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

March 8, 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 3 08 2022.pdf

Epi Picture

- Continued decline in COVID activity statewide.
- The N.C. Department of Labor (NCDOL) repealed the COVID-19 Emergency Temporary Standard (ETS) for Healthcare, effective March 4.
  - The Healthcare ETS has been in effect in North Carolina since July 21, 2021, consistent with the federal Occupational Safety and Health Administration (OSHA) and has remained in place two months longer than federal OSHA’s rule, which was allowed to expire on Dec. 21, 2021.
  - This repeal removes the requirement to have a COVID-specific plan.
  - This also removes conflicts with other CDC guidance for appropriate PPE use and exposure definitions. Staff should follow CDC guidance for PPE use appropriate to the condition/disease.

RIPS (Regional Infection Prevention Support) Teams Update

- NC DPH Regional Infection Prevention Support (RIPS) Teams continue to provide on-site infection prevention and control assistance, training, education, and consultation (for COVID and other infectious diseases) to all types of long-term care facilities.
- Under NC DHHS guidance, these Teams use evidence-based infection control procedures consistent with applicable CDC, CMS, and HHS guidance to bolster infection prevention knowledge and practices.
- All visits, training, education, and consultation are non-regulatory and non-punitive.
- To date, RIPS Teams have conducted initial outreach to over 4,000 long-term care facilities and 2,500 on-site visits.
- If you have questions about these teams or would like to connect with the team in your region, please contact Caroline Colburn, DPH RIPS Team Program Coordinator, at caroline.colburn@dhhs.nc.gov or at 919-737-4548.
Question & Answer

Q. When will this change to state metrics take effect?
A. Still to be determined but hoping changes to the dashboard will be rolling out by the end of this month.

Q. Will the updated antigen testing algorithm be reflected in Strong Schools? Specifically, can we accept negative antigen tests to return to school? Per CDC: "Consider confirmatory testing with a NAAT or serial antigen testing for a negative antigen test result if the person has a higher likelihood of SARS-CoV-2 infection (e.g., in an area where the COVID-19 Community Level is high or the person has had close contact with or suspected exposure to someone infected with SARS-CoV-2) or if the person has symptoms of COVID-19."
A. Our current guidance is that negative at-home test results can be used to allow students or staff to return to school. We will likely be updating our guidance soon to align with expected changes from CDC. See https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html.

Q. Can you please speak to CDC’s guidance for healthcare facilities to use the COVID Data Tracker Community Transmission levels which have different transmission levels (high, substantial, moderate, & low) instead of the Community Levels that Aaron explained? Why are there two different CDC county views and maps?
A. The community levels apply to the community guidance, and healthcare facilities continue to use the community transmission levels, as you state, due to the increased vulnerability and risk of transmission in the healthcare setting. The community transmission levels use slightly different metrics: case rate and percent positivity, so the levels will give a different county view than CDC’s community level map.

Q. Are the pre-k programs required to continue with universal masking? I am specifically asking about the federally funded Head Start programs.
A. NCDHHS no longer recommends universal mask requirements as stated in the ChildCareStrongNC Public Health Toolkit

Q. For vaccination team, could you link the spreadsheet that shows us the status of our orders?
A. https://urldefense.com/v3/__https://mcusercontent.com/79562c0637ff85fb35458fd1/files/a81cf0a2-636a-118a-5f3a-f7631ee2900c/Order_Confirmation_and_Final_Allocation_Request_Details_03.04.2021.xlsx__;!!HYmSTooIM-6R4dsGJpWqr9h39lQIodgocuUFoK8XU_UdnaJMQu_k8Z3CX2ONbppy2yJcgfhatK6A8FS$,

Q. With the dropping of the OSHA ETS, does this rescind the mandate that HCFs conduct inadvertent exposure follow-up on staff-to-staff or patient-to-staff exposures within 24 hours if all staff are masked? We have a hospital in our county that says that they still have to do this.
A. HCFs should still follow CDC guidance for exposure management. This remains part of the CDC guidance so yes, they should maintain this activity.

Q. What is the latest on masks for dental offices?
A. Dental facilities are considered a healthcare facility and should follow CDC’s Healthcare Infection Prevention guidance, which includes universal masking and source control. See also the following relevant bullets from the guidance:

**Dental Facilities**

- When performing aerosol generating procedures on patients who are not suspected or confirmed to have SARS-CoV-2 infection, ensure that dental healthcare personnel correctly wear the recommended PPE (including a NIOSH-approved N95 or equivalent or higher-level respirator in counties with substantial or high levels of transmission) and use mitigation methods such as four-handed dentistry, high evacuation suction, and dental dams to minimize droplet spatter and aerosols.
  - Commonly used dental equipment known to create aerosols and airborne contamination include ultrasonic scaler, high-speed dental handpiece, air/water syringe, air polishing, and air abrasion.
- Dental healthcare personnel should regularly consult their state dental boards and state or local health departments for current information and recommendations and requirements specific to their jurisdictions, which might change based on level of community transmission.