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

January 11, 2022

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 bi-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
Available online at https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/coronavirus.html:
• New: NCDHHS LHD Bi-Weekly Webinar 01 11 2022.pdf

Note: The document, Local Health Vaccine FAQ, is no longer being updated. COVID-19 Vaccine FAQs can be found at https://covid19.ncdhhs.gov/vaccines/frequently-asked-questions-about-covid-19-vaccinations

Epi Picture
• Rates of reported cases are now 3x higher than at previous peaks (1,432 cases per 100,000 population for week ending January 8, 2022).
• PCR test positivity is 2x higher than at previous peaks (30% for week ending January 8, 2022).
• Trends from countries and jurisdictions with earlier Omicron emergence suggest that this wave will be higher but shorter in duration than past waves.
• New CSTE criteria for defining COVID deaths are here and discussion points are here. DHHS is considering whether to proceed with adoption of these criteria effective January 1, 2022 (which would result in additional deaths for January being added to the dashboard in mid-February) or to defer in light of Omicron emergence.
• New CDC isolation and quarantine guidance here. This has been incorporated into the StrongSchoolsNC Toolkit and accompanying FAQs.

Policy
• Top Line Communication Messages
  1. Boosters are now recommended for everyone 12 and older.
  2. The wait time for Moderna and Pfizer boosters has been reduced to 5 months.
  3. Vaccinations are the strongest protection against severe illness, hospitalization and death. Everyone 5 and older should get vaccinated. Everyone should get boosted as soon as they are eligible.
  4. Cases continue to surge creating a national strain on testing. NC is providing supplies, working with partners to stand up additional sites, and working with the federal government to provide staffing support. Plan ahead and look for appointments at a variety of locations; Do not go to ED for testing.
5. There is very limited supply of treatment available. Treatment will be limited to people who are at high risk for severe disease, hospitalization or death.

- Testing, Vaccines, Therapeutics Standing Orders have all been updated.
- The K-12 School Toolkit has been updated.
- A General Provider Webinar is scheduled for Tuesday night Jan 18th 6-7:30 pm covering COVID trends, vaccination, testing, therapeutics and other topics.

Testing Update

- With record case numbers we are seeing record demand for testing. Below are resources you can leverage to support testing in your communities:
  - Testing Vendors: We have signed with Radeas and Mako, bringing the total number of NCDHHS testing vendors to 14. They are approved to test statewide. Submit event requests here.
  - Staffing: You have the flexibility to reassign or request CCTC staff to support testing efforts, including to support external testing partners. If you are interested, please reach out to your Regional Supervisor.
  - Federal Surge Support: Feds can support mass testing locations with a 10-14 day lead time. We are first assigning testing event requests to state vendors but keeping an eye out for requests that fit the federal model.
  - Testing Supplies: you can place a request for supplies here.
    - Abbott is working with the FDA on extended expiration dates for the BinaxNOW Professional tests. Maintain all your inventory until we have further information.
    - We are expecting 1 million professional and at-home antigen tests to come to the state over the next month with a staggered arrival. This week’s tests should start to arrive at K12 and LHD locations 1/12.
      - When ordering antigen supplies:
        - Order what you’ll need for the next 1-2 weeks.
        - We will email you your order status.
        - Don’t resubmit your order unless we ask you to.
        - As we are diversifying our supply chain, you may not receive the exact test brand you requested. You may need to update your CLIA accordingly. Details on what you’ll need to do have been emailed.
      - We have plenty of swabs and transport media.
  - While we are waiting for the antigen supply chain to catch up with demand, consider leveraging other testing options to maintain testing operations (e.g., vendors).

Questions can be sent to NCDHHS_Antigen@dhhs.nc.gov.

Distribution of N95 Masks

- Unlike N95 use in healthcare settings like LHDs, community use of N95s does not require a respiratory protection plan or fit testing
- Populations to consider for N95 mask distribution
  - Appreciate your help in distributing N95s equitably, including to historically marginalized populations (e.g., community-based organizations, faith-based organizations, congregate meal
sites) and those at highest risk of exposure or severe illness (e.g., first responders, other essential workers).

- Local jails have been instructed to reach out to LHDs to get N95s for their staff – and LHDs can also proactively reach out to them.
- All childcare facilities in the state are getting a shipment of N95s for staff, and schools are requesting N95s for teachers and staff as well.

Infection Prevention Update

- CDC updated their Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC
- Updated HCP guidance applies to LTC staff
- The guidance shortens work restrictions for infected staff to 7 days (if there is a negative test within 48 hrs of return to work). Further options are provided for facilities following contingency or crisis standards.
  - Guidance for staff with severe illness or who are immunocompromised differs, with an extended work restriction.
- For asymptomatic staff with exposures, the recommendation is divided by vaccination status.
  - Note that this now includes staff within 90 days of previous infection.
  - The “Boosted” category does include staff who are fully vaccinated but not yet eligible to receive a booster due to timing.
  - However, data show that a booster dose improves effectiveness against infection, therefore if staffing allows, facilities may want to include un-boosted staff in the “other” category.
- Contingency and crisis strategies are described for those facing staffing shortages and are worked through in a sequential manner. There are specific considerations for prioritizing which staff to bring back early, if necessary to do so (outlined in CDC’s updated Strategies to Mitigate Staffing Shortages)
- The definition of a higher-risk exposure was updated to include times when a staff member is wearing a facemask (instead of a respirator) and the infected individual is not also wearing a mask.
- The shortened isolation or quarantine time described in the general population guidance does not apply to visitors to LTCFs. Residents and visitors would follow the pre-existing isolation and quarantine

Waste Water Surveillance Survey

Wastewater monitoring is a new surveillance technique that:

- Provides a community-wide sample to help track trends in levels of the SARS-CoV-2 virus.
- Sometimes serves as an early warning of increases in COVID-19 in communities.
- Provides information that can help local communities intervene and act more quickly with strategies to slow COVID-19 spread.

Current data show (as of January 5th), historically high levels of SARS-CoV-2 at our wastewater sites, in the 80th–100th percentile at 15 of our 20 sites. These levels are the highest we have measured since we started monitoring in Jan 2021.
Upcoming:

- Please take a moment to complete a survey **Assessing the Role of Wastewater Data in Pandemic Management**, for our partners at Mathematica – [https://www.surveymonkey.com/r/5TMMZ93](https://www.surveymonkey.com/r/5TMMZ93) by January 16th. LHDs with and without wastewater sites are encouraged to participate!
- First statewide NC Wastewater Monitoring Network Year **Annual Meeting on January 27th 10:30-11:30am**. We will review progress thus far and next steps. All counties welcome!
- **Up to 20 new sites** in North Carolina will start sampling wastewater in early 2022 for 12-months as part of CDC, NWSS funded commercial contract with LuminUltra.

Questions or to be added to the annual meeting invitation, please contact Ariel Christensen at ariel.christensen@dhhs.nc.gov.

Find My Testing Place

Please note that an updated ‘Find My Testing Place LHD’ Excel file is not available for review this week.

Question & Answer

**Q.** What was the email for the testing supplies questions and requests?
**A.** Email for questions: NCDHHS_Antigen@dhhs.nc.gov

**General Isolation and Quarantine**

**Q.** For isolation, is day zero the day symptoms start or day 1?
**A.** Symptom start is day 0.

**Q.** If household members do not mask during the 5-day masking period, do we still consider days 6-10 as having exposure ongoing household exposure? (ie. you have a mom that is positive and kids are negative and asymptomatic, would the last date of exposure be mom's 5th day or 10th day if no one in the home wears a mask or isolates in the home?)
**A.** Last day of exposure would be mom’s 5th day, assuming she’s using the 5-day isolation period. The household member with COVID-19 should isolate for at least 5 days and should continue to wear a mask for an additional 5 days. Household contacts should quarantine for at least 5 days after their last exposure to the person with COVID-19 and should continue to wear a mask for an additional 5 days. For determining the quarantine period, household members are not considered exposed after the household member with COVID-19 has completed their isolation period (even if they are still within the 10 days since their positive test or symptom onset).

**Q.** How should we treat daycares while waiting for updated guidance? Should unvaccinated staff and children isolate for 10 days?
**A.** Until we get updates, daycares should continue to follow the previous isolation and quarantine guidance (still captured in Childcare Strong). Expecting to have updated guidance from CDC on childcare I&Q very soon.

**Q.** With the new push to distribute N95s to the general public, are there any concerns about liability for giving people masks that they have not been fit tested on? What about for LHDs who are being asked to give N95s to employees when those employees have not been fit-tested on that respirator?
A. Masks distributed in this manner to be used as source control are considered voluntary use. Fit-testing is not required. It is still important to emphasize correct wear (ie, over nose and mouth) and fit (ie, minimal gaps around mask) of any mask that is used.

Q. Under HCP work restrictions, what would be your definition of "Conventional", "Contingency", "Crisis" categories?
A. This CDC guidance goes into depth about how to progress through the definitions [https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html)

Q. Is there guidance for isolation with a person who comes out of sheltering and will be going back into a sheltering housing?
A. Homeless shelters and other congregate living settings are NOT included in the new CDC isolation and quarantine guidance. They should continue to follow previous isolation guidance - 10 days from symptom onset or date of specimen collection if no symptoms. CDC recommendations are here [https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html](https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html)

Q. Is quarantine necessary for people who were infected in the previous 90 days?
A. Quarantine is not required for those infected in the past 90 days. This is consistent with both CDC and NC DHHS guidance.

Q. Has the guidance on using an antibody test as proof of immunity when exposed changed? Last I heard we will not use that with the new variant since immunity is probably due to past ones.
A. NCDHHS has removed previous guidance allowing for exemption from quarantine based on positive antibody results. This is addressed on pages 5-6 of the toolkit FAQ: [https://covid19.ncdhhs.gov/media/401/open](https://covid19.ncdhhs.gov/media/401/open). Quarantine is still not required for people who tested positive by PCR or antigen in the 90 days before exposure.

Schools

Q. Regarding Test to Stay: Confirming a child who is a close contact (non-household) can remain in school while they are awaiting test results from a testing provider outside of school as long as masks are required by all.
A. That is correct.

Q. Can you clarify for Test to Stay are there any minimum testing requirements for students to remain in school?
A. Testing should be done at time of exposure notification and as close as possible to day 5 after exposure, but there are no minimum testing requirements. Note that this is only an option in mask-required schools/districts currently. None of the tests are required, but both are strongly recommended.

Q. Another Test to Stay clarification for schools-Will you clarify that this means that students that have had a true unmasked exposure in the community, in school athletics, etc - can return to the classroom within their initial 5 day period (Days 1-5) without a negative test? Or are they still asked to quarantine for days 1-5 since they have not received a negative test?
A. If they are in a school with a masking requirement, they can return following an unmasked exposure - e.g., during lunch or athletics. This applies to exposures in school or in the community but not to those who were exposed in the household - those folks still need to quarantine due to higher attack rate in that setting.
Q. Should individuals who are unable to wear a mask stick to 10 days of exclusion in schools?
A. People who are unable to wear a mask for days 6-10 should remain excluded from school.

Q. Given the challenges related to testing access and long turnaround times, many parents are deferring testing altogether and keeping children home from school as "presumed positives" with return to school on day 6 without testing (as long as symptoms improved). How should LHDs treat unvaccinated household contacts of presumed positive patients?
A. If the person was symptomatic and not tested, contacts should be treated the same as contacts to a confirmed case.

Q. Are school children captured under the definition of "general public"?

Vaccines
Q. For the gray cap Pfizer vaccine, is the expiration date 6 months or 9 months after the manufacturing date?
A. All Pfizer tris-sucrose buffer formulations (orange top and gray top) expire 9 months after manufacturing date.

Q. Someone who got one dose of J & J ten months ago would be considered to being fully vaccinated?
A. Yes. The definition of fully vaccinated would be 1 dose of J&J; however, they would not be considered up-to-date given that there is a recommendation for a booster.

Q. If an immunocompromised individual received their 1st and 2nd dose and a booster shot, but not a 3rd primary dose (28 days after a 2nd dose), when should they get their 3rd primary dose, so they meet the definition of "current" on their vaccinations?
A. As the guidance stands, they should seek an additional dose ASAP and would be eligible for a booster dose 5 months after completion of the additional dose.

Q. Is there any discussion of adding a second Pfizer or Moderna dose to the series for persons who received Janssen as their first dose?
A. There are no discussions at this time.

Q. Is there an updated vaccine provider list? There are some community partners who want to host vaccine events but the last spreadsheet we seem to have dates back to early May 2021. Want to be sure to get them the most up-to-date provider contacts.
A. A monthly report is sent to the Local Health Director. The next scheduled email was expected to be sent this afternoon (1/11/2021).

Contact Tracing/Case Investigation
Q. Has any consideration been given to changing the contact tracing protocol? It feels that contact tracing at this point in the pandemic is not effective and not the best use of resources (money and staff).
A. Revised case prioritization guidance was updated today and can be found on the CD manual at: https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/coronavirus/CI_Prioritization08182021.pdf?ver=1.1

Q. No case investigation for less than 5yrs of age?
A. The prioritization guidance is not based on age. All age groups may meet the prioritized categories.

Q. Where would childcare cases fall in the priority guidance?
A. Childcare is listed in group 2 under critical infrastructure work settings.

Q. No contact tracing for the general public? How do we know if a case has not received an automated text?
A. CCTO has a text delivery variable, which shows whether the text was delivered or not. Here is a job aid that describes how you can see this status: https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/coronavirus/Verifying%20Case%20Flow%20and%20Notification_vF.pdf?ver=1.4

Q. Can you clarify that there is "no phone outreach" but we are still to complete CI/CT for high density settings like K-12. This still requires phone outreach.
A. Phone outreach is still recommended for those in the priority groups 1 and 2 (which includes K12), but phone outreach is no longer recommended for the general public not in these groups. The revised prioritization guidance can be found here: https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/coronavirus/CI_Prioritization08182021.pdf?ver=1.1

Medications

Q. Should we only be giving COVID medications to the high-risk categories 1 and 2 via NIH now or if we have enough at the moment can we also give to those outside those groups?
A. We have requested that all providers prioritize treatments for patients that fall into Tier 1 or Tier 2 of the NIH guidelines. The NIH priority criteria apply to all therapeutics.

Q. It is difficult to locate providers with available therapeutics via the locator on the state site. How do we guide the public or providers who are trying to locate a site with available stock for Tier 1/Tier 2 people?
A. Supply of these products is very limited, and we realize that inventory may move very quickly. Right now the site finder is the best way for providers and patients to find sites that have inventory of these products.

Q. How do we get on the mAbs listerse?
A. Here is the link to subscribe to the listserv: https://surveymax.dhhs.state.nc.us/TakeSurvey.aspx?SurveyID=94MJ8n7M&utm_source=mAbs+Providers&utm_campaign=e9f5236504-EMAIL_CAMPAIGN_2021_09_16_10_44_COPY_01&utm_medium=email&utm_term=0_9614da738d-e9f5236504-82140254&mc_cid=e9f5236504&mc_eid=f7a07700b7&utm_source=Eligible+New+Therapeutic+Providers&utm_campaign=cc686bab4a-EMAIL_CAMPAIGN_2021_11_12_07_40_COPY_01&utm_medium=email&utm_term=0_fc5f74700e-cc686bab4a-82298938&mc_cid=cc686bab4a&mc_eid=f888340795#
Q. For those that received Monoclonal Antibodies, but have not received their 3rd/booster dose, how long should they wait to receive the 3rd/booster dose?
A. People who were treated with mAbs, you should wait at least 90 days before getting a COVID-19 booster shot.

Miscellaneous
Q. Correctional facilities are having difficulty procuring supplies and don’t have enough staff for the testing needed. Can we identify a vendor with staff who have security clearance to go into jails for testing?
A. Please reach out to members of our corrections team: anita.wilson-merritt@dhhs.nc.gov or anita.myers@dhhs.nc.gov

Q. I haven't heard much about NCIR vs CVMS in a while. What is the current recommendation? We are exploring the idea of using only NCIR and not CVMS. Are we able to do this/is it recommended?
A. We will be doing some outreach toward the end of Jan. Given the recent gray top product most programs can transition to CVMS if they wish. A system selection would be the first step in that process. Previously we only focused on VFC providers who were doing visit/office based vaccinations and could use the purple top product within 3 months. Now that the MOQ has dropped to 300 and the gray top is easier to store, most programs can move to NCIR. We are working on updating the exclusion criteria. However, most should be able to move over if they wish. You can reach out to your IB RIC or RIN to start the discussion.

Q. Any discussions about only counting people hospitalized because of COVID as opposed to "with" covid?
A. There are discussions but no easy answers yet. Not always a clear distinction.

Q. What are the differences at the new CSTE COVID death definition comparing to the previous one?
A. CSTE criteria are here: https://cdn.ymaws.com/www.cste.org/resource/resmgr/pdfs/pdfs2/20211222_interim-guidance.pdf. Current death definition for NC is here: https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/coronavirus/COVID_death_Case%20Definition_040620.pdf. The big difference is that we will start linking NC COVID to death certificate data on a monthly basis to identify deaths that weren't picked up during case investigation.

Q. Any data available for NC for hospitalizations by patients who were boosted vs. received '2 dose' mRNA vs. unvaccinated?
A. Not at this time.

Q. Seems that there is little flu activity this year, any indication that this will change based on what may be occurring in other areas of the country?
A. Yes. We are seeing more flu activity than we have seen since the pandemic began. Still a relatively mild flu season so far, but it’s early in the season.