Communicable Disease Branch Coronavirus Disease (COVID-19) Bi-Weekly
Key Points
February 22, 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 2 22 2022.pdf

Additional Information

Infection Prevention – “Up to date” terminology in LTC settings
After reaching out to CDC regarding the definition of “up to date” for residents and staff, SPICE and NC DPH offer the following points as clarification:
  - Residents/staff are up to date when they are fully vaccinated (completed the primary series and two weeks have passed) and have either had the booster dose OR are not yet eligible for a booster. To remain up to date resident/staff should receive the booster dose when eligible.
  - Residents/staff who are eligible for a booster dose and have not received it are considered not up to date
  - Residents/staff who have not completed the primary vaccine series (e.g. received the first dose and are not yet eligible for the second dose) are considered not up to date

Antigen Test Ordering Process
Main point from email sent on February 21st:
  - Starting next Monday (2/28) we’ll be transitioning to a 2-week ordering cadence for antigen test supplies (no changes to bulk media/lab collection supplies).
  - By Monday (2/28), place an order to last you 4 weeks to help facilitate the transition. They will ship over the following 2 weeks.
  - New cadence will start March 18th. Orders should be placed by March 21st at 10a to be shipped by April 1st.
  - LHDs should have received an email yesterday with these details.
  - If you have additional questions, contact NCDHHS_Antigen@dhhs.nc.gov
Question & Answer

Q. Is case investigation still encouraged in the school setting?
A. Case investigation is no longer required for K-12 as this setting has been removed from Priority 2 group in the CICT Prioritization Guidance; however case interviews may be necessary for schools to send exposure notifications. The difference between case investigation and interviews and when to perform each can be found in the Procedures for Response to COVID-19 Cases in K-12 Schools (Spanish).

Q. What if any changes to case investigation should we anticipate? Will we continue case investigations, or will the case number just count and the calls cease?
A. Currently case investigation is only recommended for high-priority settings (priority groups 1 and 2 in the guidance here: https://epi.ncpublichealth.com/cd/lhds/manuals/cd/coronavirus/CI_Prioritization08182021.pdf?ver=1.2)

Q. Is the recommendation for contact tracing still for priority 1 and 2 cases only, and not the general public?
A. Yes that’s correct.

Q. For those students with symptoms in a mask optional setting, would they still wear a mask if symptomatic?
A: No change planned to toolkit guidance for those with symptoms - Procedures for Response to COVID-19 Cases in K-12 Schools (Spanish).

Q. If mask mandates are dropped, will kids who have been positive still be able to return on day 6 of infection despite what we know about viral shedding on days 6-10?
A. Yes - students and staff will still be allowed to return to school five days after positive test if they remain asymptomatic or if they have symptoms and meet criteria specified in toolkit. Masks will be required for those returning days 6-10 unless a mask exemption applies.

Q. To clarify the mask exemption for school and daycare, a child that meets any type of mask exemption- too young to wear a mask or a disability that prevents them from wearing a mask- may return to class on day 6 as long as they meet the other criteria?
A. That is correct.

Q. A concern I hear from childcare is that families have an 18-month-old that can return at day 6 without a mask but a 4-year-old that can wear a mask MUST wear a mask to return at day 6. How can they best address this?
A. If the 4-year-old does not have a mask exemption, they should wear a mask day 6-10.

Q. Is there any update on the need for additional boosters?
A. Currently data still shows that 1 booster (3 doses) is highly protective. No identified need at present. However, data will continue to be monitored in context of circulating variant to inform if/when a fourth dose may be authorized or recommended.

Q. Are changes expected to quarantine for community-based exposures outside of high-risk settings in line with school/childcare?
A. There are no current plans to change from CDC recommendations for self-quarantine for the general public (here: https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html)

Q. Can you clarify how at the local level outreach to LTCFs regarding vaccine validation or encourage vaccines?
A. Our ask is that in your current processes or interactions with LTCFs, assess the need for vaccine boosters, address any barriers to offering vaccine boosters, and support any vaccination opportunities that are found.

Q. Does CVMS or NCIR have a report where we can recall clients that aren't up to date with COVID vaccinations?
A. LHDs have access to the raw recipient data that includes state and federal pharmacy vaccination within their jurisdiction. This report can be found in CVMS. Health Location managers have access to this file shared in CVMS. Local Health Directors were given the password needed to unencrypt the file.

Q. Please clarify healthcare and LTC guidance that says providers should wear masks not must wear a mask.
A. That is correct that healthcare and LTC are settings where universal masking will be an important prevention strategy. In general, guideline and recommendation language use terms such as "should" rather than regulatory language.