Communicable Disease Branch Coronavirus Disease (COVID-19) Weekly Key Points

August 25, 2020

The North Carolina Division of Public Health (NC DPH) Communicable Disease Branch will be releasing COVID-19 weekly key points that includes information discussed on the weekly Tuesday Local Health Department call. Recordings of the call will not be made available; please use the information below as a summary of the topics presented on the call. As guidance changes, please use the most recent information provided. For questions, contact the NC DPH Communicable Disease Branch 24/7 Epidemiologist on Call at **919-733-3419**.

Important updates

- **New:** NCDHHS_LHD Weekly Webinar_8.25.2020 FINAL PowerPoint (file attached)
- **New:** LHD Testing Plan Template (file attached)
- **New:** Reporting COVIFD-19 cases to the Strate_08_24_20 PowerPoint (file attached)
- **New:** [Partner COVID-19 Testing Toolkit (English)](#)
- **New:** [Partner COVID-19 Testing Toolkit (Spanish)](#)
- **New:** [Link to Report Outbreaks and Clusters](#)
- **Updated:** [Guidance for When to Quarantine](#)
- **Updated:** Find My Testing Place (file attached)

Outbreak and Cluster Reporting

The link to report outbreaks and clusters via web survey is now live and many of you have already started using it. The link was sent over email on Friday and will be included in this week's Key Points: [here](#). The Outbreak Worksheet email inbox will still be live for 2 weeks, but will no longer be monitored after September 4th, so please start reporting outbreaks and clusters using the online survey rather than over email.

With the recent clusters in universities, we have received numerous questions about how to determine the residency of students who are no longer living on campus. According to [national guidelines](#), events should be assigned to the county where the patient lives and sleeps most of the time. For full-time students, this would be the county in which they are living to attend school, even if they had not been living there long before disease onset. If you have a patient who was living on campus in another county but has recently moved home because classes have been moved online, then please share the event with the county in which they were attending school. By sharing the event, that county will be able to view the event, determine the appropriate jurisdiction for reporting, and link the event to any college or university clusters. If you have questions about which county an event should be assigned to, please let us know.

For pediatric patients, please ask if the patient attends childcare or school and document the information in the risk history package. Please ask college-aged patients if they attend college and if they've been on campus in the 14 days prior to illness to make sure we are capturing that data. As mentioned last week, we will be adding

some questions to the risk history package so that you can select the specific childcare facility, school, or college by name.

The only cases that should be linked to outbreaks or clusters should be primary cases – in other words, cases that are directly associated with the facility or setting. However, sometimes secondary cases get linked to outbreaks or clusters – secondary cases are cases one level removed from the setting. For example: a household member of a staff member who is part of a nursing home outbreak, or a parent of a child who part of a childcare cluster would be considered secondary cases. Please do not link secondary cases to outbreaks or clusters, because we use linked events to know exactly how many people are directly linked to the outbreak. Additionally, we use linked events to know when the outbreak can end.

Secondary cases sometimes get linked because when you link a case to an outbreak, all cases already linked to that case come along with it. To prevent this, try to ensure that when you link a case to an outbreak, it has no other links. If secondary cases do get linked, you can "un-link" them by going into the list of linked events and deleting the link.

Regional Prevention Support Teams

Regional Prevention Support (RPS) teams will be established in each of the 10 public health regions in NC, based in one lead health department in each region. The RPS team mission is to strengthen infection prevention and control in LTCFs. The RPS teams will work with LTCFs to review infection prevention practices and educate staff at the facility, prioritizing non-nursing-home facilities (such as Assisted Living Facilities and Adult Care Homes) since they have less experience in infection prevention. Lead LHDs are beginning the hiring process. People hired for the RPS teams will be given specialized training on infection prevention in LTCFs through the SPICE program at UNC. These are different from the healthcare coalition outbreak strike teams, which respond with resource support for LTCFs experiencing a COVID outbreak. RPS teams are going to facilities that have not had an outbreak to improve infection prevention practices and hopefully prevent an outbreak from occurring.

RPS teams are Specific to AA 544 with the lead counties for each region. The intent is to extend this project well beyond the 12/15/20 service end date. There are no specific requirements/qualifications that have been developed by CDB to guide their hiring of the training coordinators and/or trainers – we did this to allow maximum flexibility. The budget is not meant to be "shared" with the other counties by the lead LHD – rather, the funds will be used by the lead county to support the other counties through the hiring and support of the coordinators and trainers.

Suggested LHD Testing Plan

Attached is a draft test plan that may be used by Local Health Directors, which is based off the test plan in the state's ELC. It is not a requirement of the AA, but a suggestion.

Partner COVID-19 Testing Toolkit

The Partner COVID-19 Testing Toolkit has been finalized and published on the NC DHHS website in both English and Spanish. The Partner COVID-19 Testing Toolkit is geared to support community partners as they set up local community testing events. The toolkit outlines best practices, resources available, and sources for additional information in a step-by-step outline as community partners plan, prepare, and manage a community testing event. The toolkit also provides guidelines on what a community partner's responsibilities are throughout the process, and where they can rely on their medical partner.

We encourage you to reach out to local community partners, medical partners, FQHCs, and hospitals to inform them of this new resource, so we can continue to increase testing in our local communities.

A press release announcing the toolkit was released today and available for your convenience here: Partner COVID-19 Testing Toolkit Press Release.

You can find the toolkit online here:
- Partner COVID-19 Testing Toolkit (English)
- Partner COVID-19 Testing Toolkit (Spanish)

Long-term Care Facilities (LTCF) testing Updates

Nursing home point prevalence testing concluded last week. Roughly 40K tests were performed in 240 skilled nursing facilities across the state. Overall, 1.3% of tests were positive.
- *Secretarial Order No. 2:* As of 8/7, nursing homes must test all staff at least every other week. This testing is paid for by the State. Facilities do not need to test asymptomatic staff that have tested positive in the 3 months prior to the most recent round of testing. Facilities must report all positives to the local health department. For more information about this order, please refer to this guidance.
- *CMS required routine testing:* CMS will be releasing requirements this week for routine testing in LTCFs. We will provide additional information about this on next week's call.
- *POC antigen testing for LTCF screening tests:* Point-of-care (POC) antigen tests are designed to test people who are suspected of having COVID-19. They are not designed for screening asymptomatic people with no known exposure. The two point-of-care antigen tests that currently have emergency use authorization from FDA are both indicated for testing of specimens collected from individuals who are suspected of having COVID19 and are within the first five days of the onset of symptoms. POC antigen tests are less sensitive than PCR tests, so "false negative" results are more likely. As a result, they are not recommended for biweekly testing when there are no known positive cases or unprotected exposures. CDC guidance does state that the use of devices is allowable for testing in high risk settings, such as nursing homes. If a LTCF has a vendor for its biweekly testing that is providing molecular testing results in a timely fashion, they should continue using this vendor. Per recently released CDC guidance, POC antigen tests can be used for screening in LTCFs when lab-based testing cannot provide timely results.

NC COVID

A revised version of the key variables list for NC-COVID was sent out 8/25/2020 which included additional pointers to occupation and to the variables that track whether an interview has been completed. Please have case investigators complete the variables indicating the interview was done, even if the full interview data cannot be entered right away

Updating NC COVID reports used by LHDs:
- Case extract reports will be available to persons with LHD Clinician II access and will allow for the export of all fields in an NC COVID case, by package.
- The interview variables listed in the new key variables presentation will be added to the identified and deidentified line list reports

Surge staff and equipment support:
- Service Now platform to request laptops with chargers and/or Mifis went live on 8/24 (http://ncgov.servicenowservices.com/sp_tracing). You can learn more about the process at the training link

Isolation and Quarantine support:
- Each AHEC region is offering 4-6 region-specific modules on NCCARE 360 (https:www.ncahec.net/courses-and-events?search=NCCARE360project), including specific content on local resources for food insecurity, housing, employment, transportation, and interpersonal violence

Expanded CT resources:
- The exposure notification app is being beta tested. LHD representatives were invited to assist in the 2nd round of beta testing.
  - Anticipated rollout is mid-September

Movement, Monitoring and Notification Guidance

CCTO OOJ Contacts:
- At a minimum, please provide both a city/county and state for out-of-state contacts; a full address is best. If only state is available, and obtaining more detailed residence information is not possible or likely to result in significant delays, please note all available information has been entered into the contact record.
- Do not leave the state listed as NC if the contact resides out-of-state; please change to the state of residence. The same applies to the city/county of residence. If the out-of-state city/county is not known, please leave blank and write a note indicating this.
- Leave Final Monitoring Outcome 'Blank'. Do not assign "State OOJ, notification completed" -- this designation should only be used by the MMN Team following interstate notification.
- Do not deactivate contact records after they are reassigned to Jennifer Wheeler for OOJ notification. MMN Team deactivates records following completion of interstate notification.

- Provide last date of exposure, if known. If last date of exposure is unknown OR exposure is ongoing, please provide that information in the notes.
- Enter NC COVID ID for case-patient, if available. We use this information to provide symptom onset and specimen collection dates to other states to assist in their efforts
- "When in doubt, put it in a note". We look at all notes and provide them to other states as necessary. Therefore, please include any relevant information for which there is not already a field in the CCTO record. Likewise, if the information contained in the record is all you have, and it is incomplete, please indicate this in the notes as well.
- For contacts who live in another NC county, enter all known information and assign to the **OOJ Representative for the patient's county of residence**. If you cannot find the county's OOJ Representative in CCTO, please indicate the county of residence by adding a note in the record and assign to Jennifer Wheeler.

CDC Flight Notifications

The following information should be available in the NC COVID record prior to notifying MMN Team of case's travel: Full name, date of birth, county of residence, phone number, complete address, symptom onset date (or confirmation patient is asymptomatic), symptoms, lab collection date, lab result date, and hospitalization status.

Please **DO NOT send confidential and/or personally identifiable information to the MMN team via email**

The following information is required and may be completed either in NC COVID within the Risk History question package, or may be provided via email: airline(s), flight number(s), departure and arrival city or cities, arrival date(s) and time(s), seat number(s). The previously listed information is required for **each flight segment.**

If you are unable to obtain all the information listed above, please provide the information you can and indicate it was all you were able to obtain. As always, if you have any questions feel free to reach out to the Movement, Monitoring and Notification Team at MMN.Team@dhhs.nc.gov

STD Testing Supply Shortage

The SLPH's GC culture plate manufacturer is no longer producing the product. SLPH has identified 2 new potential suppliers and have ordered supplies for validation testing. On Friday, the CDC notified states about national shortage in GC/CT NAAT supplies involving all manufacturers due to many of the same GC/CT testing components being diverted to COVID-19 testing. CDC will be disseminating clinical guidance this week on prioritizing GC/CT testing to preserve the limited testing supplies for highest risk individuals. Please contact your regional TATP nurse with any STD testing questions.

Find My Testing Place

Please continue to review the updated 'Find My Testing Place LHD' Excel file weekly to ensure information is up to date and accurate. Please send the updated files or any related questions to SVC_Covid-19TestingSites@dhhs.nc.gov