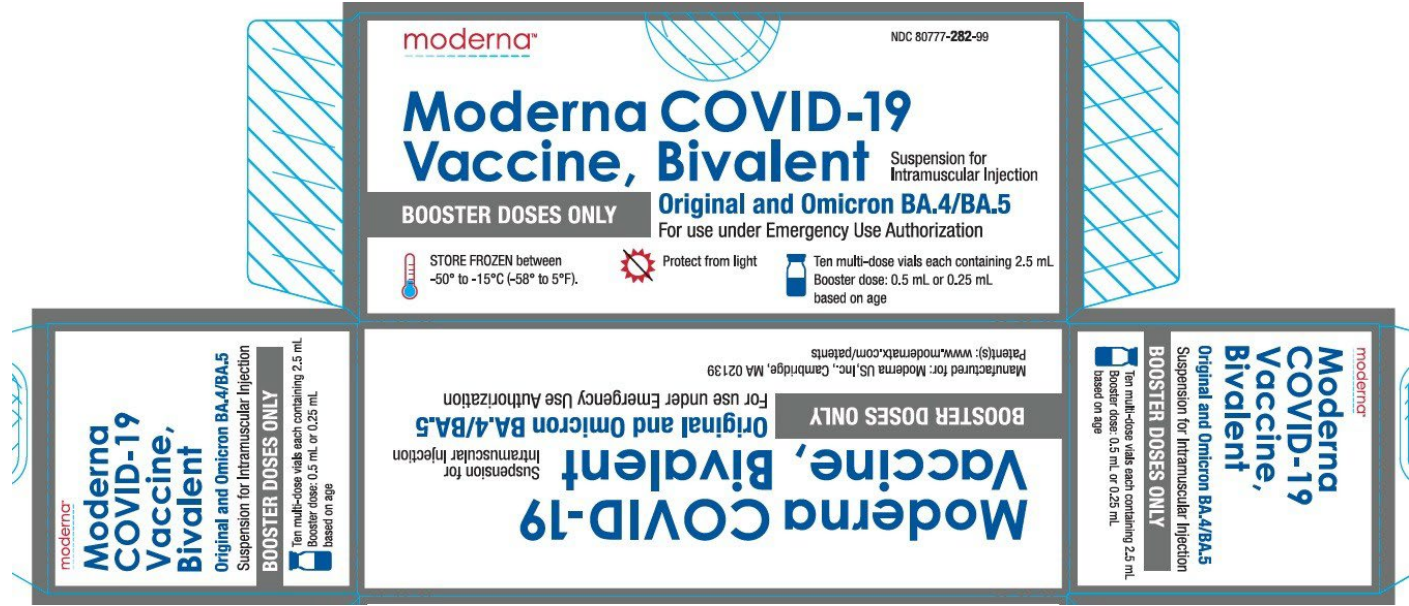
One Carton

- 10 in 1 carton multiple-dose vials
- 5 dose vials
- Dark blue cap with grey label
- MOQ of 100

Booster Dose: 0.5mL

- 50/50 mix of the original Wuhan strain and BA.4/5 variants
- Storage and handling is the same for all Moderna products
- Statewide Standing Orders are updated

NDC Codes	80777-282-05 80777-282-99
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PFIZER BIVALENT BOOSTER

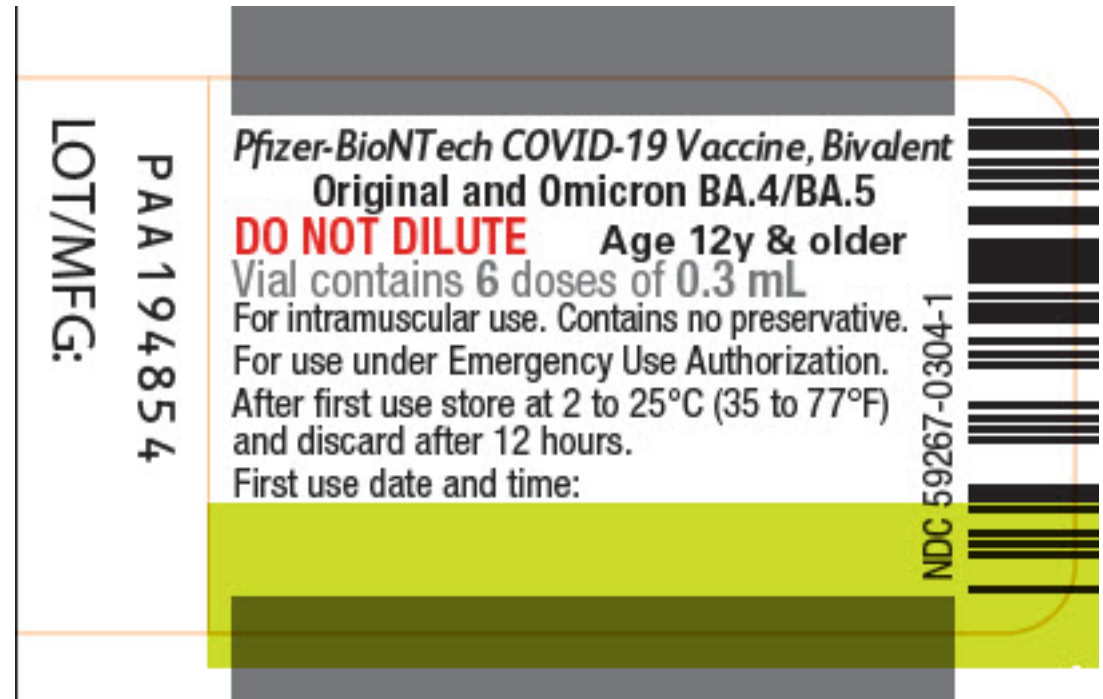
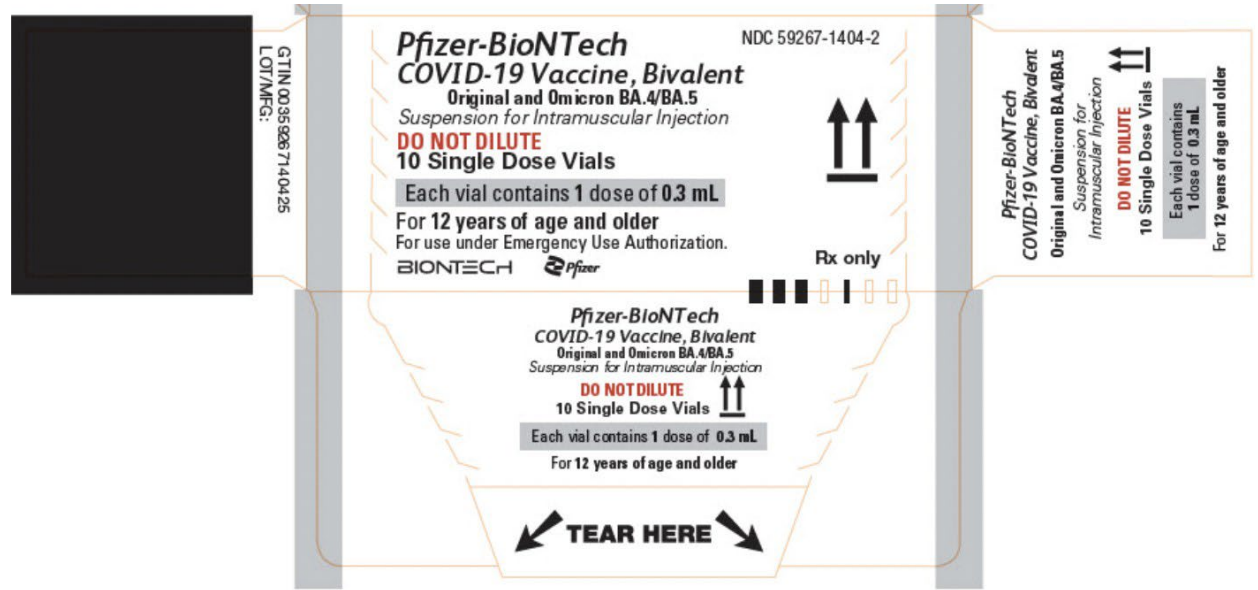
One Carton

- 10 multidose vials
- 6 doses per vial
- Grey top label and carton
- MOQ of 300

Booster Dose: 0.3mL

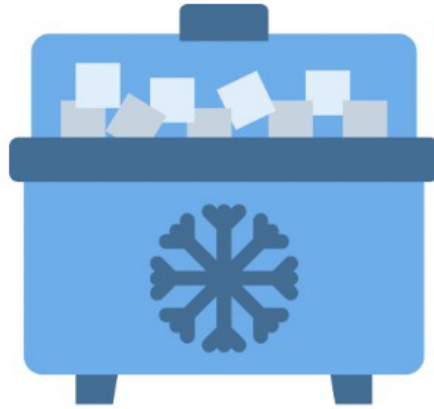
- 50/50 mix of the original Wuhan strain and BA.4/5 variants
- Packing for the bivalent booster is differentiated by the writing on the carton and vial
- Statewide Standing Orders are updated

NDC Codes	59267-0304-1
	59267-0304-2
	59267-1404-1
	59267-1404-2



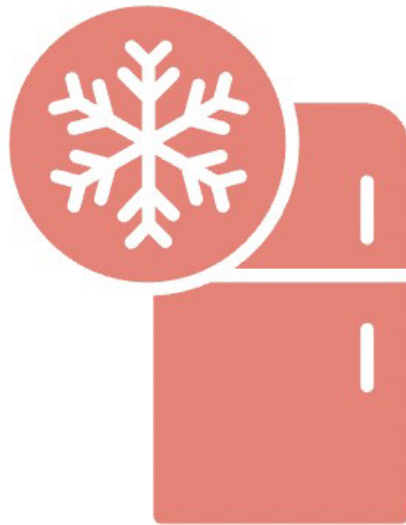


FALL BOOSTER STORAGE AND HANDLING INFO



Pfizer-BioNTech COVID-19 Vaccines

- Ultra-cold freezer storage (-90°C to -60°C) until expiry
- **NO FREEZER STORAGE**
- Refrigerate (2°C to 8°C) up to 10 weeks without puncturing
- Expected to be packaged in 6-dose vials in cartons of 10 vials each (60 doses total), with a minimum order quantity of 300 doses.



Moderna COVID-19 Vaccines

- Freezer storage (-50°C to -15°C) until expiry
- **NO ULTRA-COLD FREEZER STORAGE**
- Refrigerate (2°C to 8°C) up to 30 days without puncturing
- Expected to be packaged in 5- dose vials in cartons of 10 vials each (50 doses total), with a minimum order quantity of 100 doses.



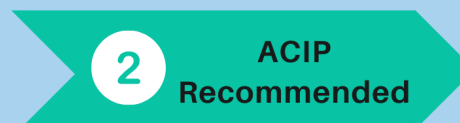
The Centers for Disease Control and Prevention (CDC) has [recommended](#) the use of Novavax's COVID-19 vaccine as a primary series option for adolescents aged 12 to 17. This recommendation follows [FDA's authorization](#) of the Novavax vaccine for this age group.

- You may begin administering the COVID-19 Novavax vaccine to adolescents aged 12 to 17. See the [updated Statewide Standing Order here](#).

NOVAVAX ADOLESCENT AUTHORIZATION UPDATE

NOVAVAX ADOLESCENT VACCINE TRACKER

- The CDC recommends the use of the Novavax COVID-19 vaccine as a primary series option for adolescents aged 12 through 17.





MONKEYPOX UPDATES

Expanded Vaccine Eligibility - JYNNEOS

- Anyone who had close contact in the past two weeks with someone who has been diagnosed with monkeypox; or
- Gay, bisexual, or other men who have sex with men, or transgender individuals, who are sexually active; or
- People who have had sexual contact with gay, bisexual, or other men who have sex with men, or transgender individuals in the past 90 days; or
- People living with HIV, or taking medication to prevent HIV (PrEP), or who were diagnosed with syphilis in the past 90 days; or
- Certain health care, laboratory, and public health response team members

At this time, most clinicians in the United States and laboratorians not performing the orthopoxvirus generic test to diagnose orthopoxviruses, including monkeypox, are not advised to receive orthopoxvirus PrEP

HOW TO ACCESS VACCINE

1. Patient in need of PEP/PEP++
 - [Refer to LHD or clinic with current vaccine supply](#)
2. All providers interested in receiving vaccine supply in the future must complete: [NC DHHS Monkeypox Vaccine Enrollment and Capacity Survey](#)
 - Submission of enrollment survey does not guarantee an allocation of vaccine – **Current supply very limited**
 - Purpose of enrollment
 - Validate vaccine storage capabilities
 - Ensure vaccine accountability
 - Confirm NCIR access for proper documentation
 - Set up HPOP account (federal system used for vaccine ordering)
3. All enrolled providers placed on waitlist until vaccine availability improves
4. Difficulty locating LHD/clinic with vaccine, submit [NC DHHS Monkeypox MCM Request Form](#)
 - NC DHHS will review and assist in locating vaccine for transfer

ANCILLARY SUPPLY AVAILABILITY

- 50,000 syringe/needle combinations compatible with intradermal administration are currently available in our warehouse
- Minimum order quantity #100, maximum order #400 without additional justification.
 - Orders must be placed in increments of 100
- Click here to order: <https://nc.readyop.com/fs/4dDS/7bbd>

VACCINE EQUITY INITIATIVES

Special Equity Allocations

- CDC is finalizing process to apply for special equity allocations of Monkeypox Vaccines
- Applications will occur at state level – starting point is 100 vials for 5 events (500 vials total, more possible)
- Vaccine providers are welcome to contact with ideas for community events focused on equity (LGBTQ+, racial/ethnic minorities, other disproportionately affected populations)
- Community based organizations are likely to reach out to registered vaccine providers about upcoming events

VACCINE ADMINISTRATION DATA

Sex	Percentage:
Female	6%
Male	85%
Unknown	9%

Race	Percentage:
American Indian or Alaska Native	<1%
Asian	3%
Black or African-American	27%
Native Hawaiian or Other Pacific Islander	<1%
Other Race	4%
Prefer not to answer	3%
Unknown	<1%
White	62%

Ethnicity	Percentage:
Hispanic or Latino	9%
Not Hispanic or Latino	87%
Prefer not to answer	3%
Unknown	<1%

Age Breakdown	Percentage:
0-17	<1%
18-29	26%
30-49	49%
50+	24%

Topline Updates

- Vaccination pace: 243 admins/day
- NC order of 50,000 syringes received to warehouse
- FAQ is updated weekly
- MPX provider emails are sent weekly

Total Administrations:	12,845
Persons Immunized	10,625
One Dose:	7937 (75%)
Two Doses:	2688 (25%)
Total Allocation:	14,608
Total Inventory on Hand (vials):	5,405
Current Utilization:	63%
Total Vaccinating Providers:	69
Counties with Administrations:	41



Based on data reported as of Wednesday,
September 7, 2022, at 3:00pm

Monkey Pox Communications Toolkit

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Learn. Look. Locate. + Mpox Toolkit

LEARN the facts: Anyone can get monkeypox. It spreads mostly through close skin-to-skin contact.

Examples of Monkeypox Exposure by contact with someone who has the virus

HIGHEST EXPOSURE:

- Bare skin-to-skin contact with infectious rash, scabs or bodily fluids
- Sexual contact
- Other intimate skin-to-skin contact: such as kissing, massage or cuddling

SOME EXPOSURE:

- Crowds where people aren't wearing much clothing with a lot of skin-to-skin contact
- Sharing drinks, utensils, cigarettes, vapes, pipes, etc.
- Sharing towels, bed linens, or other personal items
- Exposure to respiratory droplets through prolonged face-to-face contact with no mask use

UNLIKELY EXPOSURE:

- Crowds where people are mostly clothed, not much skin-to-skin contact
- Shaking hands with someone with no visible rash
- Shopping at the grocery store or mall
- Traveling by bus, train or plane or using public restrooms
- Trying on clothing at a store

LOOK for a rash: Get new rashes, lesions or sores checked by a health care provider. Talk with your partner about any monkeypox symptoms and be aware of any new or unexplained rash or lesion on either of your bodies, including the mouth, genitals and anus.



LOCATE testing and vaccines for yourself, or your community: There is no limit on testing. Talk to your doctor or local health department: ncdhhs.gov/monkeypox

Vaccine is available at local health departments and clinics. Find out if you are eligible: ncdhhs.gov/monkeypox



Everyone can do their part to control the spread: We are in this together. Learn more: ncdhhs.gov/monkeypox

*Photos used with permission.

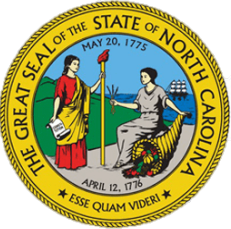
CHW Program

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Community Health Workers in North Carolina

NCDHHS CHW Initiatives

September 2022



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



Introduction to Community Health Workers

Definition

Community Health Workers (CHWs) are **frontline public health workers** who are **trusted members** of and/or have an unusually close understanding of the community served.

- This trusting relationship enables CHWs to **serve as a liaison/link/intermediary** between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.
- CHWs also **build individual and community capacity** by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.



CHW activities during COVID-19 and beyond

CHWs have focused on providing wraparound services for those impacted by COVID-19. **Their work is foundational to a sustained health equity response and lays the groundwork to serve an endemic COVID-19 state and a future community-based, public health response.**



Flexible, Community-Based Workforce

CHWs are a flexible workforce that are trained to provide contact tracing, case investigation, testing, vaccination, and care management support to assist with the State's COVID-19 response and public health goals.



Care Resource Coordination Support

CHWs provide access to social support resources for vulnerable communities during and beyond the scope of COVID-19. CHW can accurately and precisely identify gaps and strengthen referral networks to address Social Determinants of Health (SDOH) and provide whole person care.



Primary Care and Behavioral Health Linkages

CHWs can increase the number of primary care and mental health referrals made in the community and can address barriers that prevent individuals from accessing care, ensuring that community members have care coverage from multiple angles.



Equity-focused Vaccine Support

CHWs provide valuable COVID-19 vaccine support via education, community vaccine events, and connections to appointments. Collaboration with Healthier Together will ensure deeper reach and stronger response in vulnerable communities across the state.

CHWs Have been Trained on the Following Tools and Capabilities

CHWs are trained through the Standard Core Competency Training (SCCT) on these core tools and capabilities to better serve their communities



NCCARE360



Vaccine site support experience



COVID-19 Vaccine Management System (CVMS - statewide location managers)



CHW training (Through AHEC and a 96-hour Standardized Core Competency training at Community Colleges)



COVID19 101 education (monthly)



Testing site support experience

From July 2022, the COVID-19 CHW Program and CHW CDC activities will be combined under the CHW Initiative

2. Pivot to Vaccination Outreach

January 2021 - present

As vaccination availability increases, CHWs re-prioritized efforts to **vaccination outreach and support to reach HMPs** as well-trained, trusted messengers. CHWs initially supported larger vaccine events (Greensboro, Vass) with pivot to community-based outreach and vaccine events.

4. CDC CCR 2109 CHWI Grant

September 2021

CHW Program became foundation for the CDCCCR 2109 CHWI grant (\$9MM funded) activities including standardized training, certification, practice integration, sustainable funding (e.g., NC Medicaid), and evaluation to **develop statewide infrastructure over 3-year funding period (2021-2024)**

5. CHWI & Whole Person Care

July 2022

Expand focus of CHW program including the statewide CHW Program, CHW infrastructure, and coordination with other statewide CHW stakeholders to look beyond COVID-19 emergency response as the state's **community-based workforce** address state priorities for whole person care including

1. Screening and referrals to address SDOH
2. Connections to primary and behavioral healthcare
3. Integration into Healthcare and Public Health Systems

1. Prevention-Q&I

August 2020

Covid-19 CHW program in 50 counties used to promote prevention via **Quarantine and Isolation (Q&I) support** in conjunction with Support Services Program 1.0.

- CHW and SSP 1.0 vendors provided social supports (financial relief payments, emergency food support, PPE, transportation, medication delivery) to **over 42,000 vulnerable households** between September 2020 and March 2021

3. Statewide Expansion Launch

August 2021

Covid-19 CHW Program **expansion to 100 counties** launched supported by 8 vendor CHW organizations with continued pandemic response and eye towards pandemic recovery. SSP 2.0 with focus on short-term food insecurity launched shortly thereafter.

Statewide CHW Program Regional Coverage (August 2022)

Region 1

ORH Coordinator: Alma Davis
Alma.Davis@dhhs.nc.gov

Region 2

ORH Coordinator: Alma Davis
alma.davis@dhhs.nc.gov

Region 4

ORH Coordinator: Alma Davis
alma.davis@dhhs.nc.gov

Region 6

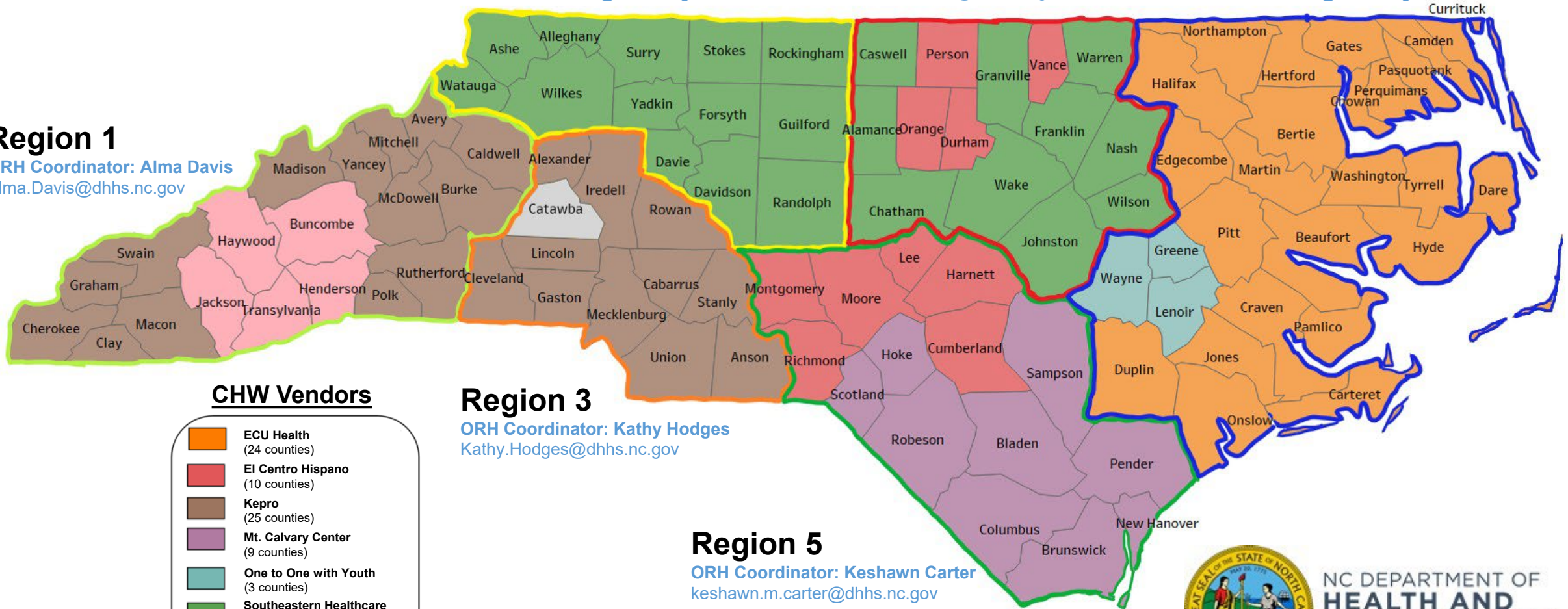
ORH Coordinator: Keshawn Carter
keshawn.m.carter@dhhs.nc.gov

Region 3

ORH Coordinator: Kathy Hodges
Kathy.Hodges@dhhs.nc.gov

Region 5

ORH Coordinator: Keshawn Carter
keshawn.m.carter@dhhs.nc.gov



CHW Vendors

- ECU Health (24 counties)
- El Centro Hispano (10 counties)
- Kepro (25 counties)
- Mt. Calvary Center (9 counties)
- One to One with Youth (3 counties)
- Southeastern Healthcare (23 counties)
- UNETE (5 counties)
- Not available (1 county)



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Rural Health

HBCU Vaccination Events

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COVID-19 & Monkeypox Therapeutics Update



BEBTELOVIMAB COMMERCIALIZATION & REPLENISHMENT PROGRAMS



Bebtelovimab became available commercially on Monday, August 15th, 2022.

Wholesale Acquisition Cost (WAC) of bebtelovimab is \$2,100/dose

Providers can purchase directly from AmerisourceBergen:

c19therapies@amerisourcebergen.com

NC DHHS Bebtelovimab Replenishment Program

- Established to ensure access for uninsured and underinsured individuals
- Providers use their purchased supply, then request replacement of that vial from NC DHHS stockpile
- Replenishment requests are due every Monday by 12pm
- Replenishment doses are shipped on Wednesday for Thursday delivery

The US Government is working on establishing their own replenishment program for uninsured/underinsured individuals. This federal program is expected to launch soon and will be managed in HPOP.

NC providers should seek replenishment from NC DHHS program first.

HOW TO USE YOUR EXISTING USG SUPPLIED BEBTELOVIMAB INVENTORY

Patient eligible for Bebtelovimab

Insured
Medicaid/Medicare/ Private

Commercially Purchased Product*
(direct from AmerisourceBergen)

**Uninsured
Or
Underinsured**

**Use USG supply
current on hand first**

**Commercially
purchased product**
(at no cost to the patient)

*If your facility cannot manage two separate billing mechanisms for commercially purchased vs. USG-supplied inventory, then it is acceptable to use your USG-supplied product for all patients first, before purchasing commercial product.

**Request free replacement
doses from NC DHHS**

MONKEYPOX TREATMENT AVAILABILITY

[NC DHHS Interim Guidance For NC Healthcare Providers: Tecovirimat in Treatment of Monkeypox](#)

- TPOXX available via EA-IND from Strategic National Stockpile for treatment of MPX
 - To date **1,614 bottles of oral TPOXX** and **1,007 vials of IV TPOXX** have been shipped to NC
 - 47 requests from 44 unique locations
- Distribution remains limited
 - Restricted to 5 ship to sites per week
 - **588 bottles of oral TPOXX remain in our allotment for order**
 - Fulfilling requests via transfer to increase utilization of existing supply
- Providers are required to report inventory and administrations of oral TPOXX weekly in HPOP (Tuesday @ 5pm)
 - Only 39% of providers have reported
 - **38 administrations reported to date** with remaining inventory of 243 bottles
- [MMWR: Clinical Use of Tecovirimat \(TPOXX\) for Treatment of Monkeypox Under an Investigational New Drug Protocol - May-August 2022](#)

[NC DHHS Monkeypox Medical Countermeasures Request Form](#)



Utilization of existing inventory must reach 80% and 90% of all regulatory paperwork must be filed in order to replenish our monthly TPOXX threshold

Q&A

