

LHD Bi-Weekly  
Call

Jan 11, 2022

# Opening Remarks & Leadership Update

<b>Opening Remarks &amp; Leadership Update</b>	<b>Beth Lovette, RN, BSN, MPH</b> Deputy Director/Section Chief Local and Community Support	
<b>Epi Picture</b>	<b>Zack Moore, MD, MPH</b> State Epidemiologist and Epidemiology Section Chief	
<b>Policy</b>	<b>Elizabeth Cuervo Tilson, MD, MPH</b> State Health Director Chief Medical Officer	
<b>Vaccine Update</b>	<b>Ryan Jury, RN, MBA</b> COVID-19 Vaccine Program Director	
<b>Contact Tracing</b>	<b>Erika Samoff, PHD, MPH</b> Surveillance Manager NC DHHS	
<b>Testing</b>	<b>Natalie Ivanov, MPH</b> Director of DHHS State-wide COVID testing program and COVID vaccination vendor program.	
<b>SLPH</b>	<b>Scott M. Shone, PhD, HCLD(ABB)</b> Laboratory Director	
<b>Distribution of N95 Masks</b>	<b>Charlene Wong ,MD, MSHP</b> Chief Health Policy Officer for COVID-19 at NC DHHS	<b>David Ezzell</b> EMS Education Consultant
<b>Infection Prevention Update</b>	<b>Emily Berns, MPH, RN</b> Nurse Consultant: Division of Public Health, Communicable Disease Branch NC Department of Health and Human Services	
<b>Waste Water Surveillance</b>	<b>Ariel Christensen, MPH</b> Environmental Epidemiologist: Occupational and Environmental Epidemiology Branch Division of Public Health NC DHHS	



## QUESTIONS?

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# Epi Picture

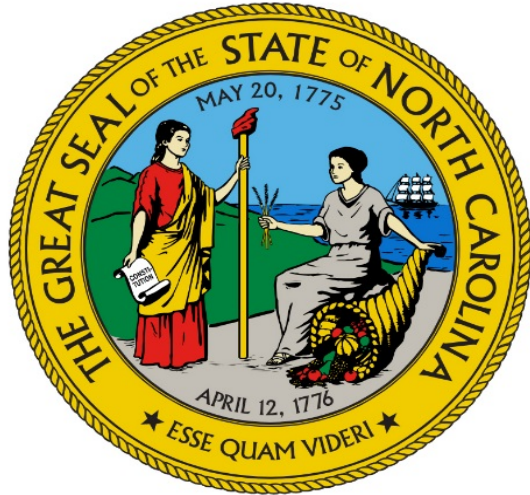
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NC DEPARTMENT OF  
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# Update on COVID-19 Trends

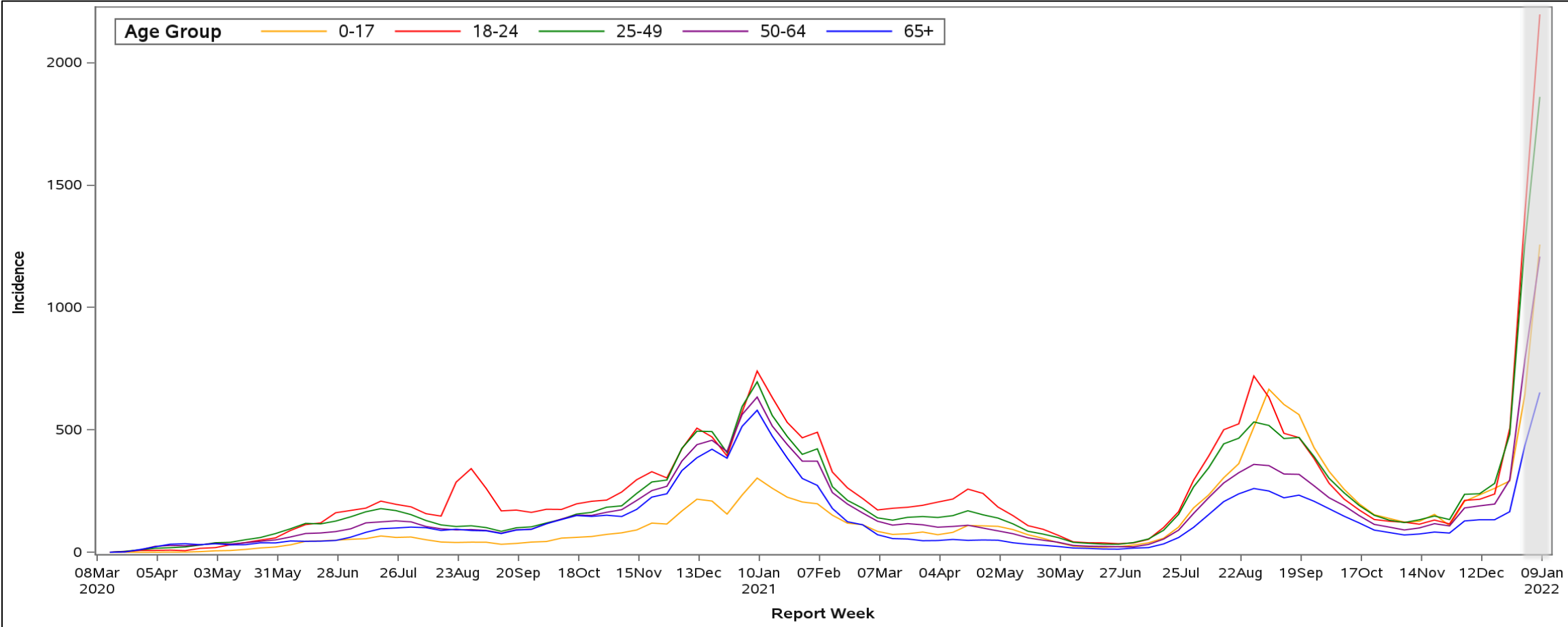
*January 11, 2022*

# Case Rates Continue to Increase for All Age Groups

Case rates are highest among young adults (ages 18-24) and lowest among older populations (ages 65+), potentially due to higher vaccination rates and booster rates among older adults.

### COVID Cases per 100K Population by Age Group and Report Date

*Data through January 9, 2022*

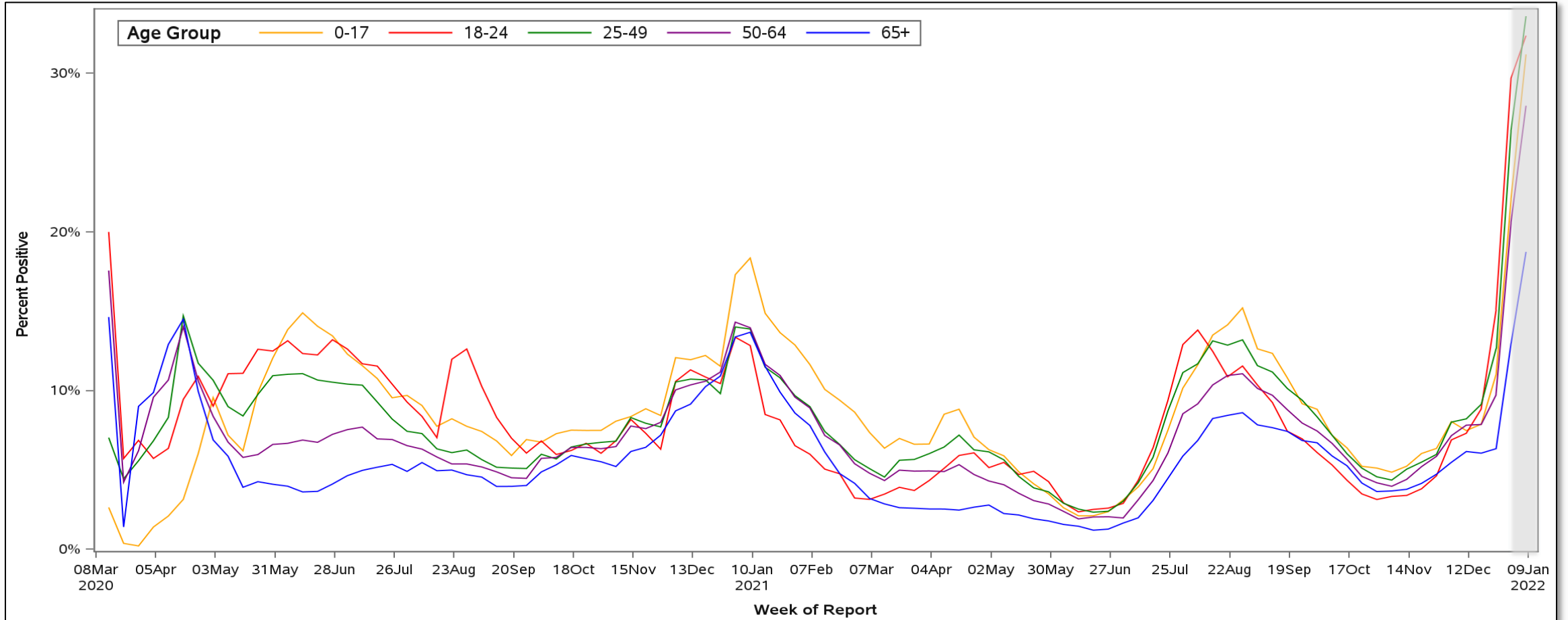


# Highest Test Positivity Recorded Across All Age Groups

Percent positivity has increased rapidly since mid-December, with percent positivity now exceeding 25% in most age groups (except older adults).

### ELR Percent Positivity by Age Group and Report Date

Data through January 9, 2022

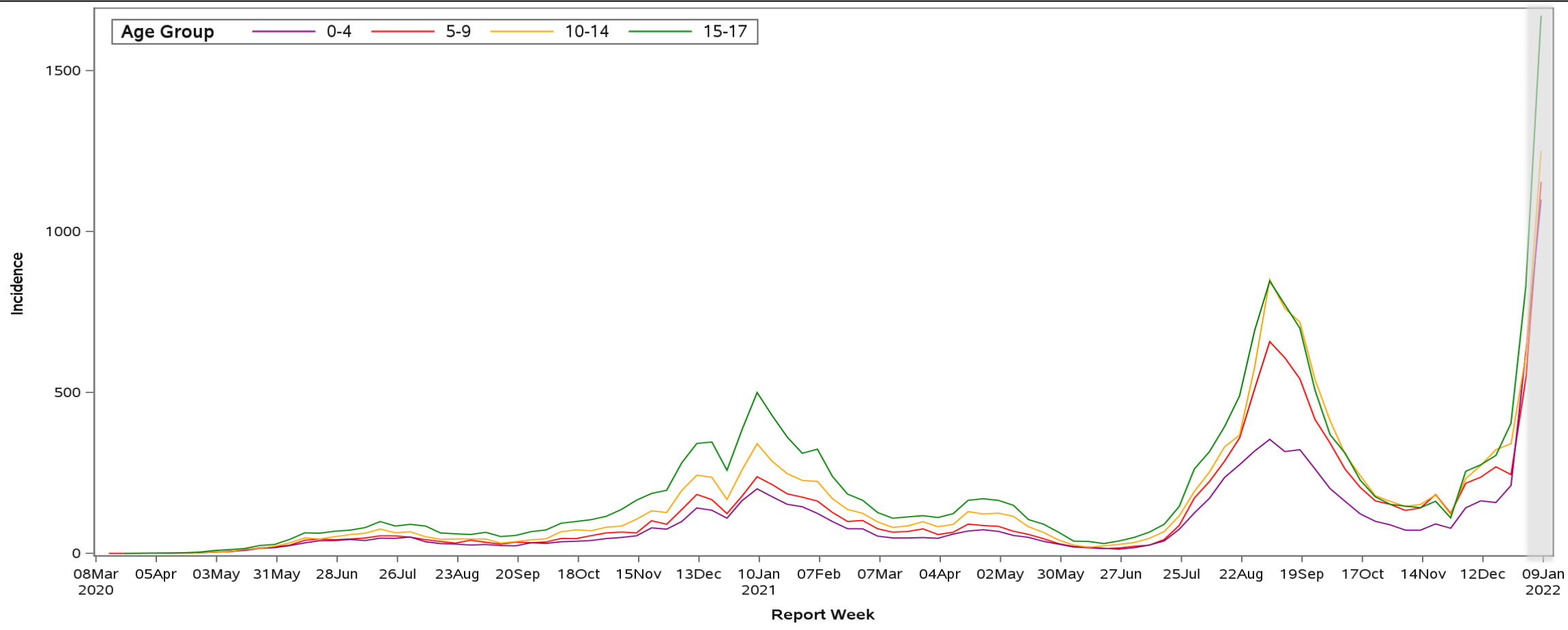


# Case Rates Among Children Surpass Previous Peaks



Case rates are increasing across all age groups – including young children.  
This trend was not observed with the Delta variant.

**COVID Cases per 100K Population by Child Age Group and Report Date**  
*Data through January 9, 2022*

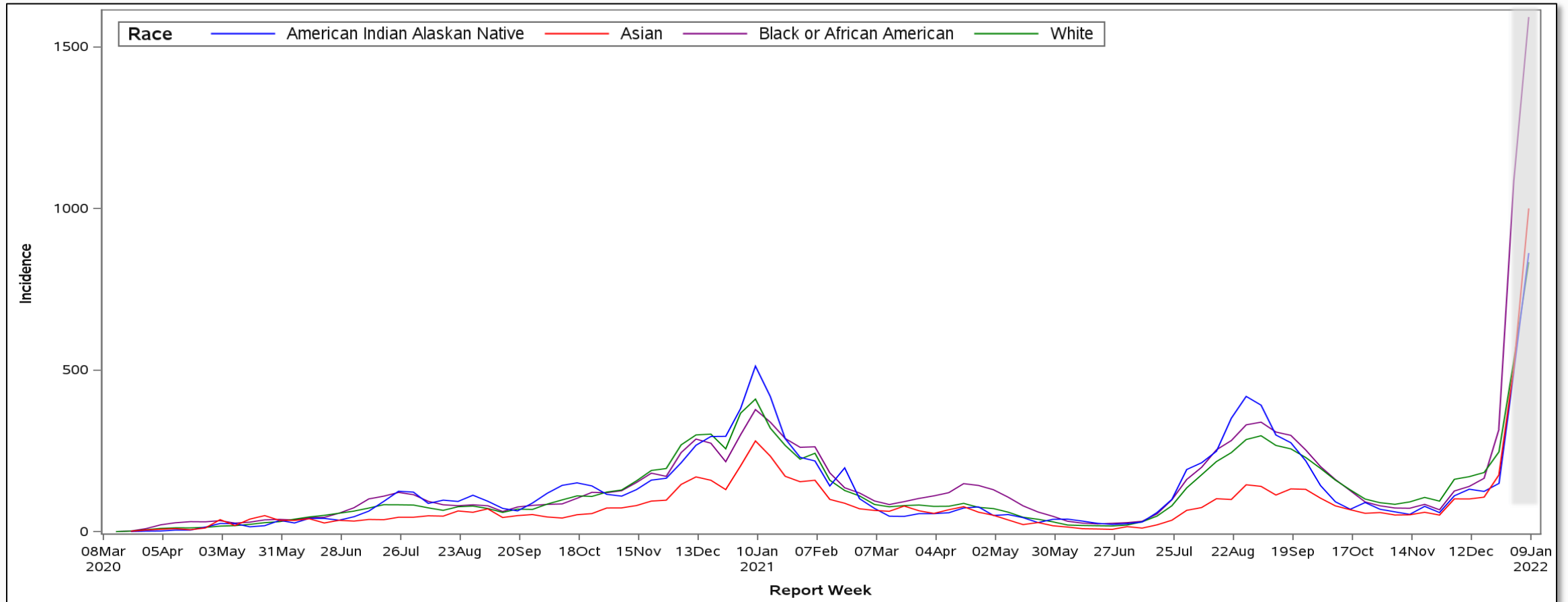


# Racial Disparities Continue to Grow

Case rates among Black/African American population have increased disproportionately compared to other races. This is potentially due to multiple factors, including lower booster coverage and increased exposure risks.

## COVID Cases per 100K Population by Race and Report Date

Data through January 9, 2021



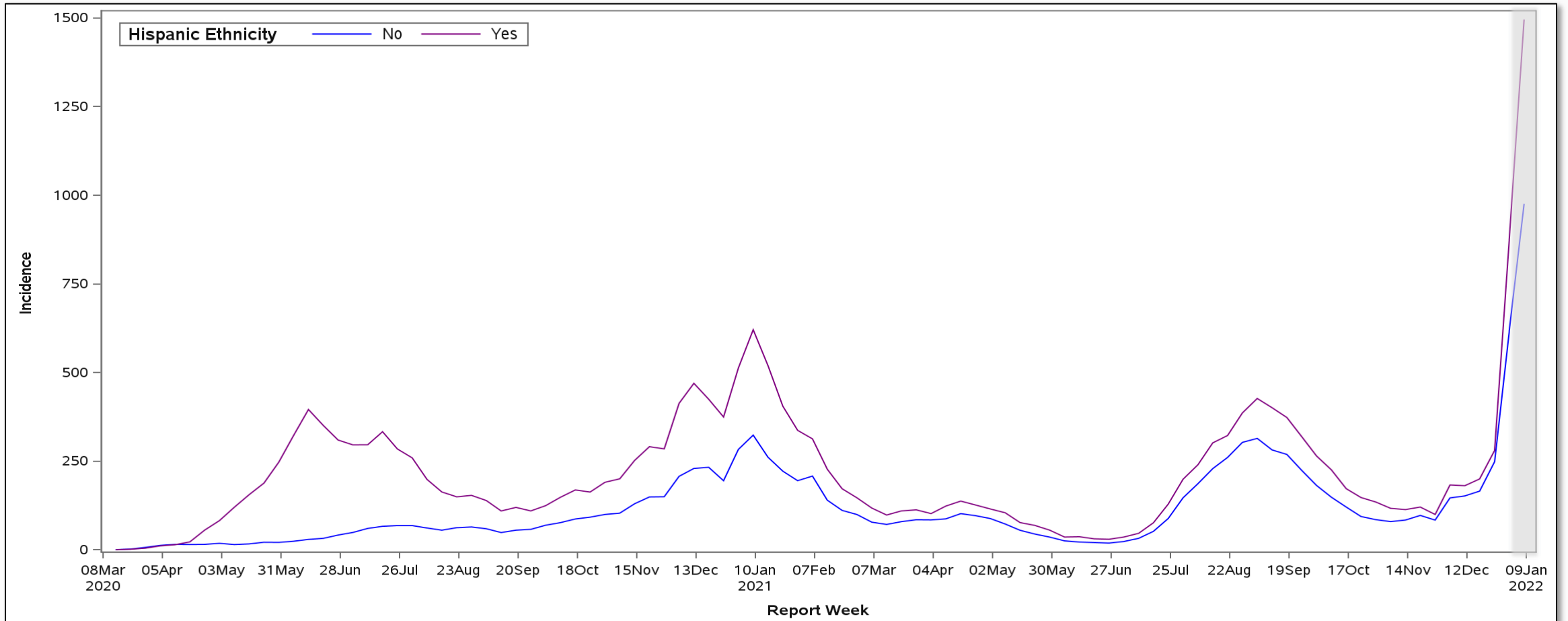


# Ethnic Disparities Continue to Widen

Case rates among the Hispanic population are ~1.5x higher than rates among the non-Hispanic population.

## COVID Cases per 100K Population by Ethnicity and Report Date

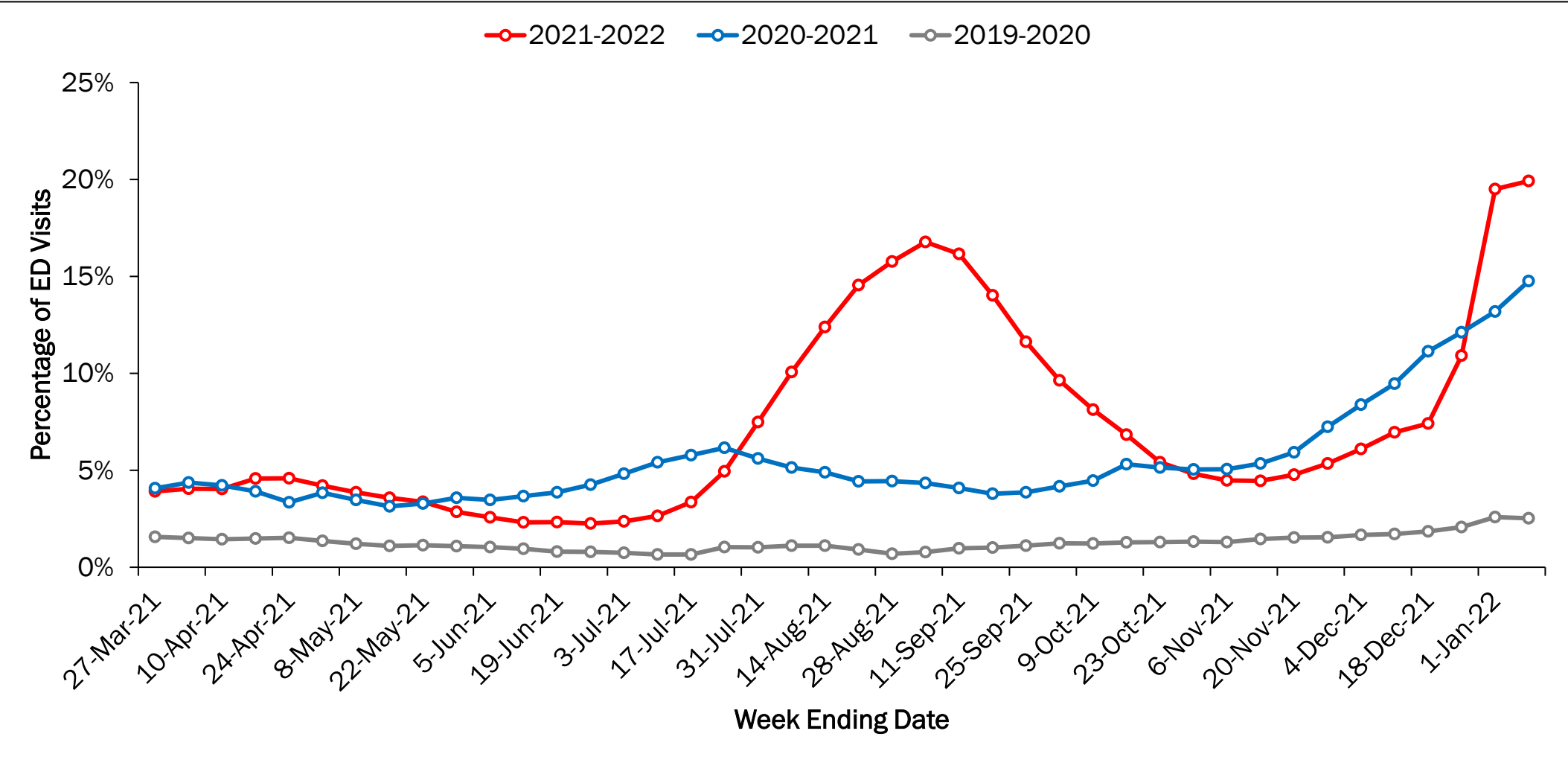
Data through January 9, 2021



# 2021-22 COVID-Like Illness ED Visits at Record Highs

### Statewide % CLI ED Visits by Report Date

Data through January 8, 2022



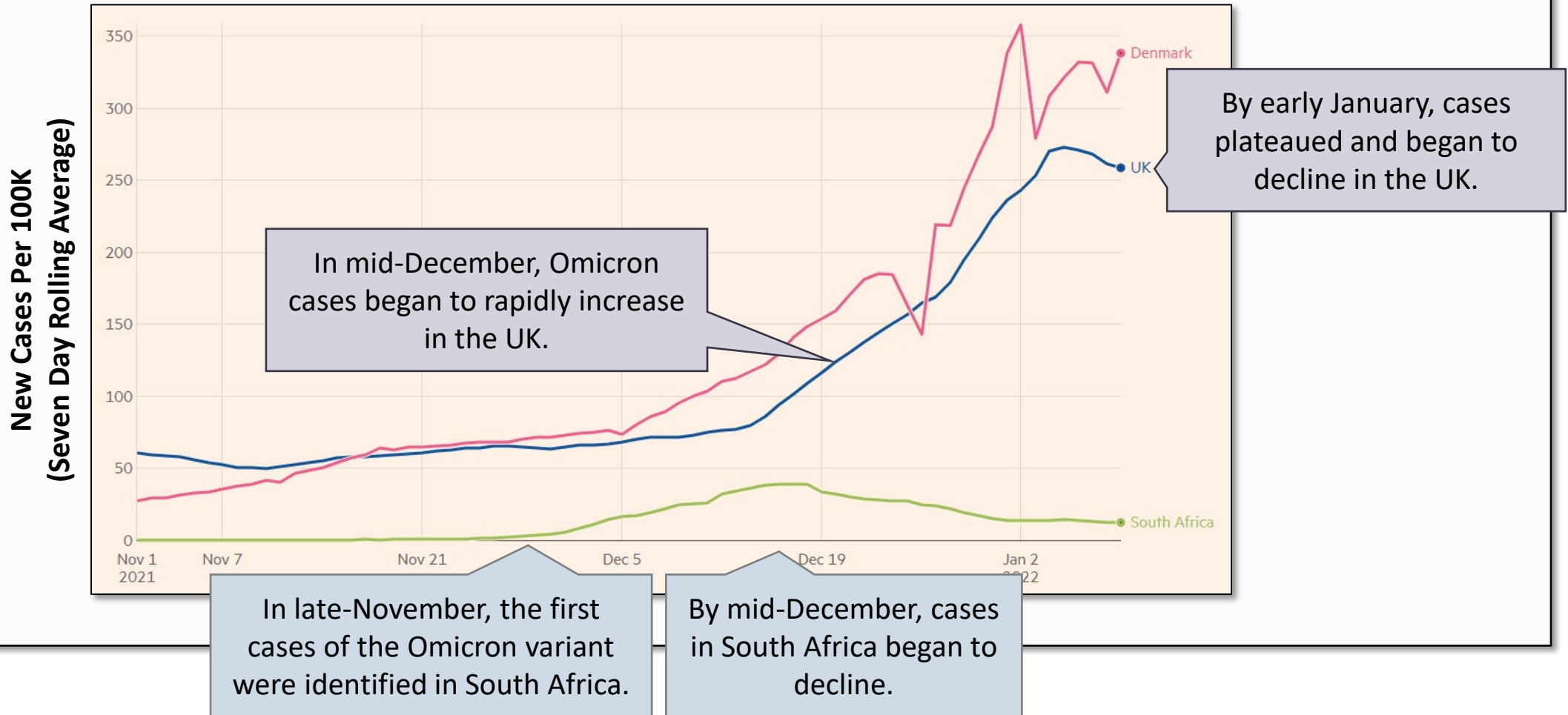
Source: NC DETECT

# Omicron Case Rates Now Declining in South Africa and UK

Early evidence suggests that the Omicron surge has already peaked in South Africa and the UK, two countries that were earliest affected by the new variant.

## New Confirmed COVID-19 Cases in Select Countries

Data through January 11, 2022



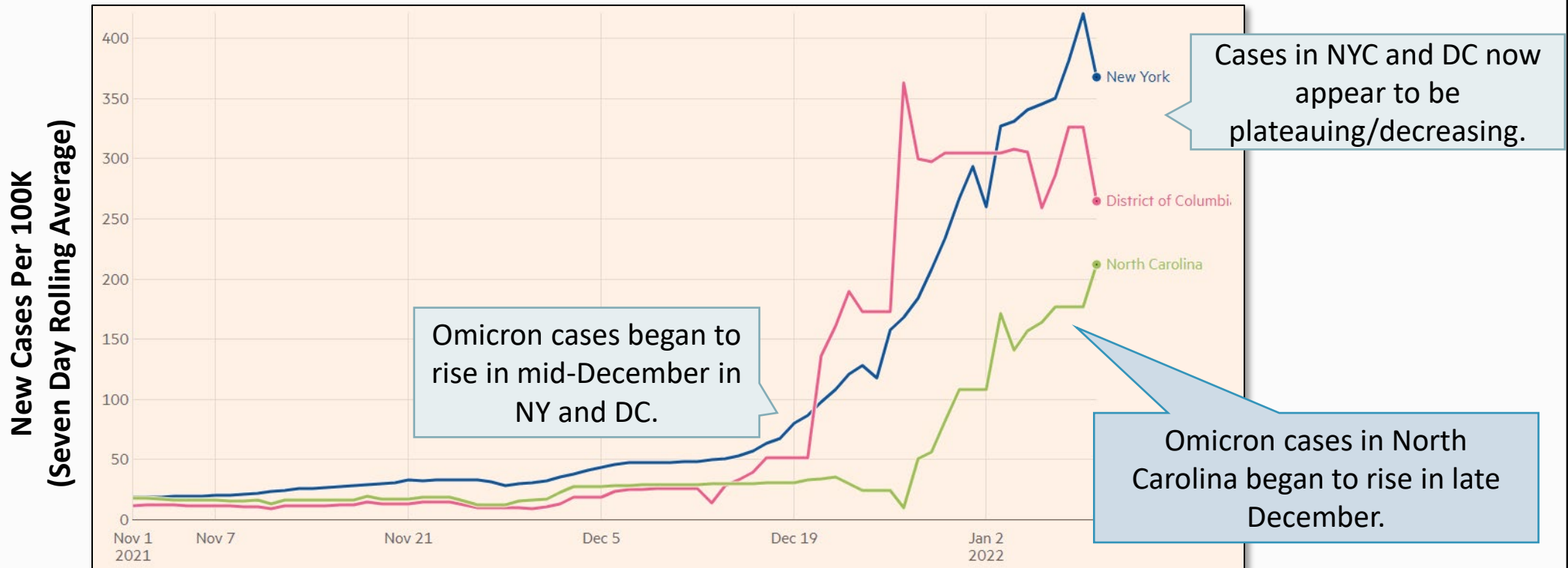
Source: [Financial Times analysis](#) of data from Johns Hopkins CSSE, World Health Organization, and UK Government coronavirus dashboard

# Omicron Also May Have Peaked in Some US Cities

COVID-19 cases in New York and the District of Columbia appear to have begun to plateau.

## New Confirmed COVID-19 Cases in Select U.S. Localities

Data through January 11, 2022



# Policy

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# Vaccine Update

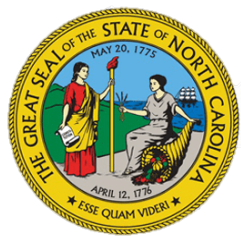
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# NCDHHS COVID-19 Vaccine LHD Update

January 11, 2022



NC DEPARTMENT OF  
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# **Vaccines EUA and CDC Recommendation Status**



# FDA, CDC EXPAND RECOMMENDATIONS FOR PFIZER AND MODERNA VACCINE



The FDA and CDC have expanded their recommendations for:

## Pfizer:

- Expand the use of a single Pfizer-BioNTech booster dose to include use in individuals 12 through 15 years of age.
- Shorten the time recommended between the completion of primary vaccination of the Pfizer-BioNTech COVID-19 vaccine and use of a booster dose to five months.
- Allow for a third Pfizer-BioNTech primary series dose for certain immunocompromised children 5 through 11 years of age. **Please note: Only the Pfizer-BioNTech COVID-19 vaccine is authorized and recommended for children ages 5-11.**

## Moderna:

- Shorten the time recommended between the completion of primary vaccination of the Moderna COVID-19 vaccine use of a booster dose to five months.

Please reference the updated [Pfizer-BioNTech EUA](#) and [Moderna EUA](#) fact sheets.

## DHHS Actions

- All standing orders have been updated and executed
- Press release and provider communications have been sent out

# IMMUNOCOMPROMISED INDIVIDUALS NOW ELIGIBLE FOR FOUR DOSES



## Update:

- **Some** moderately or severely immunocompromised people who received **THREE (3)** doses of the Pfizer-BioTech or Moderna primary series may now be eligible for a booster dose.
- Everyone 12 years and older, including immunocompromised people, should get a booster shot. If you are eligible for an additional primary shot, you should complete all three doses first before you get a booster shot.

## Connecting the dots:



- According to recently released recommendations by the CDC, **some immunocompromised individuals** can get what would amount to a fourth dose (booster shot) of the COVID-19 vaccine **as early as this coming week due to the shortened wait period of 5 months.**
  - **This dose would be a booster dose of the Pfizer/Moderna vaccine**, beyond the third additional dose that was originally authorized for immunocompromised individuals in August of 2021
  - **This does NOT apply to individuals who received a Johnson & Johnson primary vaccine**

# FDA COVID-19 VACCINE BOOSTER QUALIFICATION

Which primary vaccine series did you complete?	Pfizer-BioNTech	Moderna	Janssen (J&J)
<p><b>You should get a booster if:</b></p>	<p>It's been at least 5 months since completing the primary series AND you are:</p>	<p>It's been at least 5 months since completing the primary series AND you are:</p>	<p>It's been at least 2 months since completing the primary series AND you are:</p>
	<p><b>Age 12+</b></p>	<p><b>Age 18+</b></p>	<p><b>Age 18+</b></p>
<p><b>If eligible, you can get a booster of:</b></p>	<ul style="list-style-type: none"> <li>✓ Pfizer BioNTech*</li> <li>✓ Moderna</li> <li>✓ Janssen (J&amp;J)</li> </ul> <p><small>*Only Pfizer-BioNTech can be used as a booster in those age 12-17</small></p>	<ul style="list-style-type: none"> <li>✓ Moderna</li> <li>✓ Pfizer BioNTech</li> <li>✓ Janssen (J&amp;J)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Janssen (J&amp;J)</li> <li>✓ Pfizer BioNTech</li> <li>✓ Moderna</li> </ul>
<p><b>If eligible for a booster shot according to the guidelines above:</b></p> <p><b>A fourth dose is available for:</b></p>	<p>Booster qualified people age 5+ who are <b>moderately or severely immunocompromised</b> and have received an additional third dose</p>	<p>Booster qualified people age 18+ who are <b>moderately or severely immunocompromised</b> and have received an additional third dose</p>	<p><i>No additional primary dose has been authorized at this time, therefore a fourth dose is not applicable for this brand</i></p>

# Moving Away from "Fully Vaccinated"

# MOVING AWAY FROM "FULLY VACCINATED"

Given current guidance, NCDHHS plans to shift from the phrase "Fully Vaccinated" to a phrase that helps people understand there may continue to be an updated schedule for COVID-19 boosters. Like other vaccines, we need people to get boosted according to the recommended schedule.

**Recommendation:** Use "current" or "up-to-date" instead of "fully vaccinated."

*Example:* The best way to protect yourself from hospitalization and death is to stay up-to-date on your COVID-19 vaccines.

## **Dashboard Changes Planned for 1/14:**

- Transition metric name from "Fully Vaccinated" to "Vaccinated with 2 Doses or One 1 Dose J&J".
- Add state-level and county metrics on people that are vaccinated with at least one booster/additional dose (see dashboard drafts below):
  - State-level metrics on the percent of the vaccinated population that has received at least one booster/additional dose will be added to the "Summary Data" tab of the Vaccinations dashboard
  - County-level data on total booster/additional doses administered will be made available on the county map section of the "Summary Data" tab of the Vaccinations dashboard

# VACCINATIONS DASHBOARD ADDITIONS

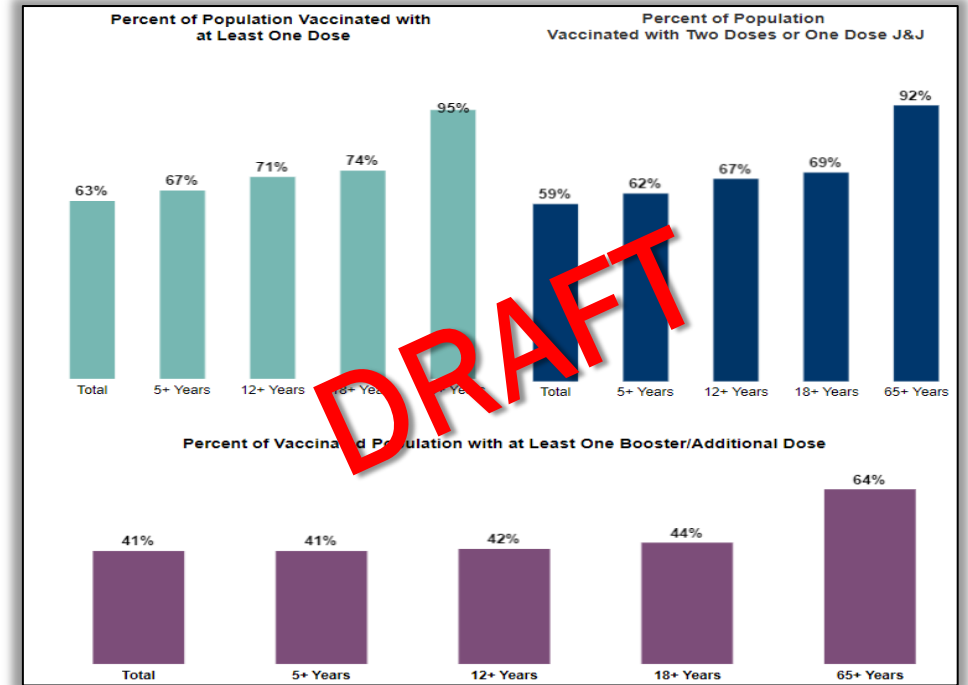
- **Planned dashboard release:**

- 1/14:

- Transition metric name from “Fully Vaccinated” to “Vaccinated with Two Doses or One Dose J&J”
    - Add state-level and county metrics on people that are vaccinated with at least one booster/additional dose

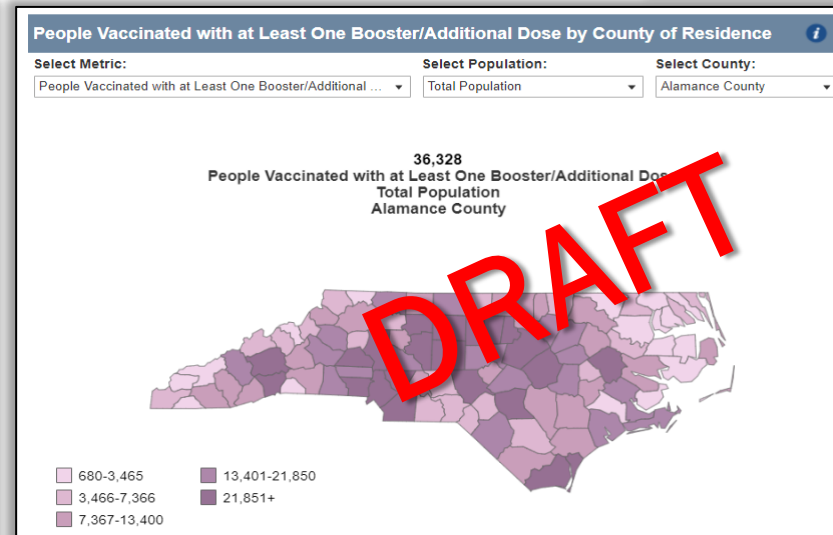
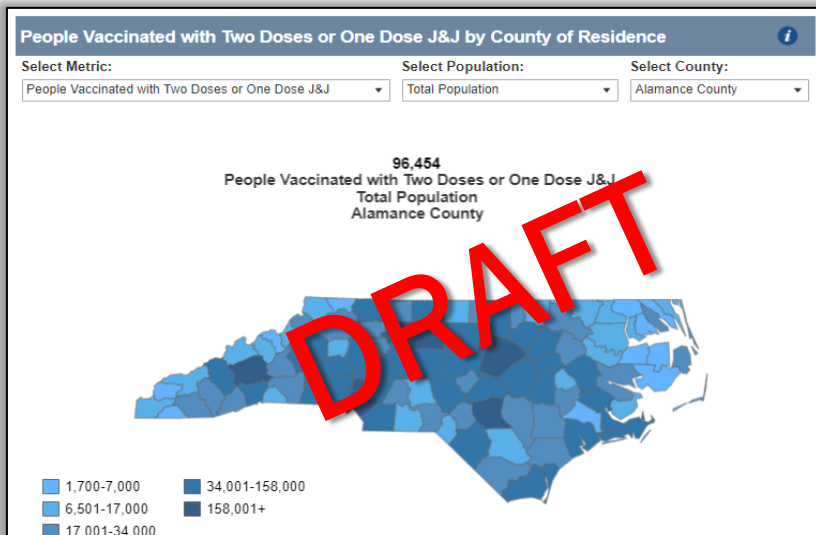
- **Communications:** NCDHHS will share a press release when the dashboard is posted with the additions

**Updated Fully Vaccinated metric name & new metrics on boosters**



**DRAFT**

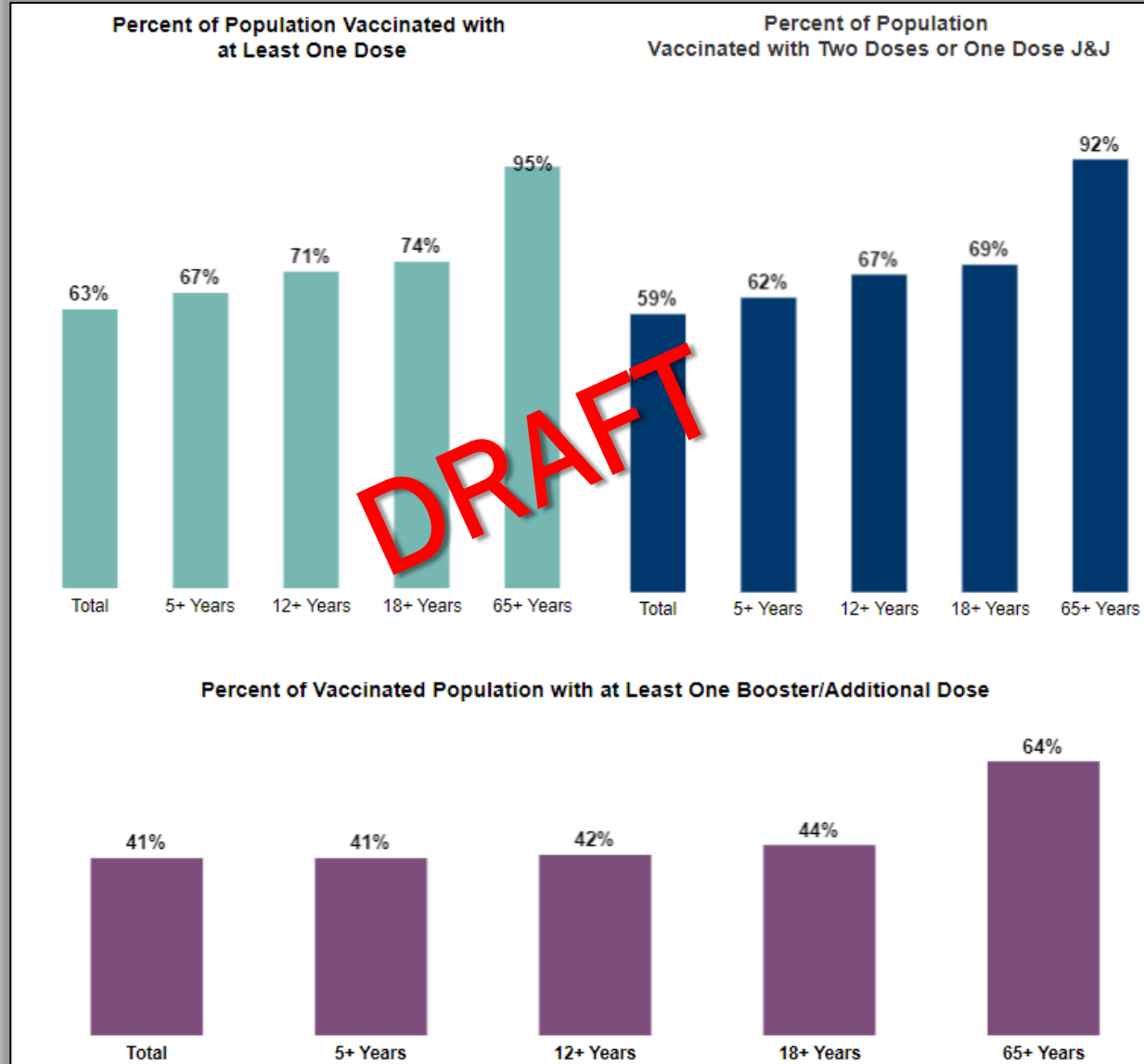
**Updated Fully Vaccinated metric name & county-level data on boosters**



**DRAFT**

# VACCINATIONS DASHBOARD ADDITIONS

**Updated Fully Vaccinated metric name & new metrics on boosters**



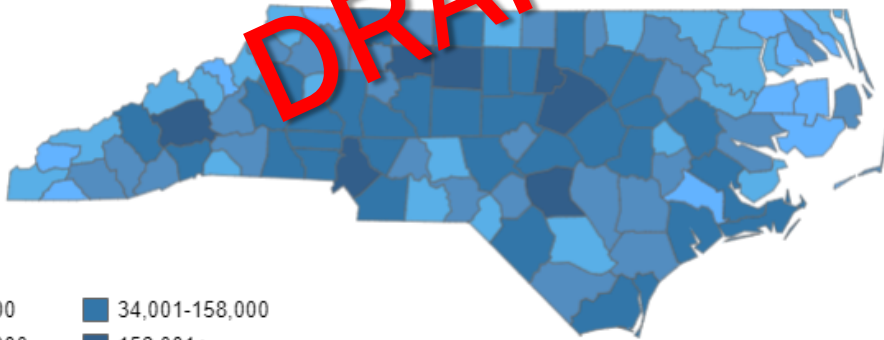
# VACCINATIONS DASHBOARD ADDITIONS

**Updated Fully Vaccinated metric name & county-level data on boosters**

## People Vaccinated with Two Doses or One Dose J&J by County of Residence

Select Metric:  Select Population:  Select County:

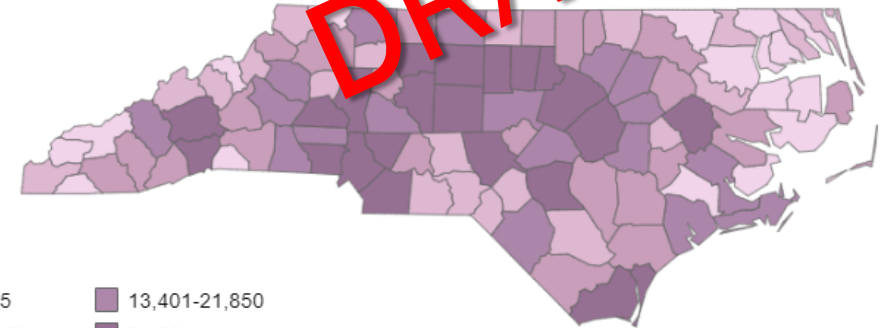
96,454  
People Vaccinated with Two Doses or One Dose J&J  
Total Population  
Alamance County



## People Vaccinated with at Least One Booster/Additional Dose by County of Residence

Select Metric:  Select Population:  Select County:

36,328  
People Vaccinated with at Least One Booster/Additional Dose  
Total Population  
Alamance County

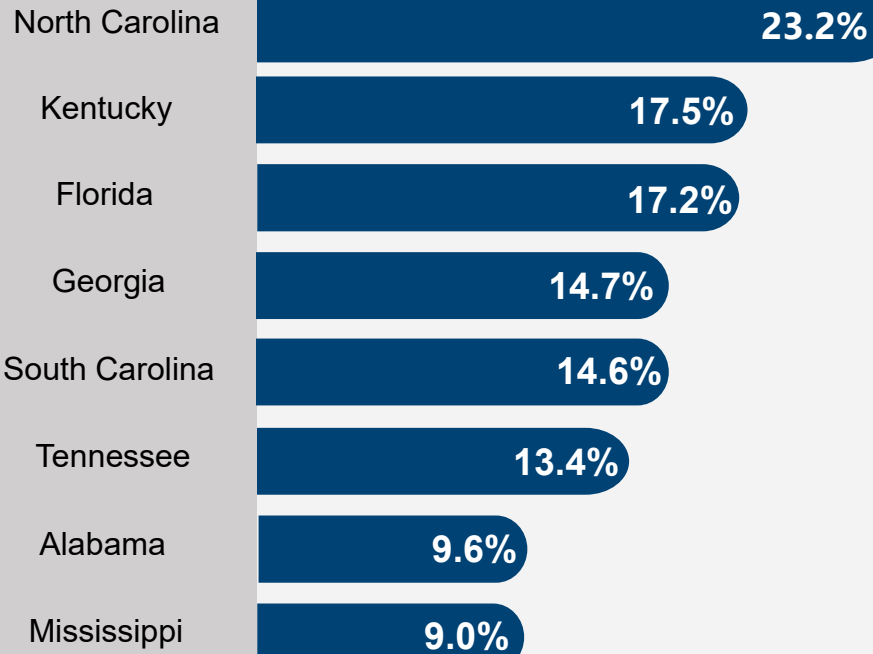




# **Pediatric & Booster Vaccination Data Update**

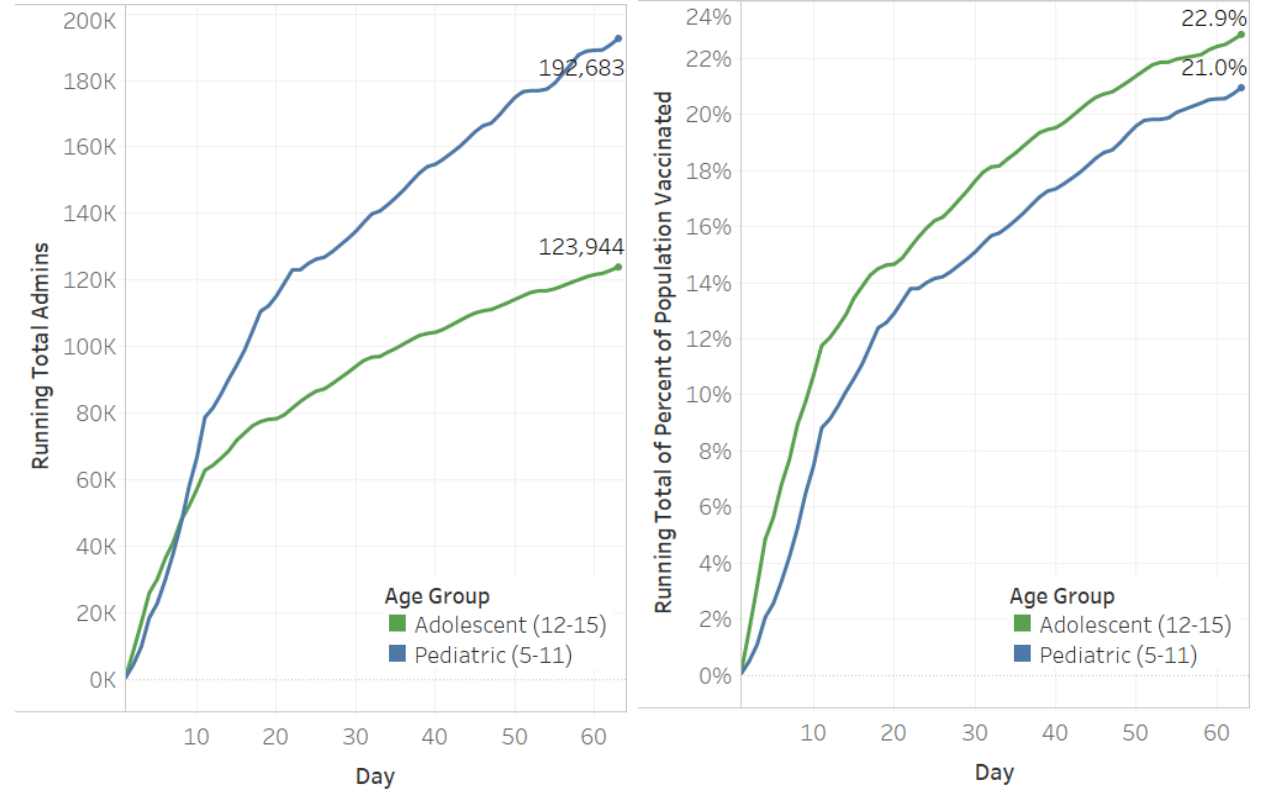
# PEDIATRIC VACCINATION RATES

North Carolina has the highest pediatric vaccination rate of FEMA IV States



The pace of pediatric vaccination rates lags slightly behind the pace of adolescent rates

Day 1 is regarded as first day CDC deemed each age group eligible for COVID vaccination.



Source: All metrics are from 1/06/22 ASPR Report

Note: FEMA IV states shown are states with comparable vaccine programs.

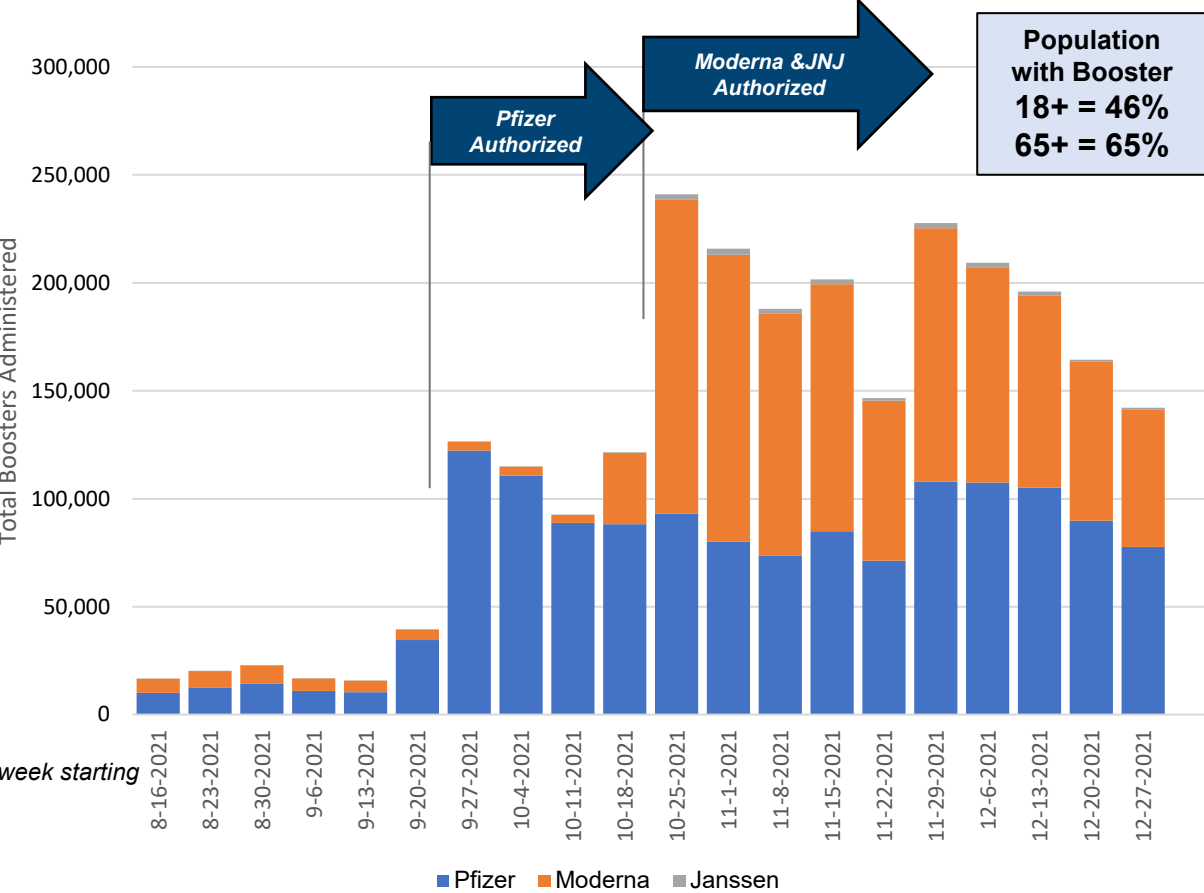
Note: Day 1 is May 12, 2021 for adolescents and November 3, 2021 for pediatrics.

Dose 1 Only, Data through 1/4/2021

# BOOSTER ADMIN TRENDS BY BRAND AND RACE VARY WEEK OVER WEEK

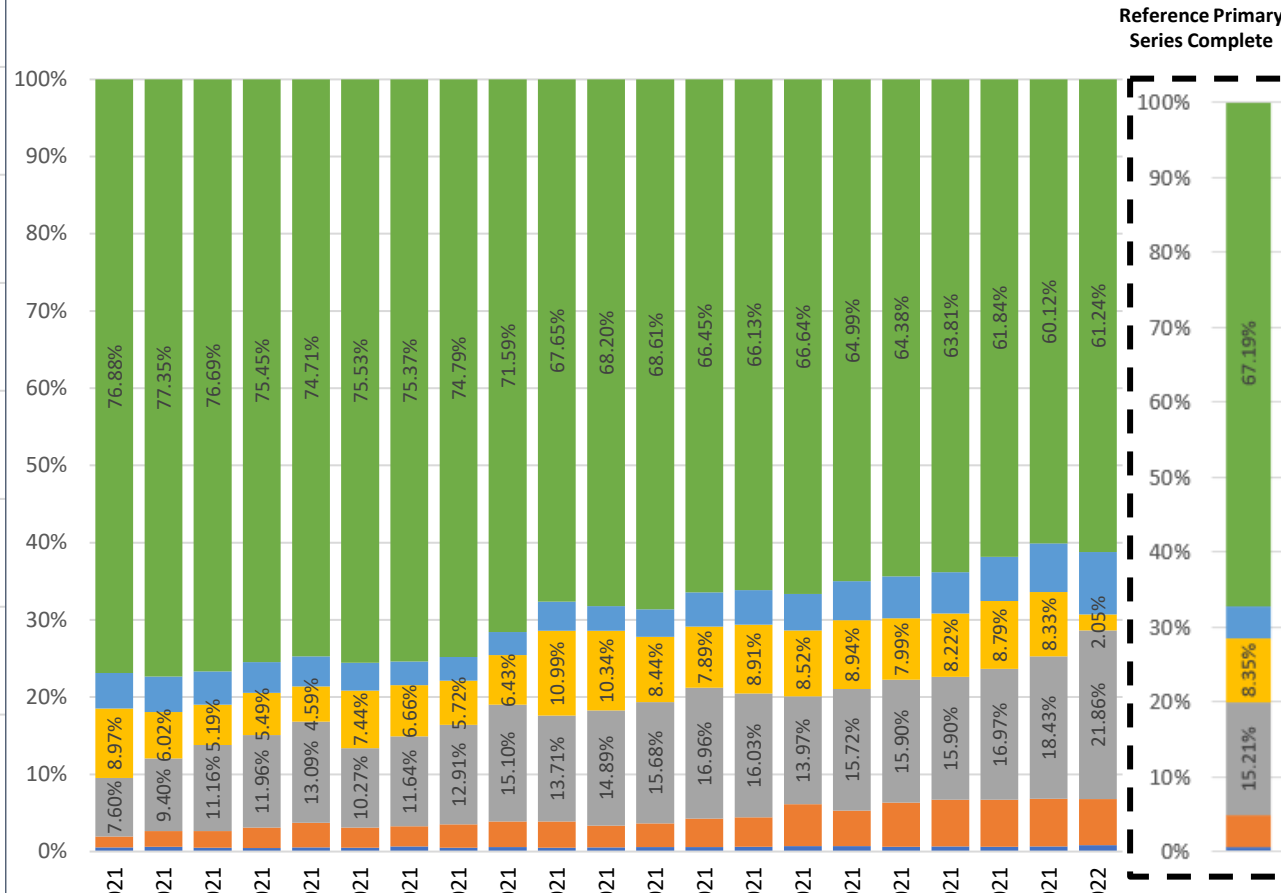
Booster Admins have increased significantly since the Moderna/JNJ Authorization.

Week over week, booster administrations increasing for Black/AA primary series recipients.



**Total**

	Pfizer	Moderna	Janssen	Total
	1,397,182	1,109,112	19,016	2,525,310



Booster defined as 3rd dose after series complete of an mRNA vaccine or 2nd dose after series complete of Janssen  
Booster doses include individuals 12+



American Indian or Alaskan Native Asian or Pacific Islander Black or African-American  
Missing or Undisclosed Other White

# SNF Update

# NC BOOSTER VACCINATION ANALYSIS AND BENCHMARKING AS OF 1/4



**Need to explore other operational levers to address remaining unpartnered facilities**

Non-SNF Booster Vaccinations  
(# of Facilities with a Provider partner or in Need of Partnership)

**~60% of Non-SNF's have been partnered with a vaccine provider.** Below represents the distribution of partnered facilities and facilities without a partner

Campaign Total			
3551	2164	1387	81%
Total # of facilities	Total Facilities w/ confirmed provider*	Total facilities without provider	Percent of beds covered

Awaiting Vendor Support
157
Currently scheduled or awaiting vendor support

~2% of bed count

No Confirmed Partner	
104	1126
Declined partner	Facilities unable to reach

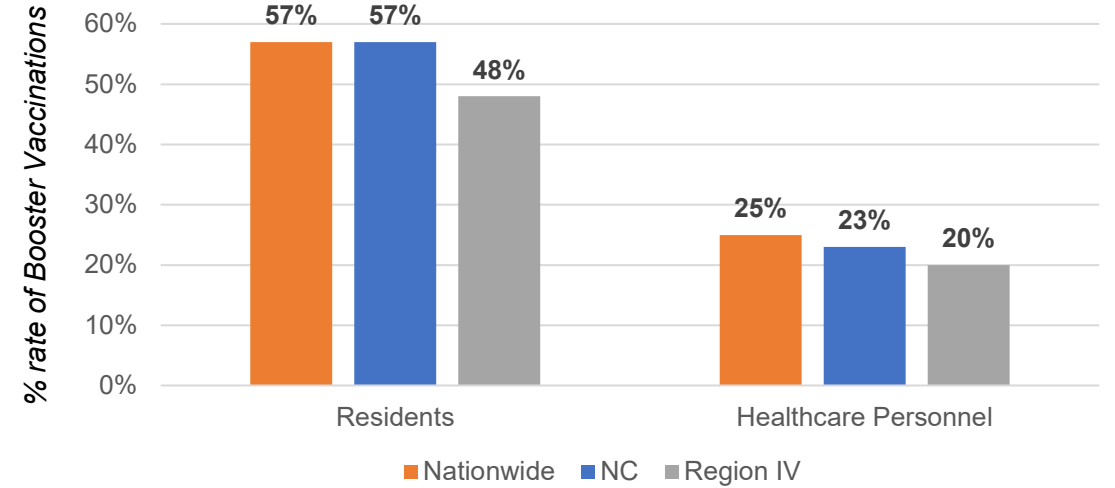
~2% of bed count

~16% of bed count

\*Confirmed provider partner: Confirmed via helpdesk, survey or direct response from DHHS

**SNF Booster Rates of Vaccination**  
(For staff & residents as of 12/19/2021)

NC rates of vaccination for both staff and residents in North Carolina either match or are closely on par with Nationwide rates



	Nationwide	NC	Region IV
# of Residents who have Received Booster Vaccination	406,673	12,271	69,882
# of Healthcare Personnel who have Received Booster Vaccination	255,277	6,753	37,775

64% of overall NC population 65+ years old have received a booster vaccination as of 1/05/21 (State and Tiberius reports)



# PHARMACY RECIPIENT RECORDS ARE CONVERTED TO REGULAR CVMS RECIPIENT RECORDS

**NCDHHS CVMS Provider Portal**

Home **Recipient** Appointments Locations Bulk Registration Vaccine Inventory Vaccine Marketplace Shipments More

Hint: For quicker and more relevant search results, enter full name (ex. John Smith) or email address and date of birth.

Full name, ex. John Smith | Email, John@com | Date of Birth (optional), MM/DD/YYYY

Search

Recipients within CVMS

0 records found

First Name	Middle Name	Last Name	Date of Birth	Gender	Vaccine Pro...	Recipient Do...	Date of Adm...	Email
No results, please search again.								

Recipients from Long Term Care/Federal Pharmacy

First Name	Last Name	Date of Birth	Member	Vaccine Manufacture...	Vaccinat
No results, please search again.					

**NCDHHS CVMS Provider Portal**

Home Recipient **Appointments** Locations Bulk Registration Vaccine Inventory Vaccine Marketplace Shipments More

Person Account **John Harris** Register Schedule First Dose Appointment Schedule Second Dose Appointment

Birthdate: 3/17/1987 Gender: Male Mobile: Email: Recipient Dose Status: Dose 1 Administered

**Details** Related

You can view the full details of each vaccine administration by clicking on a single Vaccination Log Name hyperlink or click "View All" for all history.

**Vaccination Logs (1)**

**VL-00082349**

Date and Time of Vaccination: 12/7/2021, 11:31 AM  
 Vaccine Status: Dose 1 Administered  
 Vaccine: Pfizer-BioNTech (age 12+) (6 doses/vial) (25 MDV) COVID-19 Vaccine

**Contact Information**

Email	Mobile
Address 1: 1234 Main Ave	Home Phone
Address 2	City: Vik Iceland
State: North Carolina	County: Brunswick
Best way to contact you: None	Zip: 65498
	Country: United States

Page 1 of 1

## North Carolina COVID-19 Vaccination Information

**Daffy B Duck104**  
Date of Birth: 09/15/1999

Vaccination Information PDF Generated: 01/07/2022

COVID-19 Immunization History				
Date Admin	Dose Number / Series	Vaccine Product / Manufacturer	Lot Number	Administered by
10/13/2021	1 of 2	Pfizer-BioTech	LotPf112221RS	Default Pharmacy Recipient Conversion Location
10/13/2021	2 of 2	Pfizer-BioTech	LotPf112221RS	Default Pharmacy Recipient Conversion Location
01/05/2022		Pfizer-BioTech	Testv456	DoNotUse-NotRealLoc-Cathy093021

Administering Provider(s)

Dose 1 of 2 Pfizer-BioTech  
Default Pharmacy Recipient Conversion Location

Phone Number:

Dose 2 of 2 Pfizer-BioTech  
Default Pharmacy Recipient Conversion Location

Phone Number:

Pfizer-BioTech  
DoNotUse-NotRealLoc-Cathy093021  
123 Main St.  
Vik, Iceland, North Carolina 99999  
Phone Number: 555-555-5555

Scan the QR Code provided below

COVID-19 vaccine information contained within this document was generated from the NC COVID-19 Vaccine Management System (CVMS). This document contains confidential health information and is intended for the vaccine recipient's use only.

# Therapeutics & Treatment

# MONOCLONAL ANTIBODIES - OVERVIEW

Monoclonal antibodies, or mAbs, are antibodies made in a laboratory to fight a particular infection. The Food and Drug Administration (FDA) has issued **Emergency Use Authorization (EUA)** for the use of monoclonal antibody therapies for adult and pediatric patients aged 12 and older (bam/ete authorized for all ages). mAbs are given to patients with an infusion, subcutaneous injection, or intramuscular injection. They are used for treatment or prevention. There are four types of mAbs that have been authorized for use for COVID-19:

mAbs Generic Name	Also known as	Authorized Indication	Route of Administration	Dosing Regimen	Authorized Patient Population	Standing Order?	Variant Efficacy	Allocation Estimates
<b>Casirivimab / imdevimab</b>	<b>REGEN-COV</b>	Post-exposure Prophylaxis, Treatment within 10 days of symptoms	Subcutaneous Injection; Intravenous Infusion	600 mg of both	Patients aged 12 years and older	Yes, revised January 5th	Reduced efficacy against Omicron	~1,000 per week
<b>Bamlanivimab / etesevimab</b>	<b>Bam/Ete</b>	Post-exposure Prophylaxis, Treatment within 10 days of symptoms	Intravenous Infusion	Dosage varies with weight	Patients of all ages, including neonates	Yes, revised January 5th	Reduced efficacy against Omicron*	~1,000 per week
<b>Sotrovimab</b>	<b>Sotrovimab</b>	COVID-19 Treatment within 10 days of symptoms	Intravenous Infusion	500 mg of Sotrovimab	Patients aged 12 years and older	Yes, revised January 5th	Retained efficacy against Omicron*	~1,000 per week
<b>Tixagevimab / cilgavimab</b>	<b>Evusheld AZD7442</b>	Pre-exposure prophylaxis (PrEP)	Intramuscular Injection	Two simultaneous IM injections every 6 months	Patients aged 12 years and older who are immunocompromised or have a contraindication for COVID-19 vaccines	No – per FDA/HHS.	Retained efficacy against Omicron	~2,000 per week

*\*Bam/Ete and Sotrovimab data is preliminary, have not published official studies yet regarding efficacy*



# ORAL ANTIVIRAL - OVERVIEW

Two investigational COVID-19 oral antiviral therapies are expected to gain EUA over the next month. Both therapeutics target mild-to-moderate COVID-19 for adults who are at risk of severe illness:

Generic Name	Also known as	Authorized Indication	Route of Administration	Standing Order	Administration Requirements	Dosing Regimen	Authorized Patient Population	Variant Efficacy	Allocation Estimates
<b>Molnupiravir</b>	<b>MK-4482, Merck</b>	Treatment of mild-to-moderate COVID-19 in adults who are at risk for progressing to severe COVID-19 and for whom alternate treatment is not accessible or clinically appropriate	Oral	No per FDA/HHS	Must start within 5 days of symptom onset  Not recommended during pregnancy	800 mg twice-daily for five days	Adult (18+)	30% effective in preventing hospitalizations or deaths within 5 days of symptom onset.  Expected to maintain effectiveness across all variants.	~10,000 per two-week cycle
<b>Paxlovid</b>	<b>Nirmatrelvir / Ritonavir, Pfizer</b>	Treatment of mild-to-moderate COVID-19 in adults and pediatrics (12+) who are at risk for progressing to severe COVID-19	Oral	No per FDA/HHS	Must start within 5 days of symptom onset  Dosage adjustment for moderate renal impairment  Drug interactions list	300mg of nirmatrelvir and 100 mg of ritonavir twice-daily for five days	Adult and Pediatric (12+)	88% effective in preventing hospitalizations or deaths within 5 days of symptom onset.  Expected to maintain effectiveness across all variants.	~2,500 per two-week cycle

# NEW PROVIDER GUIDANCE & UPDATED SWSO

## Patient Prioritization

Due to the limited supply of COVID-19 therapeutics and the emergence of the Omicron variant, the NIH Panel has arranged tiers of patient prioritization. North Carolina's Standing Order prioritizes treatment for patients in Tier 1 & Tier 2:

<b>Tier 1</b>	<ul style="list-style-type: none"><li>Immunocompromised individuals not expected to mount an adequate immune response to COVID-19 vaccination or SARS-CoV-2 infection due to their underlying conditions, regardless of vaccine status (see Immunocompromising Conditions below); or</li><li>Unvaccinated individuals at the highest risk of severe disease (anyone aged ≥75 years or anyone aged ≥65 years with additional risk factors).</li></ul>
<b>Tier 2</b>	<ul style="list-style-type: none"><li>Unvaccinated individuals at risk of severe disease not included in Tier 1 (anyone aged ≥65 years or anyone aged &lt;65 years with clinical risk factors)</li></ul>

## Drug Prioritization

Due some treatment's reduced susceptibility to the emerging Omicron variant, North Carolina is following the NIH's recommendations to use the following therapeutics (listed in order of preference):

1.	Paxlovid (Pfizer)
2.	Sotrovimab
3.	Remdesivir*
4.	Molnupiravir (Merck)

REGEN-COV and BAM/ETE are unlikely to retain activity against the Omicron variant. Providers can only allocate these if: 1) they have capability to identify a potential case of the Omicron variant **AND** can administer that product within 48 hours, or 2) local indicators point to Omicron not being the predominant variant

\*Remdesivir is not currently allocated by NC DHHS

**Statewide Standing Order:** The Standing Order has been revised to provider patient prioritization criteria in the *Specific Assessment* Criteria with the criteria mentioned in Tiers 1 & 2. North Carolina's also updated the Standing Order for BAM/ETE and REGEN-COV (SQ and IV) stating that these can only be administered as a treatment where providers can rule out the Omicron variant.

# ENROLLMENT & RECIPIENT WAYFINDING

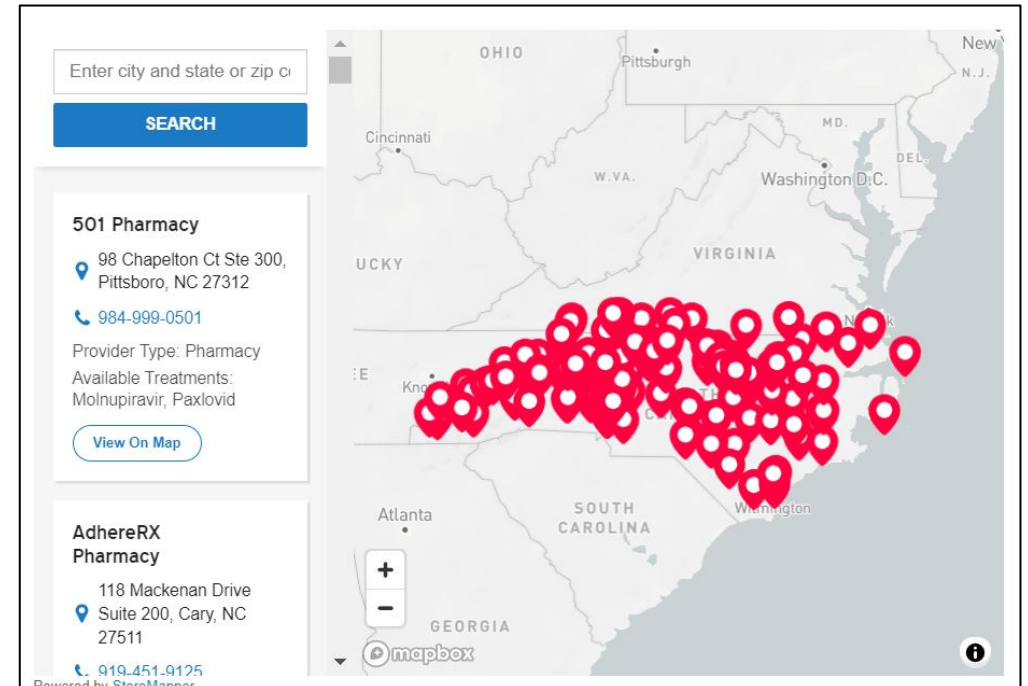
## Enrollment:

- [New Provider Enrollment Form](#)
- Targeted Outreach
  - Dispensing Physicians
  - NCCHCA
- HRSA Direct Federal Allocation Program
  - Piedmont, Triad Adult and Pediatric Medicine, Rural Health Group and Greene County Health Care

## Wayfinding Improvements:

- The [‘Find COVID-19 Treatment’](#) section on the NC DHHS website includes an updated ‘Site Finder’ tool that enables recipients to:
  - Search for nearby treatment sites
  - Discover available treatments each site offers for administration
  - Find resources to schedule an appointment (phone numbers, websites)
- The [‘Information For Individuals at Higher Risk’](#) section on the NC DHHS website includes a ‘Site Finder’ tool specifically for EVUSHELD treatment locations.

Site Finder Tool on NC DHHS Website



[Subscribe to our NC DHHS COVID-19 Therapeutics listserv](#)

# Contact Tracing

<b>Opening Remarks &amp; Leadership Update</b>	<b>Beth Lovette, RN, BSN, MPH</b> Deputy Director/Section Chief Local and Community Support	
<b>Epi Picture</b>	<b>Zack Moore, MD, MPH</b> State Epidemiologist and Epidemiology Section Chief	
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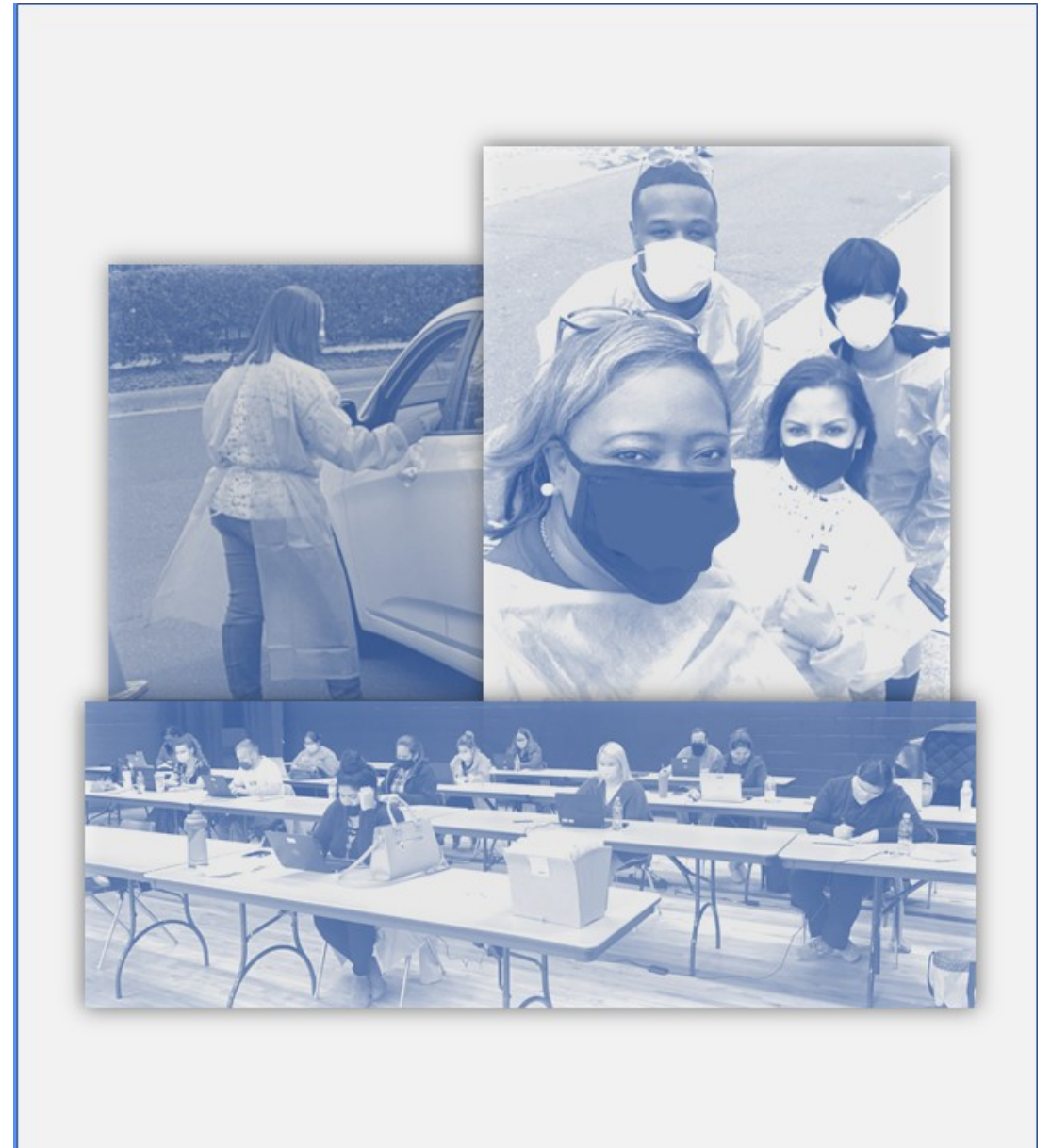


## QUESTIONS?

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# CI/CT for LHDs

Erika Samoff  
NC DPH Contact Tracing  
January 11, 2022



# REVISED CASE INVESTIGATION/CONTACT TRACING GUIDANCE

## Why Now

- We need sustainability
- Technological tools are available

## Revised CI/CT Plan, Effective Immediately

- Digital outreach to ***all case patients*** continues through texts and emails
  - Call center remains available
- Case investigation and telephone outreach ***recommended for case patients reported to be in high-priority settings***
- Case investigation and contact tracing no longer recommended for general public
- When you can, info and resource calls (case investigation/contact tracing not recommended) to:
  - General public whose text is not delivered
  - People in underserved communities as defined locally

## Planning Process

Meeting	Attendees
Initial Planning and Listening Session	<ul style="list-style-type: none"><li>• LHD Directors</li><li>• NC DPH CDB Leadership</li><li>• Contact Tracing Strategy Team</li></ul>
Listening Sessions	<ul style="list-style-type: none"><li>• DHHS HMP Team</li><li>• CI/CTs</li><li>• CD Nurses</li></ul>
Review Findings and Develop Strategy	<ul style="list-style-type: none"><li>• LHD Directors</li><li>• NC DPH CDB Leadership</li><li>• Contact Tracing Strategy Team</li></ul>



# REVISED CASE INVESTIGATION/CONTACT TRACING GUIDANCE

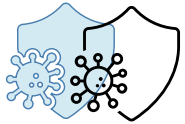
Please see the *prioritization guidance memo on the CD Manual*.

Revised Priority Level Definitions for Case Investigation			
Priority	Time from specimen collection to case review	Population	Action
1	Any ('last in, first out')	<p><b>Cases reported to be linked to a cluster/outbreak</b></p> <ul style="list-style-type: none"> <li>Individuals reported to the local health department with known epidemiologic links to a cluster, outbreak or location or event associated with two or more cases</li> </ul> <p><b>Cases known reported as living in a congregate or healthcare setting</b></p> <ul style="list-style-type: none"> <li>Individuals reported to the local health department as residing in a congregate living setting (e.g., correctional facilities, homeless shelters, migrant farm worker housing, skilled nursing, mental health and long-term care facilities)</li> </ul>	Case investigation and contact tracing
2	Up to 5 days ('last in, first out')	<p><b>Cases known to be working or potentially exposed in a high-density setting</b></p> <ul style="list-style-type: none"> <li>Healthcare settings (e.g., acute care, skilled nursing, mental health and long-term care facilities)</li> <li>Congregate settings (e.g., correctional facilities, homeless shelters, migrant farm worker camps)</li> <li>K12 Schools</li> <li>Critical infrastructure work settings (e.g., food processing plants, manufacturing plants, transportation, food service to critical workers, childcare, first responders)</li> <li>Community settings with large numbers of people (e.g., mass gatherings, religious events). Indoor settings should be prioritized over outdoor settings.</li> </ul>	Case investigation and contact tracing
3	Up to 5 days ('last in, first out')	<b>Case patients whose CCTO record indicates their text was not delivered</b>	Notification phone call to provide isolation instructions and links to resource info; no case investigation interview nor contact tracing
4	Up to 10 days ('last in, first out')	<b>Case patients in populations most likely to have resource needs;</b> populations can be defined by geography (zip or address), race/ethnicity, age according to local needs.	Notification phone call to provide isolation instructions and links to resource info; no case investigation interview nor contact tracing



# REVISED CASE INVESTIGATION/CONTACT TRACING GUIDANCE

## Staffing Considerations



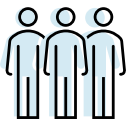
### Flexing existing staff

CCTC staff can be flexed to cover vaccination, testing, CI/CT, and data entry needs. Vaccination is still our most important tool to reduce the size of case surges and should be first priority.



### Leveraging CCTC clinical staff & vaccination support staff

Requests for CCTC clinical staff (who can support the administration of both vaccines and tests) and vaccination and testing support staff can be placed through ServiceNow.



### Maintaining current CI/CT staffing levels

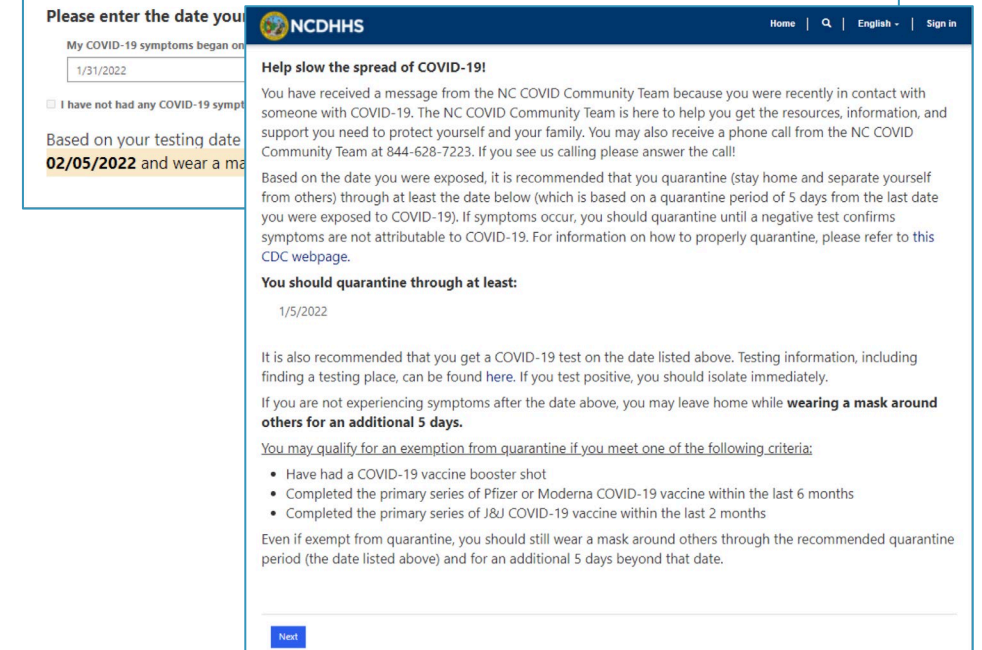
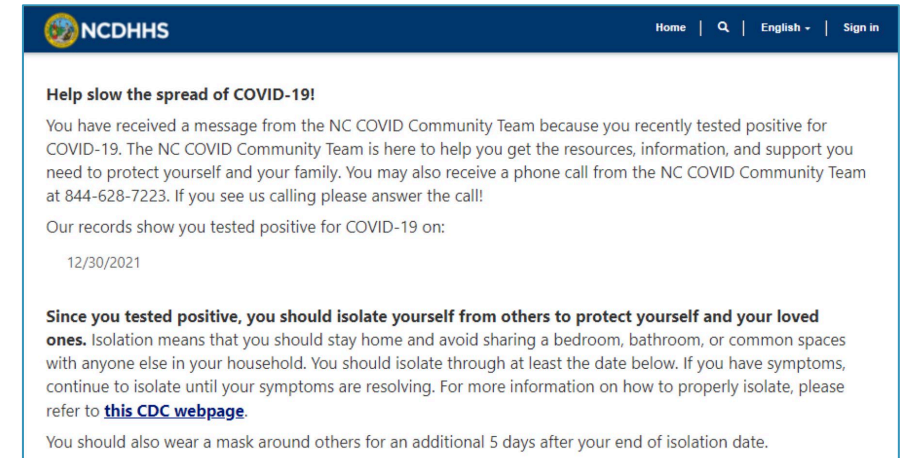
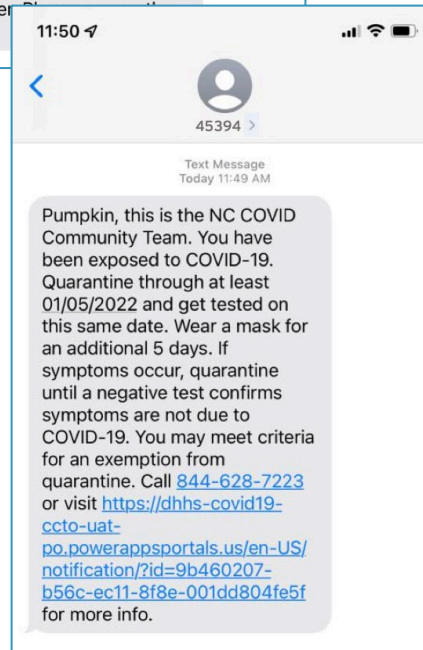
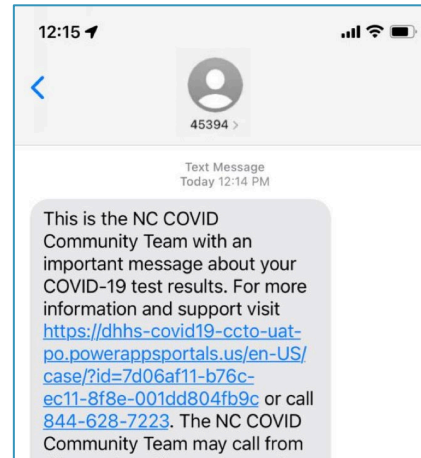
- While particular situations will be considered, we do not plan to increase case investigation and contact tracing staff beyond current levels during this case surge
- Vaccine support and clinical staff hiring will be unaffected.



# Q/I GUIDANCE UPDATES- CASE AND CONTACT NOTIFICATION CHANGES

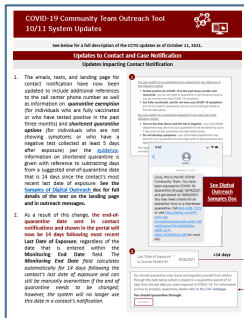
Emails, texts, and portal landing page language have been updated per the following based on the recent change to Q/I guidance:

- Updated the calculated quarantine/isolation end date to be **5 days** post exposure or onset of illness
- Clarified **criteria to end quarantine/isolation**
- Added instruction for **strict mask use after quarantine/isolation**
- Clarified **when to get a test**
- Updated **quarantine exemption rules to match CDC**



# CONTACT TRACING RESOURCES

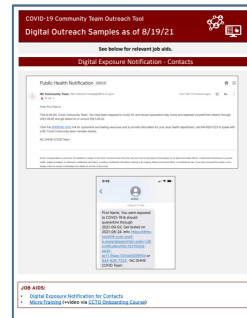
## CCTO Job Aids



CCTO job aids include information on

- digital notification,
  - monitoring,
  - navigating CCTO,
  - technical support,
- ...and more!

## Notification Samples



The Digital Outreach Samples doc on the CD Manual contains sample texts, emails, and portal screens for contact and case notification.

## CI/CT Scripts



Case investigation and contact tracing scripts can be found on the Sample Interview Scripts section of the CD Manual.

## ServiceNow Staffing Requests



All requests for CCTC staffing can be placed through ServiceNow

# Testing

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<b>Epi Picture</b>	<b>Zack Moore, MD, MPH</b> State Epidemiologist and Epidemiology Section Chief	
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# NC DHHS COVID-19 Prevention & Response

## LHD Discussion

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January 11, 2021



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**



# Current testing support

## Vendor

- Vendors available to all LHDs to support one-time and ongoing testing events. Submit requests via the [event request form](#)
- Onboarding 2 additional vendors – MAKO and Radeas – for a total of 14 vendors. *(See appendix for more details)*

## Staffing

- Available upon request to support various testing-related support
- Request support via your regional supervisor

## Federal

- NCDHHS exploring federal support options in the following areas for mass testing events:
  - Registration system
  - Medical personnel
  - PCR tests
  - Specimen processing
  - Result notification

## Supplies

*All available for request via [online form](#). Orders are fulfilled as supplies become available. Email on Tuesday confirm ordering for the week.*

**Point-of-Care Tests: All inventory allocated for distribution**

- ~61,000 tests received yesterday, shipping today to LHDs, K12, and other high-priority facilities.
- Anticipating receiving an additional 20,000 tests today, for distribution tomorrow
- Purchase orders for additional ~700k tests awaiting shipment from suppliers for both point-of-care and at-home, anticipated in late January/early February

**At-home Tests: All inventory allocated for distribution**

Anticipate receiving 105k tests to be used for at-home AND point-of-care by Friday, Jan 14<sup>th</sup>

**Bulk testing supplies: 2.5M NP swabs, 2.9M VTM media**

- Ample swabs and media available for request

**Specimen collection devices: High inventory**

- Fulfilled and processed by SLPH. Full requirements available on NCDHHS website



# Additional Information on Supplies

## Supplies

1

Please only request the supplies that you need for the next 1-2 weeks, to allow our team to get tests to all who need immediate supplies.

2

Our team will contact you with an updated status when available. Emails will come from [COVIDCommandCenter@dhhs.nc.gov](mailto:COVIDCommandCenter@dhhs.nc.gov).

3

If you have submitted an order and have not received supplies, please do not resubmit your order unless instructed to do so by our team.

4

NCDHHS is diversifying its supply chain for antigen tests. You may not receive the exact test brand requested (e.g. BinaxNOW, BD Veritor). Details on updating your CLIA accordingly will be shared via email today or tomorrow.

Vendor	Contracted County Coverage
MAKO	All Counties
Radeas	
Ottendorf	
Resourceful Clinical Labs	
NCCHCA	
Optum	
Old North State Medical Society	All Counties; Providers based in a few counties, but they have statewide reach
Cone	<b>5 counties:</b> Alamance, Caswell, Randolph, Guilford, Rockingham
WakeMed	<b>1 County:</b> Wake
UPOH	<b>15 Counties:</b> Alamance, Bertie, Cabarrus, Duplin, Durham, Forsyth, Franklin, Hertford, Johnston, Lee, Mecklenburg, Person, Pitt, Rowan, Wake
Vidant	<b>18 counties:</b> Beaufort, Bertie, Chowan, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Lenoir, Martin, Northampton, Pitt, Tyrrell, Washington, Wilson
StarMed	<b>21 counties:</b> Anson, Buncombe, Cabarrus, Catawba, Chatham, Cleveland, Columbus, Cumberland, Forsyth, Guilford, Haywood, Iredell, Lee, Lenoir, Mecklenburg, Onslow, Orange, Randolph, Swain, Union, Wake
Wake Forest	Not actively testing outside of clinics
Atrium	

# SLPH

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# Distribution of N95 Masks

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# Infection Prevention Update

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# Updated CDC Work Restriction Guidance for Healthcare Personnel

## Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered “boosted” if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered “vaccinated” or “unvaccinated” if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

### Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Boosted, Vaccinated, or Unvaccinated	10 days OR 7 days with negative test <sup>†</sup> , if asymptomatic or mildly symptomatic (with improving symptoms)	5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms)	No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic)

### Work Restrictions for Asymptomatic HCP with Exposures

Vaccination Status	Conventional	Contingency	Crisis
Boosted	No work restrictions, with negative test on days 2 <sup>‡</sup> and 5–7	No work restrictions	No work restrictions
Vaccinated or Unvaccinated, even if within 90 days of prior infection	10 days OR 7 days with negative test	No work restriction with negative tests on days 1 <sup>‡</sup> , 2, 3, & 5–7	No work restrictions (test if possible)

<sup>†</sup>Negative test result within 48 hours before returning to work

<sup>‡</sup>For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0



CS3886A | December 23, 2021 5:27 PM

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

- Return to work for infected staff shortened to 7 days (with negative test)
- Vaccinated staff not yet eligible for booster fall into “boosted” row, unless staffing allows for work restriction
- Exposure definition now includes use of a facemask (instead of respirator) when the contact was unmasked
- Community guidance for shortened isolation/quarantine does not include LTC visitors or residents

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>



# Waste Water Surveillance

<b>Opening Remarks &amp; Leadership Update</b>	<b>Beth Lovette, RN, BSN, MPH</b> Deputy Director/Section Chief Local and Community Support	
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NC DEPARTMENT OF  
**HEALTH AND  
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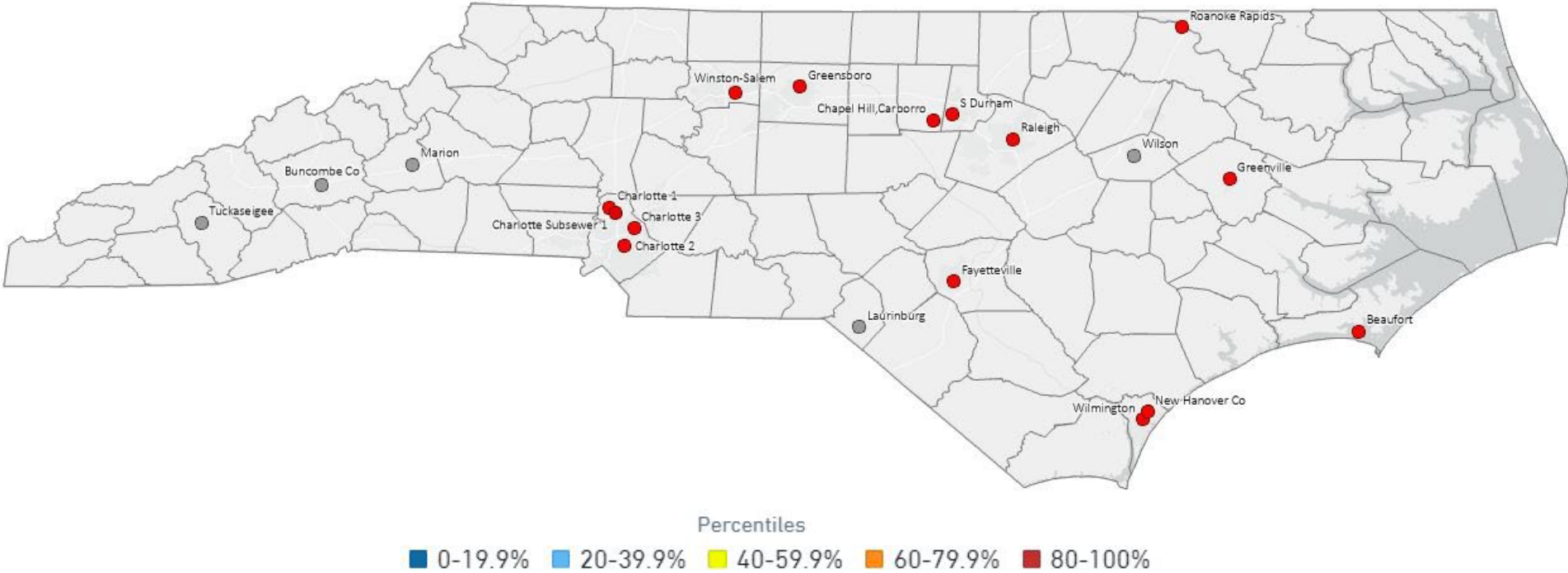
# **NC Wastewater Monitoring Network Update**

***Ariel Christensen, MPH***

***January 11, 2022***

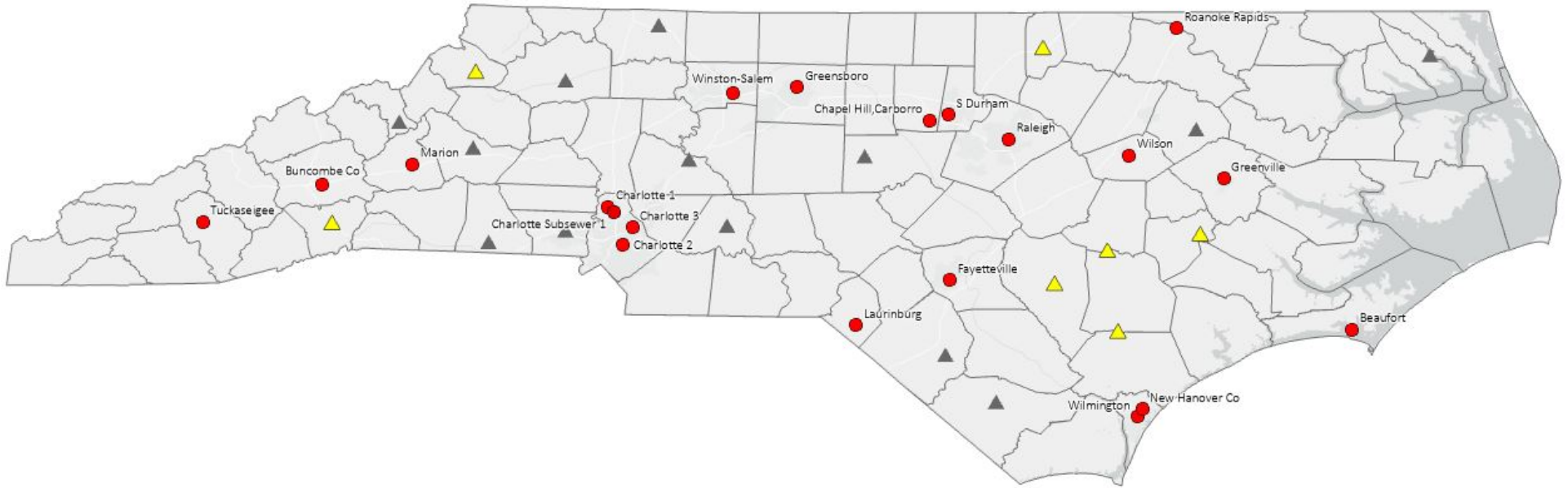
***Occupational and Environmental Epidemiology Branch  
North Carolina Department of Health and Human Services***

# Wastewater levels are increasing in NC





# New sites coming soon!



Percentiles  
■ 0-19.9% ■ 20-39.9% ■ 40-59.9% ■ 60-79.9% ■ 80-100%

▲ Proposed ▲ Enrolled

# Next steps

- **Up to 20 new sites in North Carolina to start sampling wastewater for 12 months as part of CDC-funded commercial contract with [LuminaUltra](#) (early 2022)**
- **CDC adding wastewater data to the [COVID Data Tracker](#) in Jan 2022**
- **Building laboratory capacity with the NC State Lab of Public Health (training by UNC Institute of Marine Sciences)**
- **Incorporating screening and sequencing for variant detection**



# 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> by January 16th. All counties welcome!**

**First statewide NC Wastewater Monitoring Network Year Annual Meeting on January 27<sup>th</sup> 10:30-11:30am. We will review progress thus far and next steps.  
All counties welcome!**

# Questions?

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<https://covid19.ncdhhs.gov/dashboard/wastewater-monitoring>

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