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

June 14, 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 monthly Tuesday Local Health Department call. 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


Links

- Audio recording
  - https://mega.nz/file/t8tESDIS#BYvjNjcgurMLg0uIiPJY-p-oVOxTH2z70YAzScdAuKUo

- Video recording
  - https://mega.nz/file/sodkDAiR#vHg3moheG2FoCNFNwZcDQ1CNu2CaL3xaeU8_gENLJg

COVID and Monkeypox Updates

- See CDC HAN: Updated Case-finding Guidance: Monkeypox Outbreak- United States, 2022: https://emergency.cdc.gov/han/2022/han00468.asp

Cluster/Outbreak Guidance


CI/CT Update

- For case investigation and contact tracing dashboard access: Request access by submitting a request through this survey.
- Use the NC CI/CT SharePoint Dashboard job aid to learn about the themes of the dashboard, how to use filters, reading the dashboard, and downloading it.

NCEDSS/COVID Update

- We are updating reports in NC COVID to be more user friendly. Modifications to current reports include standardizing the names, descriptions, and outputs to make them easier to work with.
- There will be a webinar on the first set of updates this week on Thursday 6/16. Once we are ready to deploy these changes, we will send an email with our new Reports User Guide. The training webinar slides and the User guide will be posted on our web page.
We recently conducted webinars that demonstrated two new reports: The NC COVID Tasks Assignment report and the Events with eCR Activity report. Slides from the Tasks and eCR presentations are on our webpage.

Please check our web page for updated documents from webinars and trainings and any new materials, posted at https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/nccovid.html

We will hold focus training webinars almost every Thursday throughout the summer, where you can log on and ask training staff/helpdesk staff questions about NC COVID. Keep a look out for an upcoming schedule in your inbox

Question & Answer

COVID-19

Q. Will there be a statewide standing order coming out for kids under 5 years of age for Covid vaccine?
A. Yes, once FDA authorization and CDC recommendation occurs, we will be working with Dr. Tilson to release a statewide standing order for the under 5 vaccine.

Q. Will the Moderna 6-17 product be a different from the Moderna 18 and older product i.e. different dose, packaging etc.?
A. See https://www.fda.gov/media/153715/download

Q. Can teens legally provide consent for themselves to receive the Comirnaty vaccine in NC?
A. Teens 16 and older do not need permission from a parent or guardian to receive the initial series of the COVID-19 vaccine or recommended boosters. Children who are 15 years or younger and youth under age 18 receiving an additional dose if immunocompromised must have written consent prior to receiving the COVID-19 vaccine. Permission must be provided in writing and can't be over the phone or by email.

Q. Regarding updated cluster guidance (as it relates to a school): if a cluster is identified, and additional cases continue to add up, can those additional cases be added to the initial cluster for more than 14 days? (I am interpreting update to mean that as long as no new cases are identified a cluster may be closed after 14 days, but may be added to as long as necessary with ongoing transmission)
A. Yes, it is 14 days without new cases to close, not 14 days after the first case.

Q. Does the new 14-day period apply to outbreaks that are open currently, or only the ones that open from this point forward?
A. Yes, it applies to outbreaks that are currently open. Current clusters/outbreaks that have not had a case for 14 days may be declared over.

Q. What do we do if we get new cases on day 15? Do we just start a new outbreak?
A. If a new case occurs 15 days after the previous case, the old outbreak is eligible to be closed and the new case would count toward a new outbreak (2 new cases needed for outbreaks, at least 5 for clusters).

Q. The outbreak time was decreased from 28 days to 14 days. Does the state still recommending biweekly testing during outbreaks in LTCFs?
A. NC DPH continues to recommend adherence to CDC and CMS guidance regarding testing in LTCFs. NC DPH guidance includes links to CDC and CMS guidance.

Q. As the new guidance for cluster reporting specifically states 5 "lab-confirmed cases", does this mean we do not count home tests that have been used to report a case?
A. Home tests can be used to identify, define and report clusters or outbreaks per our existing guidance: https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/coronavirus/Guidance%20for%20LHDs%20on%20Use%20of%20At-Home%20Tests%20for%20SARS-CoV-2.pdf?ver=1.0

Q. Regarding home COVID tests: When parents of school children report positive home tests to school nurses, are we able to use these home tests to identify clusters? If not, can you please explain why?
A. Guidance for LHDs on the use of at home tests is here: https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/coronavirus/Guidance%20for%20LHDs%20on%20Use%20of%20At-Home%20Tests%20for%20SARS-CoV-2.pdf?ver=1.0. At home tests can be used to identify clusters.

Q. I have been told once clusters are identified in several areas in schools, the cluster can be reported as one cluster vs. several clusters for each grade level. I have been told this does not apply to hospitals, etc. Has this guidance changed?
A. We would be happy to consult about specific situations regarding hospital clusters. Since hospitals can be very large with distinct units and/or multiple buildings, it may be best to report multiple clusters rather than combining into one.

Q. What changes have you seen in cluster and outbreak tracking with the population moving to using at home testing rather than testing in a clinical setting?
A. We are still documenting outbreaks and clusters in which home testing was used if the case requirements are met. Sometimes home tests are not documented in NC COVID, and thus cannot be linked to the outbreak event. However, those cases still count as part of the outbreak total.

Q. I had heard that CDC decreased reinfection time frame from 90 days to 60 days but cannot find this on their website. Is this correct, and do you have an information link?
A. Criteria to distinguish a new case from an existing case have not changed. Changes to COVID case criteria will be considered at the CSTE conference next week, so stay tuned for changes.

Q. When I get patients who are asymptomatic with a positive antigen test and they have already somehow gotten a PCR that was negative. So what do we do when we have an additional test (I understand we should not be doing the PCR but it's too late in this case.)
A. Per CDC guidance, confirmatory NAAT (PCR) testing should take place as soon as possible after the antigen test, and not longer than 48 hours after the initial antigen testing. If the results are discordant, the NAAT result, as long as collected within 48 hours, should be interpreted as definitive for the purposes of clinical diagnosis.

Q. At one time there was mention that Dr. Tilson's standing orders may expire and each LHD would need to be prepared to have their own. Any updated information on this?
A. There are not any updates at this time. The authority for the SWSO related to COVID are tied to the Public Health Emergency set to expire. There are some discussions and work being done to be able to extend these tools.

Q. With funding running out for LHDs to maintain testing operations, is there any plan for additional home test distribution? Recommendations for access to testing concerns for the uninsured/underinsured?
A. At-Home antigen tests are available to all health departments at no charge at the following link: [NCDHHS Test Supply Order Form](https://smartsheet.com).
We encourage LHDs to establish community access points for distribution of these free tests across their counties and help train the public in their proper use.
In addition, AA 546 would be a great way to obtain these tests. Please email Vanessa Gailor at vanessa.gailor@dhhs.nc.gov if you have any additional questions about use of this AA.

Q. In preparation for next school year, is there a Strong Schools update underway? Also, will funding for school-based testing continue?
A. We are reuniting our school guidance based on recent updates posted by CDC - [https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-childcare-guidance.html](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-childcare-guidance.html).
Funding will continue for school-based testing.

**Monkeypox**

Q. Is testing for monkeypox via lesion biopsy appropriate for a RN to perform?
A. A trained registered nurse with documented competency validation in the collection of this type of specimen may collect the specimen when ordered by a physician or APP.
Keep in mind that NCDHHS is not encouraging biopsy for monkeypox testing. The best approach is to collect swabs from vesicles or papules, being sure to scrub vigorously to ensure picking up cells.

Q. Has there been a tie-in with education/awareness campaign with PRIDE events?
A. We have been in communication with CBOs and are in the process of developing materials for distribution, including at Pride events.

Q. For VZV/herpes virus testing, do separate specimens need to be collected for each, or can a swab be tested for both at the same time?
A. Swabs must currently be collected separately for orthopoxvirus/monkeypoxvirus testing and other testing such as VZV/HSV, because specimens being tested for orthopoxvirus cannot include viral transport media, and HSV/VZV testing should be collected in tubes with viral transport media.

Q. What's the turnaround timeline for vaccine shipment to LHDs?
A. CDC is prioritizing requests in jurisdictions that have positive cases to ensure they get vaccine out quickly to be administered within that 4-day window.

Q. Current HIS forms have emergency management as a part of the SNS request change process. Is that not the case for monkeypox related SNS requests?
A. Due to the individual and time sensitive nature of these situations, requests for Monkeypox vaccine are being handled outside of Emergency Management and the more traditional request process for mass disaster events.

Q. Can you clarify whether healthcare workers administering the vaccine should receive PrEP?
A. Healthcare workers who administer ACAM2000 should be vaccinated. If healthcare workers are administering Jynneos, no vaccination is required. For more information on Jynneos, please see the MMWR: https://www.cdc.gov/mmwr/volumes/71/wr/mm7122e1.htm

Q. After 9/11 & the smallpox BT scares in the US, smallpox vaccination was going to start up using SNS supplies; however, there was some concern for cardiac involvement...any changes to contraindications?
A. The Jynneos vaccine has a slightly different risk profile than ACAM2000 and does not have all of the same contraindications. For more information: https://www.cdc.gov/mmwr/volumes/71/wr/mm7122e1.htm

Ukrainian Refugees
Q. With IGRA being a requirement for the UKranian refugees... is there any funding that will be covering this expense since it is not currently covered in the TB program funding? Our county does not currently have funding for quantiferon testing. Are there state resources available?
A. AA 546 would be a perfect use for this! If you have questions email Vanessa Gailor at vanessa.gailor@dhhs.nc.gov