



LHD Weekly Call

Nov 9, 2021

Opening Remarks & Leadership Update

| | |
|-------------------------------------|---|
| Opening Remarks & Leadership Update | Beth Lovette, RN, BSN, MPH Deputy Director/Section Chief Local and Community Support |
| Epi Picture | Zack Moore, MD, MPH State Epidemiologist and Epidemiology Section Chief |
| Policy | Elizabeth Cuervo Tilson, MD, MPH State Health Director Chief Medical Officer |
| Vaccine Update | Ryan Jury, RN, MBA COVID-19 Vaccine Program Director |
| CCTO Dashboard & Data Quality | Erika Samoff MPH PhD John Young COVID-19 Contact Tracing |
| K-12 Update | Deborah Porterfield, MD, MPH Senior Project Director |

Epi Picture

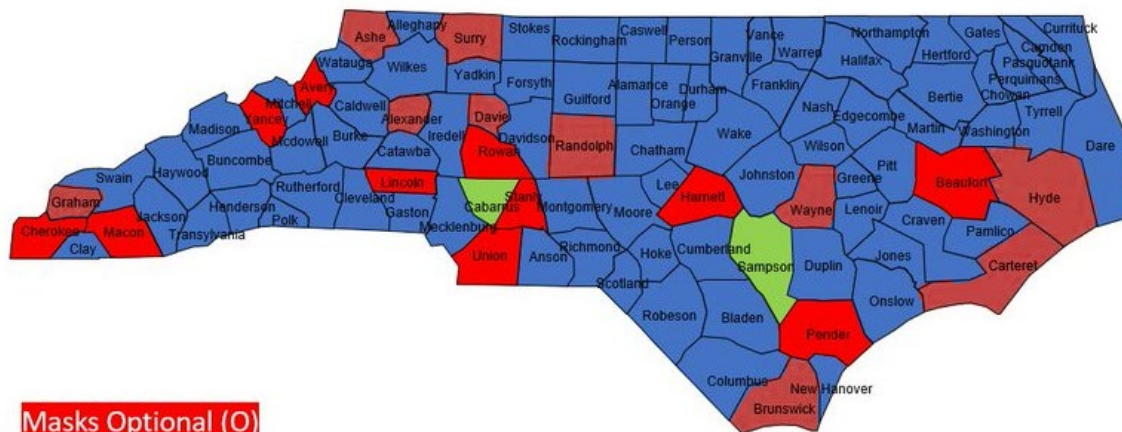
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NORTH CAROLINA LEA FACE MASK POLICIES

(as of 11/5/2021)



Masks Optional (O)

Masks Required (R)

Cabarrus (O)/Kannapolis (R)
and Sampson (O)/ Clinton (R)

adapted from
nclb

| Masking Mandates | | | | |
|--|---------------------|-------------------------|--------------------|------------------------|
| | Number of Districts | Percentage of Districts | Number of Students | Percentage of Students |
| Districts requiring universal face coverings | 89 | 77.39% | 1,100,780 | 82.09% |
| Districts making face coverings optional | 23 | 20.00% | 233,887 | 17.44% |
| Districts requiring face coverings (partial) | 3 | 2.61% | 6,305 | 0.47% |
| Waiting on decision from districts | 0 | 0.00% | 0 | 0.00% |
| Totals | 115 | 100.00% | 1,340,972 | 100.00% |
| Vaccination Mandates | | | | |
| | Number of Districts | Percentage of Districts | Number of Teachers | Percentage of Teachers |
| Staff | | | | |
| Districts requiring staff to be vaccinated | 4 | 3.48% | 5667 | 1.90% |
| Students | | | | |
| Districts requiring a segment of the student population to be vaccinated | 1 | 0.87% | | |

Vaccine Update

| | |
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VACCINE APPROVAL OUTLOOK



BOOSTERS

moderna

BOOSTERS*

janssen
PHARMACEUTICAL COMPANIES
OF Johnson & Johnson

BOOSTERS



5-11

Which vaccine manufacturers have submitted their packets for review?



When will FDA meet to discuss the packets submitted?



9/17/21



10/14/21



10/15/21



10/26/21

FDA Emergency Use Authorization



9/22/21



10/21/21



10/21/21



10/29/21

ACIP/CDC Recommendation



9/24/21



10/21/21



10/21/21



11/3/21




Vaccine Preparation Safety Reminder

- Please **refrain from using dispensing pins or vial adapters** as COVID-19 vaccines are preservative free and such practices increase the risk of contamination.
- For more information, please see USP's [FAQ for Optimizing COVID-19 Vaccine Preparation and Safety](#).

PFIZER PEDIATRIC VACCINE COMMUNICATIONS TOOLKIT

The [NC DHHS: COVID-19 Vaccine Communications Toolkit](#) is live!

The toolkit provides a wide range of resources including flyers, social media graphics, logos, and family vaccine site promotion materials. Please use this toolkit to promote the vaccine among your patients.



COVID-19 Vaccines are Safe, Effective and Free for Kids 5 and Older

The Pfizer COVID-19 vaccine for kids 5-11 will protect them from serious illness and get them back to safely being with their family and friends.

- There were no serious safety concerns or serious side effects noted in the clinical trials.**
Clinical trials began in March 2021. The first phase of the trial initially enrolled 4,500 children ages six months to 11 years in more than 90 clinical trial sites around the world.
- More than 3,000 children ages 5-11 participated in the trials.**
This is comparable to the number included in many similar clinical trials with children. Trials included volunteers from different races and ethnicities, including Black and Hispanic/Latinx volunteers (77% white, 6% Black, 8% Asian, 17% Hispanic/Latino, 7% multiracial).
- Children are given two doses of the Pfizer vaccine.**
Each dose is one third the amount given to people 12 and older.
- The vaccine is effective.**
It produced similar immune responses in children 5-11 as in older kids and adults ages 16 to 25.
- The Food and Drug Administration (FDA) reviews trials to determine if vaccines are safe.**
An independent, scientific committee checks the work. Vaccines are authorized and the Centers for Disease Control and Prevention (CDC) recommends their use.
- Temporary side effects for kids 5-11 are similar to older kids and adults.**
Your child may experience a temporarily sore arm, headache and being tired or achy for a day or so. Myocarditis, or inflammation of the heart muscle, is an extremely rare side effect with mostly mild cases. People usually recover on their own or need minimal treatment. No cases of myocarditis were seen during the clinical trials, ongoing monitoring will continue.

NC Department of Health and Human Services • [MySpot.nc.gov](#)
NCDHHS is an equal opportunity employer and provider. • 11/2021

Kids HAVE A SPOT TO TAKE THEIR SHOT.

Flyers



Kids HAVE A SPOT TO TAKE THEIR SHOT.

Your child has a spot to get a shot!

Children are vulnerable to COVID-19, just like everyone else.

Pediatric cases have increased and led to more children experiencing severe illness.

Children ages 5 to 11 can get a free, safe, and effective COVID-19 vaccine.

Don't wait to protect your child.

Visit [MySpot.nc.gov](#) to locate a pediatric vaccine provider near you.

Slogan Announcement

Kids have a spot to get their shot! Kids need protection from COVID-19 just like adults. A COVID-19 vaccine is now available for kids ages 5 and up. Don't wait to vaccinate your child! Visit [MySpot.nc.gov](#) to find a pediatric provider near you. #KidsHaveASpot

f Post to timeline

Social Media Graphics



Kids HAVE A SPOT TO TAKE THEIR SHOT.

The logo features the text "Kids HAVE A SPOT TO TAKE THEIR SHOT." in a mix of purple and blue fonts. The word "SHOT." is significantly larger than the others. A purple bandage with a white heart is placed over the "O" in "SHOT.".

Logos

PFIZER PEDIATRIC VACCINE RECEIVES FULL AUTHORIZATION

The Food and Drug Administration (FDA) and Centers for Disease Control (CDC) have authorized and recommended the Pfizer COVID-19 pediatric vaccines for kids ages 5-11.

Pediatric Vaccine Authorization Tracker

All 3 stages of approval/recommendation have been satisfied and providers may begin administering Pfizer pediatric vaccine to 5-11 year-olds. Requests for pre-orders were completed the week of 10/18.



Pre-ordering pediatric vaccine Complete!

Shipments in progress!

Administration may begin!

1

2

3

1

FDA
Authorized

2

ACIP
Recommended

3

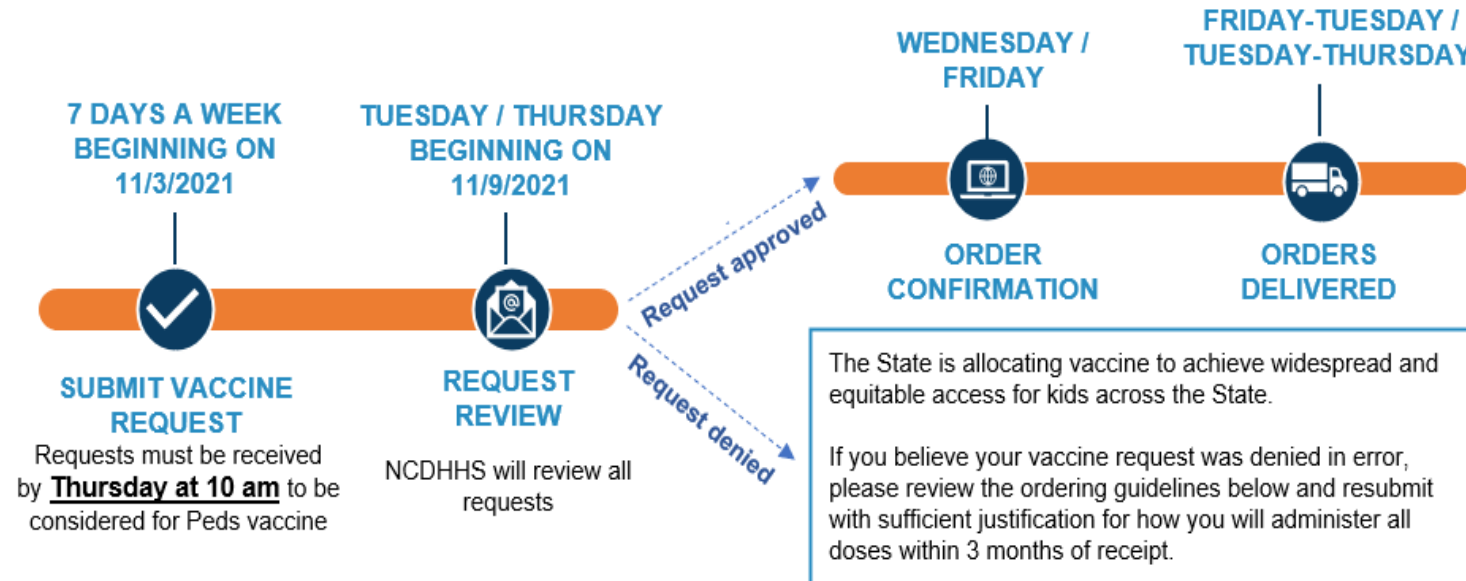
CDC
Recommended

Pfizer Pediatric COVID-19 Vaccine Administration Resources

To aid in the administration of these pediatric vaccines, please reference the updated EUA fact sheets, CDC statement and clinical guidance below:

- [Updated CDC Clinical Guidance](#) for use of Pfizer-BioNTech COVID-19 Vaccine in [children aged 5–11 years](#)
- [CDC Statement](#)
- [5-11 Pfizer Fact Sheet for Healthcare Providers](#)
- [5-11 Pfizer Fact Sheet for Recipients and Caregivers](#)

INTERIM PFIZER PEDIATRIC VACCINE ORDERING GUIDANCE



[Click here to access the Allocation Request Form](#)

Please note: Do not over order. This product has a shelf life of 10-weeks when stored at 2-8C conditions. This is shorter than the shelf life for the adult Pfizer product, so states should plan accordingly. **Overordering increases risk of product expiring.** Order what you need and use what you order.

Sites should evaluate 1st and 2nd dose needs when ordering; second dose should be considered as part of determining initial and follow-on orders for sites. Keep the size of your network manageable. Network should be able to use vaccine within 10 weeks (if stored at 2-8C) and handle **10 doses per vial while minimizing waste.**

[Please click here to access the full ordering One-Pager!](#)

PEDIATRIC VACCINE ORDERING GUIDANCE

| | Pfizer Pediatric Vaccine |
|------------------------------|---|
| Minimum Order Quantity (MOQ) | 100 |
| Maximum Order Request | <i>If requesting > MOQ: Estimated administrations for 7 days upon receipt of vaccine</i> <i>If requesting 1 MOQ: estimated administrations <u>must be greater than or equal to the</u> MOQ for the next 10 weeks (i.e., site must be able to exhaust all supply within 10 weeks)</i> |
| Direct Ship Available | ✓ |
| Recommended Request Method | Allocation Request <i>Providers who can store and admin MOQ</i> LHD <i>Smaller Providers who cannot exhaust MOQ can reach out to their LHD for support and supply needs</i> |

Additional Guidance

- Pfizer pediatric vaccine requests are now part of the normal vaccine allocation ordering and delivery cadence.
- As of November 9th, more than 100 doses may be ordered in a shipment of 100-dose increments. These shippers should not be used for storage.
- Requests for additional pediatric vaccine will not be considered until **70%** of your Pfizer pediatric inventory has been used.
- Moving forward, you will receive weekly *pro rata* thresholds for pediatric vaccine.

Please click here to access the full ordering One-Pager!

PEDIATRIC VIALS HAVE A 10 DOSE MAXIMUM



The Pediatric Pfizer EUA only allows **10 doses** and thus CDC only recommends **10 doses** to be drawn from the pediatric vial.

The Pfizer and federal teams are collecting reports of 11 doses being drawn as they continue to study the vials post manufacturing (similar to what happened with the adult configurations) but an 11th dose is not permissible until/if EUA is amended.

COVID-19 VACCINES NOW AVAILABLE IN NCIR!

COVID-19 vaccine management is available within the North Carolina Immunization Registry (NCIR) in addition to continued availability on the COVID-19 Vaccine Management System (CVMS).



North Carolina Immunization Registry (NCIR)

Contains North Carolina's vaccine administration and inventory records for **all COVID and non-COVID vaccines**, including influenza, HPV, etc.



COVID-19 Vaccine Management System (CVMS)

Contains North Carolina's vaccine administration, account records, and inventory records for **all COVID-19 vaccine** information.



What does this mean for you *now*?

As a CVMS provider you can continue doing what you already do when it comes to administering and managing COVID-19 vaccines in the CVMS Provider Portal.

Providers currently using NCIR are able to view *in NCIR* COVID-19 records documented within CVMS.

Provider System Selection is available for an organization's option to use CVMS or NCIR for COVID-19 vaccine management. This option will be visible to all organizations and **will be rolled out in phases, starting first with our Vaccines for Children (VFC) providers**, who have received specific guidance on this feature. More organizations will be given the option to system select later in 2021/2022.

Further information to come!

CCTO Dashboard & Data Quality

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CCTO Dashboards

Summary: Dashboards are visual representations of data and key metrics in CCTO. They show a snapshot of all the data in CCTO and are updated throughout the day to maintain accuracy.

Use it for:

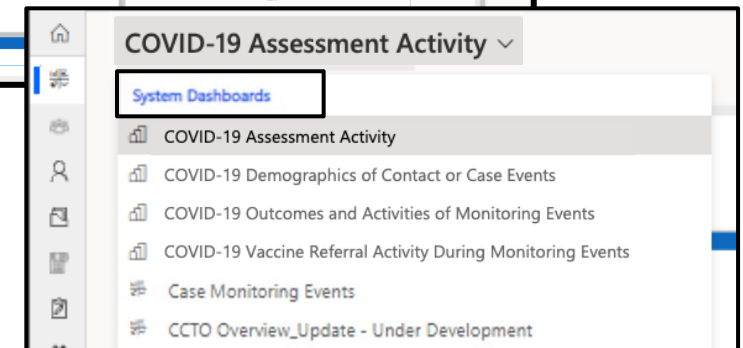
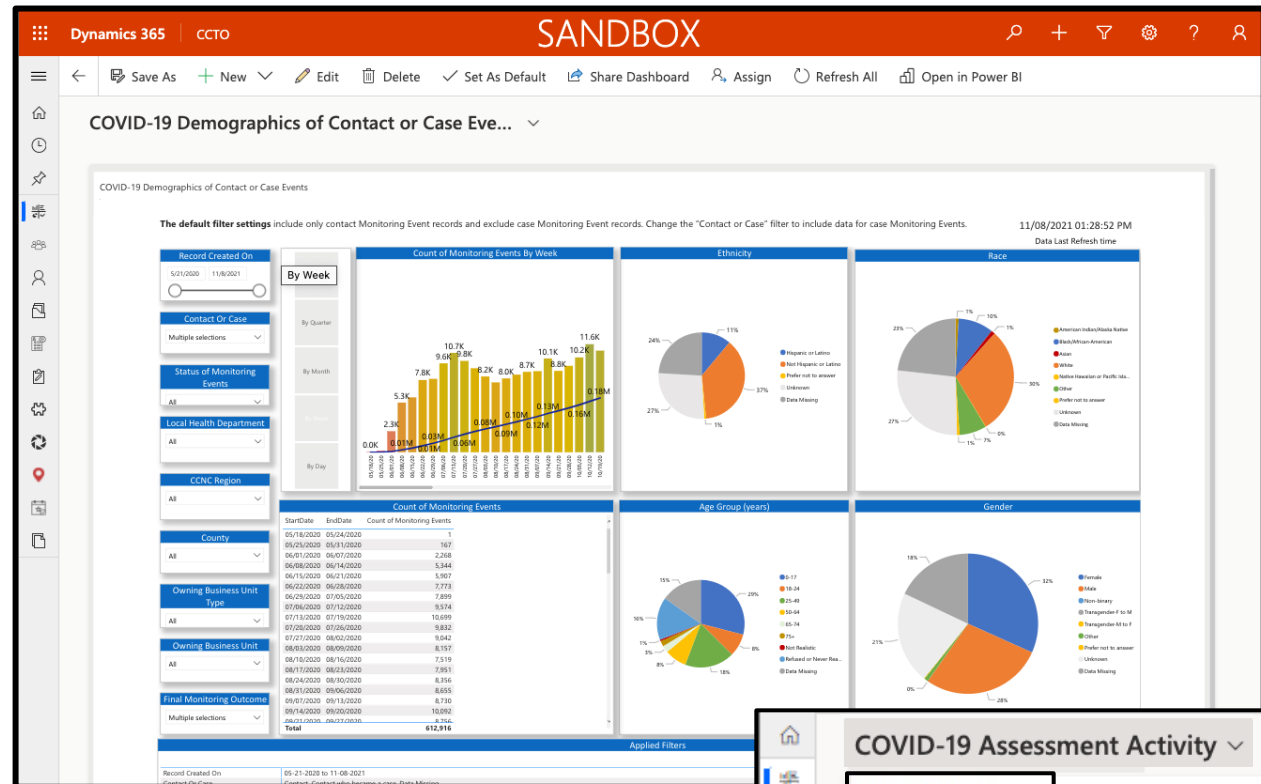
- Assessment of contact tracing processes
- Health equity outcomes

Dashboard covers:

1. **COVID-19 Assessment Activity** – *breakdown of monitoring events by number of daily assessment records completed*
2. **COVID-19 Demographics of Contact or Case Events** – *breakdown of demographic data for monitoring events*
3. **COVID-19 Outcomes and Activities of Monitoring Events** – *breakdown of monitoring events by FMO and digital and phone notifications*
4. **COVID-19 Vaccine Referral Activity During Monitoring Events** – *breakdown of monitoring events by completion of vaccine referrals*

Who has access?

- All CCTO users can access the dashboards
- Data cannot be downloaded but relevant views can be created and exported
- Not available to the public



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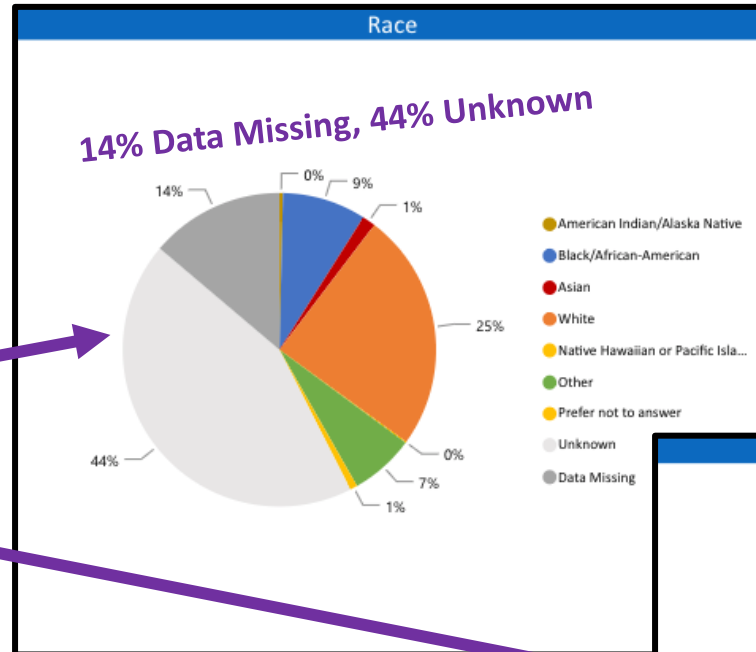
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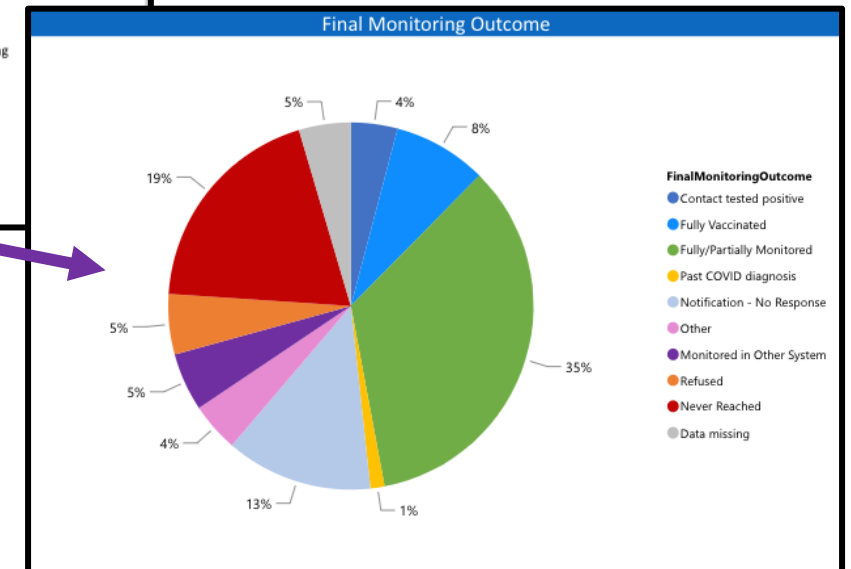
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Contact Monitoring Event Records with Created on Dates Oct 1-14, 2021



CCTO Dashboard Features

Summary: Dashboards are visual representations of data and key metrics in CCTO. They show a snapshot of all the data in CCTO and are updated throughout the day to maintain accuracy.

Dynamic filters, including quick access to only your LHD's data

Record Created On
5/21/2020 11/8/2021

Contact Or Case
Multiple selections

Status of Monitoring Events
All

Local Health Department
All

CCNC Region
All

County
All

Owning Business Unit Type
All

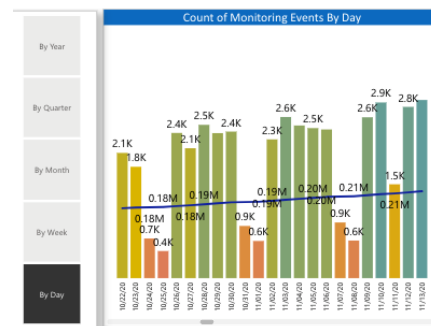
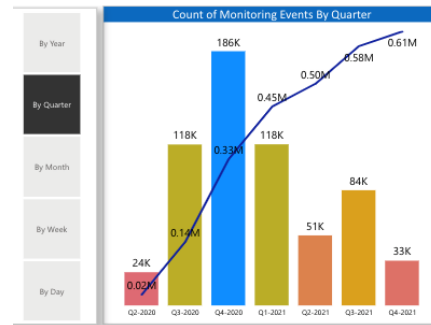
Owning Business Unit
All

Final Monitoring Outcome
Multiple selections

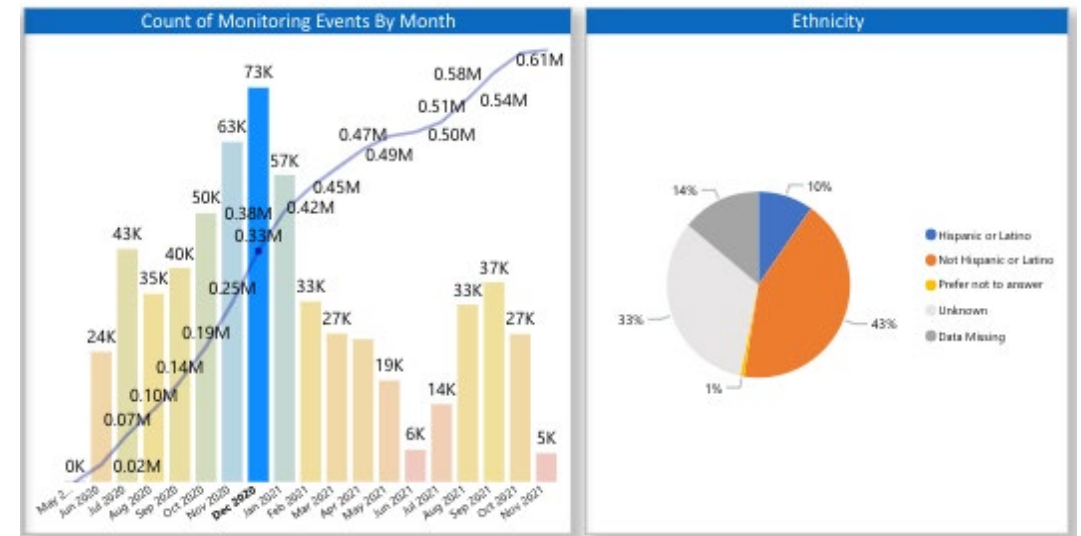
Local Health Department

- ☒ Select all
- ☒ Alamance
- ☒ Albemarle Regional
- ☒ Alexander
- ☒ Anson
- ☒ Appalachian
- ☒ Beaufort
- ☒ Bladen
- ☒ Blank
- ☒ Brunswick

Trends of monitoring event counts displayable in different timescales, with scrolling

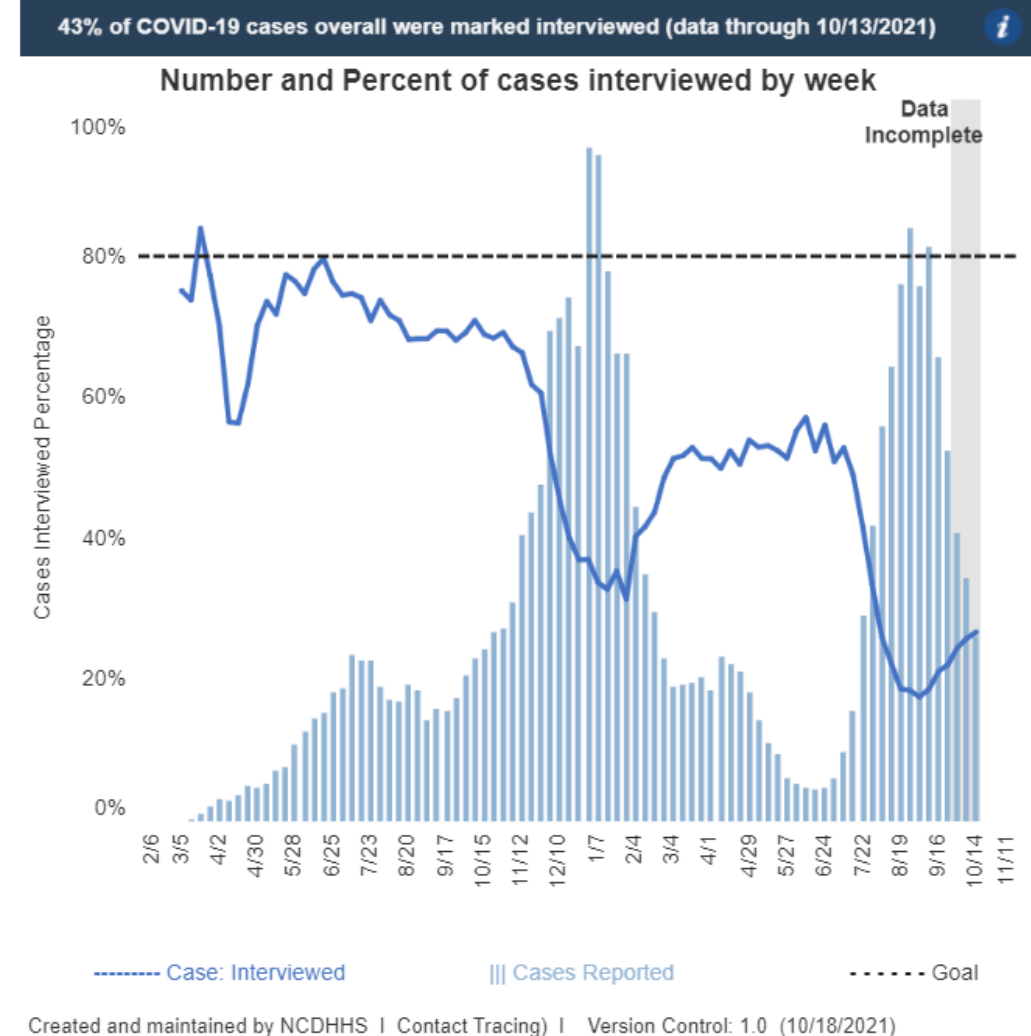


Dynamic data drill-down capabilities



Data Quality Items to Prioritize as Cases Decrease – and we learn from the pandemic

- **Ensure contacts are linked to cases**
 - NC-COVID Event ID of Source Patient for contacts in CCTO
 - Correct Final Monitoring Outcome if contact tests positive/becomes a case in CCTO
- **Track who we reached and exposure setting**
 - Interviewed yes/no in NC COVID, Final Monitoring Outcome in CCTO
 - Risk and exposure data in NC COVID
- **Ensure we have the information to work on disparities in outcomes between demographic groups**
 - Race/ethnicity/gender data in NC COVID and CCTO
 - Select Final Monitoring Outcome and deactivate in CCTO
- **Instructions for NC COVID**
 - [Completing and Reporting Cases with No Follow up to State](#) (PDF)
 - [Reporting Cases to the State/Required Fields in each Package](#) (PDF)
 - [Instructions how to update/Report NC COVID Death](#) (PDF)
- **Instructions for CCTO**
 - [Closing Out a Contact Event/Choosing correct FMO](#)
 - [Handling Case Patients](#)



[LHD staff SharePoint dashboard access](#)

K-12 Update

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ELC Reopening SchoolsK-12 Testing: Program Overview



State Contracted Vendor

NCDHHS vendor available to support testing program at school/district

Available to all schools

OR



Independent Testing

NCDHHS provides free tests that schools may request to perform screening and/or diagnostic testing

Available to all schools

+



Staffing Support**

NCDHHS provides funds for LEAs/charters to hire clinical staff

Available to LEAs and charters who participate in testing (opt in)

Districts will define their own testing programs or may choose not to participate in testing for 2021-2022.

[StrongSchoolsNC K-12 Testing Program Guidance](#)

STRONGSCHOOLSNC K-12 TESTING PROGRAM GOALS



Equitable



Accessible



Minimal disruption



Aligned with guidance

| | Low ¹ Transmission Blue | Moderate Transmission Yellow | Substantial Transmission Orange | High Transmission Red |
|----------------------------------|--|---|--|---|
| Students | Do not need to screen | Offer screening testing for students who are not fully vaccinated at least once per week. | | |
| Teachers and staff | Offer screening testing for teachers and staff who are not fully vaccinated at least once per week. | | | |
| High risk sports and activities | Recommend screening testing for high-risk sports and extracurricular activities ² at least once per week for participants who are not fully vaccinated. | | Recommend screening 2x per week for participants who are not fully vaccinated. | Cancel or hold virtually to protect in-person learning, unless all participants are fully vaccinated. |
| Low-and intermediate-risk sports | Do not need to screen | Recommend screening testing at least 1x per week for participants who are not fully vaccinated. | | |

STRONGSCHOOLSNC K-12 COVID-19 TESTING: **VENDOR TESTING RECOMMENDATIONS**

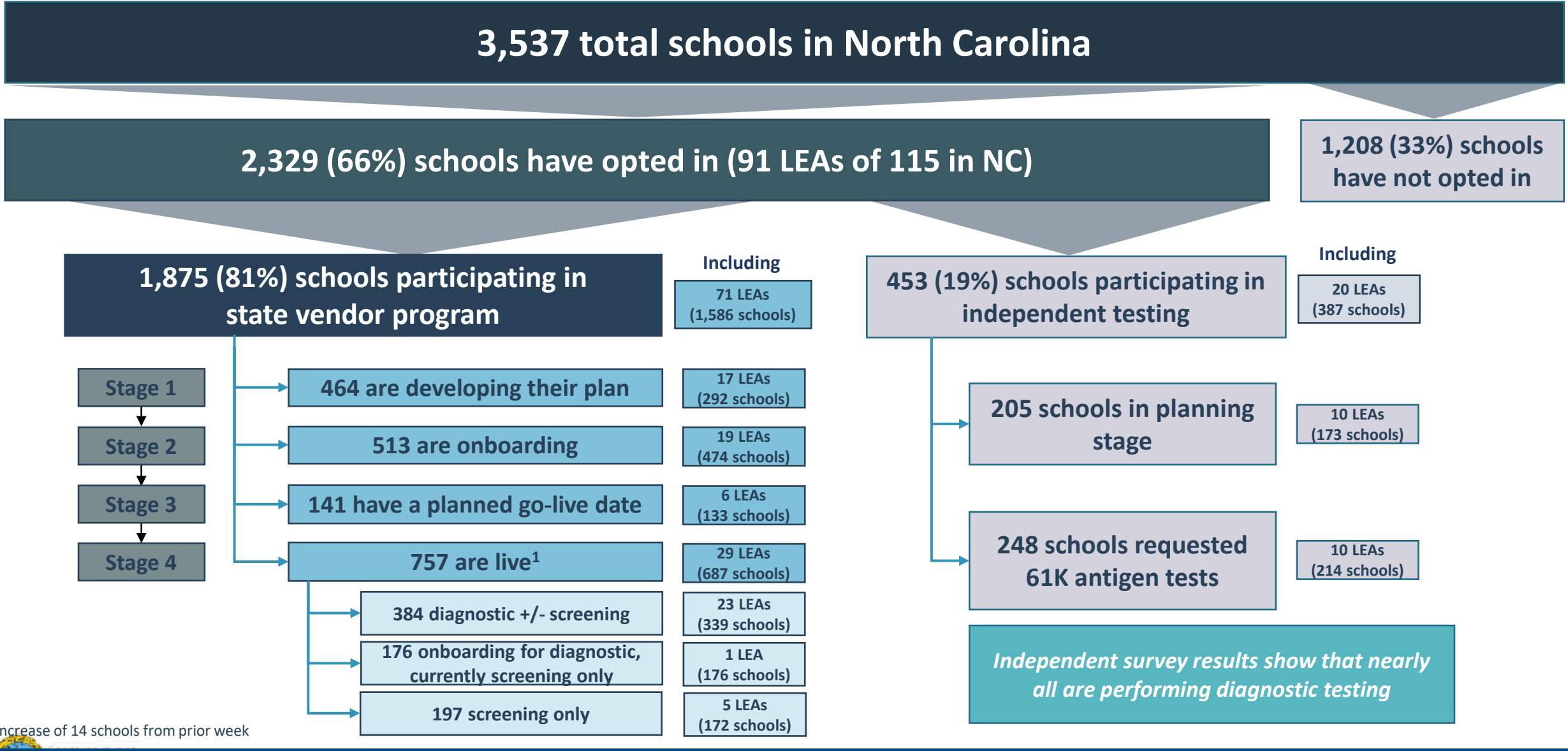
| | Screening | Diagnostic |
|-----------------------------|--|--|
| Populations in Scope | <ul style="list-style-type: none"> • Students • Staff • Teachers • Athletics and Special Populations | <ul style="list-style-type: none"> • Students • Staff • Teachers • Athletics and Special Populations |
| Frequency | <p>Students and Teachers: 1x week</p> <p>Athletics and other special pops: 1x week*</p> | As needed with presentation of symptoms or known exposure (i.e. close contact) |
| Modality | Pooled PCR testing with Abbott BinaxNOW as the reflex test** | <p>Lab-run PCR</p> <p>Abbott BinaxNOW Antigen tests <i>for schools with CLIA waiver and full-time RN oversight</i></p> |

Benefits of Routine screening: it is a proactive approach to identify asymptomatic cases; it minimizes disruption, and it can be scheduled. Routine screening, with *supplemental* diagnostic testing, helps **get ahead of transmission** and **be responsive** to daily needs. **Providing diagnostic tests in-school is a key part of any plan because it helps keep students in school through quick testing results.**

*Frequency will vary based on current CDC guidance and the level of community spread. As a baseline, NC DHHS recommends the following, though this can be adjusted over time

**Modality will be based on size of population being tested per school per day

Program Current State – Testing Status as of November 3rd

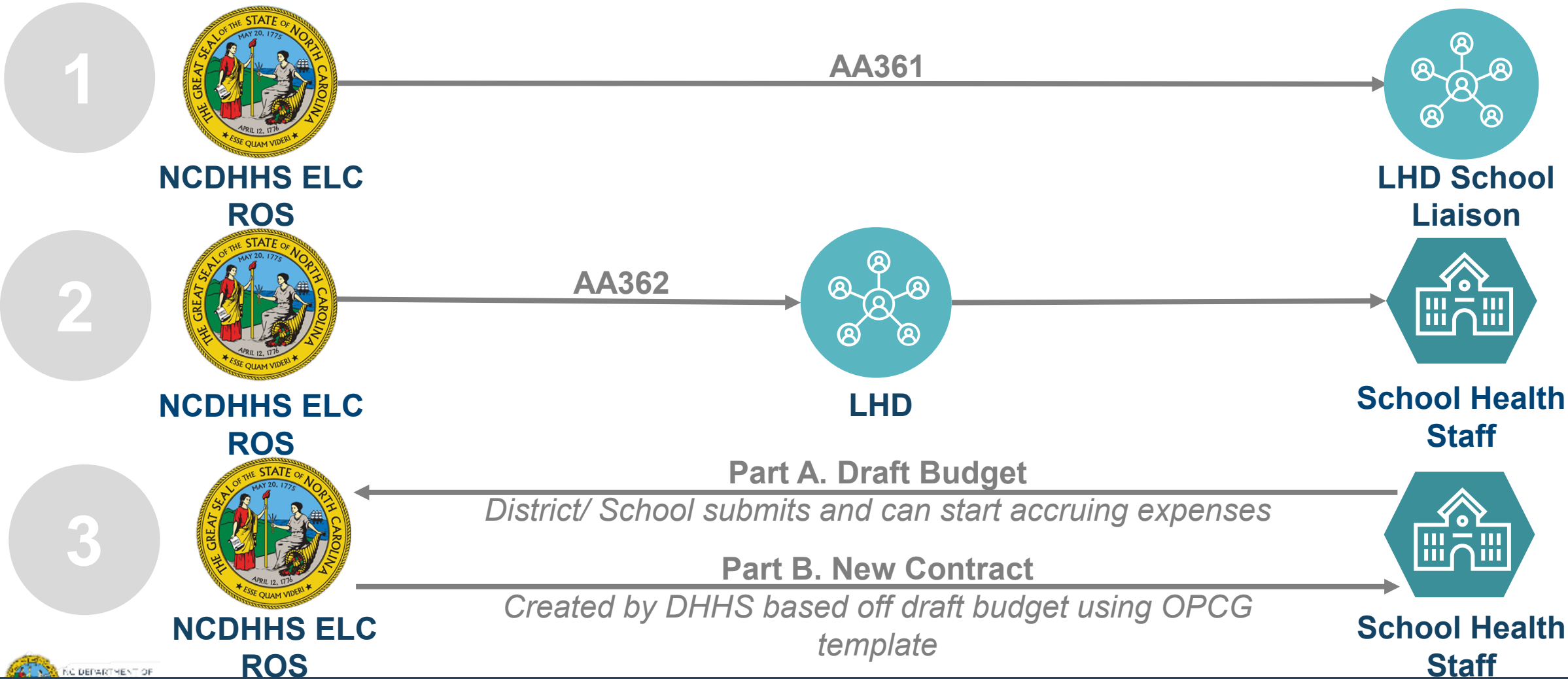


25 Total LEAs that have not opted in

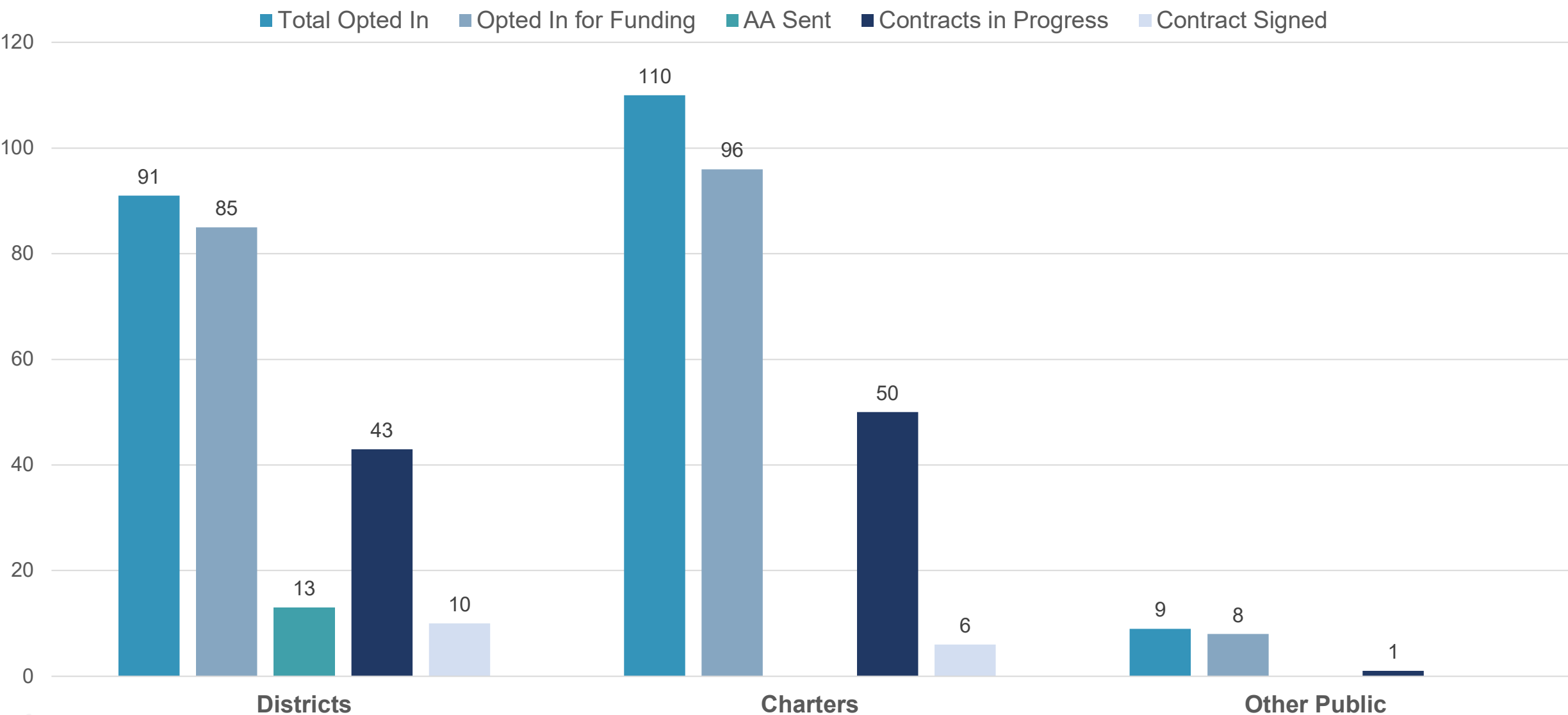
- Alexander County Schools
- Allegheny County Schools
- Asheboro City Schools
- Camden County Schools
- Clinton City Schools
- Dare County
- Davidson County
- Edenton-Chowan County Schools
- Franklin County Schools
- Haywood County Schools
- Hyde County Schools
- Lee County Schools
- Mitchell County Schools
- Montgomery County Schools
- Northampton County Schools
- Onslow County Schools
- Person County Schools
- Randolph County School System
- Rockingham County Schools
- Sampson County Schools
- Stokes County Schools
- Thomasville City Schools
- Union County Public Schools
- Wayne County Public Schools
- Yancey County

StrongSchoolsNC K-12 COVID-19 Testing Program: Staff Funding Mechanism

Local and school staffing funds are distributed via 3 mechanisms:



StrongSchoolsNC K-12 COVID-19 Testing Program: Staffing Funding



Q&A

