# 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 |
| Contact Tracing | Erika Samoff, PHD, MPH  
Surveillance Manager NC DHHS |
| Testing | Natalie Ivanov, MPH  
Director of DHHS State-wide COVID testing program and COVID vaccination vendor program. |
| SLPH | Scott M. Shone, PhD, HCLD(ABB)  
Laboratory Director |
| Distribution of N95 Masks | Charlene Wong ,MD, MSHP  
Chief Health Policy Officer for COVID-19 at NC DHHS  
David Ezzell  
EMS Education Consultant |
| Infection Prevention Update | Emily Berns, MPH, RN  
Nurse Consultant: Division of Public Health, Communicable Disease Branch  
NC Department of Health and Human Services |
| Waste Water Surveillance | Ariel Christensen, MPH  
Environmental Epidemiologist: Occupational and Environmental Epidemiology Branch  
Division of Public Health NC DHHS |

**QUESTIONS?**

Please use the Zoom Q&A function or email your questions to: questionsCOVID19webinar@gmail.com
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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*
Percent positivity has increased rapidly since mid-December, with percent positivity now exceeding 25% in most age groups (except older adults).
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
Case rates among the Hispanic population are ~1.5x higher than rates among the non-Hispanic population.
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
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.

In late-November, the first cases of the Omicron variant were identified in South Africa.

By mid-December, cases in South Africa began to decline.

In mid-December, Omicron cases began to rapidly increase in the UK.

By early January, cases plateaued and began to decline in the UK.

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

- Omicron cases began to rise in mid-December in NY and DC.
- Omicron cases in North Carolina began to rise in late December.
- Cases in NYC and DC now appear to be plateauing/decreasing.

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

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# Vaccine Update

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NCDHHS COVID-19 Vaccine LHD Update

January 11, 2022
Vaccines EUA and CDC Recommendation Status
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

For more information, please see the booster qualification chart on the next slide
**FDA COVID-19 VACCINE BOOSTER QUALIFICATION**

<table>
<thead>
<tr>
<th>Which primary vaccine series did you complete?</th>
<th>Pfizer-BioNTech</th>
<th>Moderna</th>
<th>Janssen (J&amp;J)</th>
</tr>
</thead>
<tbody>
<tr>
<td>You should get a booster if:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It’s been at least 5 months since completing the primary series AND you are:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age 12+</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ Pfizer BioNTech*</td>
<td>✓ Moderna</td>
<td>✓ Janssen (J&amp;J)</td>
<td></td>
</tr>
<tr>
<td>✓ Moderna</td>
<td>✓ Pfizer BioNTech</td>
<td>✓ Janssen (J&amp;J)</td>
<td></td>
</tr>
<tr>
<td>✓ Janssen (J&amp;J)</td>
<td>✓ Pfizer BioNTech</td>
<td>✓ Moderna</td>
<td></td>
</tr>
<tr>
<td>If eligible, you can get a booster of:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Booster qualified people age 5+ who are <strong>moderately or severely immunocompromised</strong> and have received an additional third dose</td>
<td>Booster qualified people age 18+ who are <strong>moderately or severely immunocompromised</strong> and have received an additional third dose</td>
<td>No additional primary dose has been authorized at this time, therefore a fourth dose is not applicable for this brand</td>
<td></td>
</tr>
</tbody>
</table>
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*
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
Pediatric & Booster Vaccination Data Update
PEDIATRIC VACCINATION RATES

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

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

Dose 1 Only, Data through 1/4/2021

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

<table>
<thead>
<tr>
<th>State</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>North Carolina</td>
<td>23.2%</td>
</tr>
<tr>
<td>Kentucky</td>
<td>17.5%</td>
</tr>
<tr>
<td>Florida</td>
<td>17.2%</td>
</tr>
<tr>
<td>Georgia</td>
<td>14.7%</td>
</tr>
<tr>
<td>South Carolina</td>
<td>14.6%</td>
</tr>
<tr>
<td>Tennessee</td>
<td>13.4%</td>
</tr>
<tr>
<td>Alabama</td>
<td>9.6%</td>
</tr>
<tr>
<td>Mississippi</td>
<td>9.0%</td>
</tr>
</tbody>
</table>

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

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

The pace of pediatric vaccination rates lags slightly behind the pace of adolescent rates
BOOSTER ADMIN TRENDS BY BRAND AND RACE VARY WEEK OVER WEEK

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

Population with Booster 18+ = 46%
65+ = 65%

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

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+

<table>
<thead>
<tr>
<th>Total Boosters Administered</th>
<th>Booster Admins</th>
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<tbody>
<tr>
<td></td>
<td>Pfizer</td>
</tr>
<tr>
<td></td>
<td>Moderna</td>
</tr>
<tr>
<td></td>
<td>Janssen</td>
</tr>
<tr>
<td></td>
<td>Total</td>
</tr>
<tr>
<td>8-16-2021</td>
<td>1,397,182</td>
</tr>
<tr>
<td>8-23-2021</td>
<td>1,109,112</td>
</tr>
<tr>
<td>8-30-2021</td>
<td>19,016</td>
</tr>
<tr>
<td>9-6-2021</td>
<td>2,525,310</td>
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Population with Booster:
18+ = 46%
65+ = 65%
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

<table>
<thead>
<tr>
<th>Total # of facilities</th>
<th>Total Facilities w/ confirmed provider*</th>
<th>Total facilities without provider</th>
<th>Percent of beds covered</th>
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<tr>
<td>3551</td>
<td>2164</td>
<td>1387</td>
<td>81%</td>
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Awaiting Vendor Support

157
Currently scheduled or awaiting vendor support

~2% of bed count

No Confirmed Partner

104
Declined partner

~2% of bed count

1126
Facilities unable to reach

~16% of bed count

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

<table>
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<th>Residents</th>
<th>Healthcare Personnel</th>
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<td>Nationwide 57%</td>
<td>NC 57% 48%</td>
</tr>
<tr>
<td>Region IV 25%</td>
<td>23% 20%</td>
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64% of overall NC population 65+ years old have received a booster vaccination as of 1/05/21 (State and Tiberius reports)

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

~60% 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
Therapeutics & Treatment
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:

<table>
<thead>
<tr>
<th>mAbs Generic Name</th>
<th>Also known as</th>
<th>Authorized Indication</th>
<th>Route of Administration</th>
<th>Dosing Regimen</th>
<th>Authorized Patient Population</th>
<th>Standing Order?</th>
<th>Variant Efficacy</th>
<th>Allocation Estimates</th>
</tr>
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<tbody>
<tr>
<td>Casirivimab / imdevimab</td>
<td>REGEN-COV</td>
<td>Post-exposure Prophylaxis, Treatment within 10 days of symptoms</td>
<td>Subcutaneous Injection; Intravenous Infusion</td>
<td>600 mg of both</td>
<td>Patients aged 12 years and older</td>
<td>Yes, revised January 5th</td>
<td>Reduced efficacy against Omicron</td>
<td>~1,000 per week</td>
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<tr>
<td>Bamlanivimab / etesevimab</td>
<td>Bam/Ete</td>
<td>Post-exposure Prophylaxis, Treatment within 10 days of symptoms</td>
<td>Intravenous Infusion</td>
<td>Dosage varies with weight</td>
<td>Patients of all ages, including neonates</td>
<td>Yes, revised January 5th</td>
<td>Reduced efficacy against Omicron*</td>
<td>~1,000 per week</td>
</tr>
<tr>
<td>Sotrovimab</td>
<td>Sotrovimab</td>
<td>COVID-19 Treatment within 10 days of symptoms</td>
<td>Intravenous Infusion</td>
<td>500 mg of Sotrovimab</td>
<td>Patients aged 12 years and older</td>
<td>Yes, revised January 5th</td>
<td>Retained efficacy against Omicron*</td>
<td>~1,000 per week</td>
</tr>
<tr>
<td>Tixagevimab / cilgavimab</td>
<td>Evusheld AZD7442</td>
<td>Pre-exposure prophylaxis (PrEP)</td>
<td>Intramuscular Injection</td>
<td>Two simultaneous IM injections every 6 months</td>
<td>Patients aged 12 years and older who are immunocompromised or have a contraindication for COVID-19 vaccines</td>
<td>No – per FDA/HHS.</td>
<td>Retained efficacy against Omicron</td>
<td>~2,000 per week</td>
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*Bam/Ete and Sotrovimab data is preliminary, have not published official studies yet regarding efficacy
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:

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<th>Administration Requirements</th>
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<td>Molnupiravir</td>
<td>MK-4482, Merck</td>
<td>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</td>
<td>Oral</td>
<td>No per FDA/HHS</td>
<td>Must start within 5 days of symptom onset</td>
<td>800 mg twice-daily for five days</td>
<td>Adult (18+)</td>
<td>30% effective in preventing hospitalizations or deaths within 5 days of symptom onset. Expected to maintain effectiveness across all variants.</td>
<td>~10,000 per two-week cycle</td>
</tr>
<tr>
<td>Paxloivid</td>
<td>Nirmatr elvir / Ritona vir, Pfizer</td>
<td>Treatment of mild-to-moderate COVID-19 in adults and pediatrics (12+) who are at risk for progressing to severe COVID-19</td>
<td>Oral</td>
<td>No per FDA/HHS</td>
<td>Must start within 5 days of symptom onset</td>
<td>300mg of nirmatrelvir and 100 mg of ritonavir twice-daily for five days</td>
<td>Adult and Pediatric (12+)</td>
<td>88% effective in preventing hospitalizations or deaths within 5 days of symptom onset. Expected to maintain effectiveness across all variants.</td>
<td>~2,500 per two-week cycle</td>
</tr>
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**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:

**Tier 1**
- 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
- Unvaccinated individuals at the highest risk of severe disease (anyone aged ≥75 years or anyone aged ≥65 years with additional risk factors).

**Tier 2**
- Unvaccinated individuals at risk of severe disease not included in Tier 1 (anyone aged ≥65 years or anyone aged <65 years with clinical risk factors).

**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.

Subscribe to our NC DHHS COVID-19 Therapeutics listserv

Site Finder Tool on NC DHHS Website
## Contact Tracing

<table>
<thead>
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<th>Section</th>
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**QUESTIONS?**

Please use the Zoom Q&A function or email your questions to: questionsCOVID19webinar@gmail.com
CI/CT for LHDs

Erika Samoff
NC DPH Contact Tracing
January 11, 2022
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

<table>
<thead>
<tr>
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<th>Attendees</th>
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<tr>
<td>Initial Planning and Listening Session</td>
<td>LHD Directors&lt;br&gt;NC DPH CDB Leadership&lt;br&gt;Contact Tracing Strategy Team</td>
</tr>
<tr>
<td>Listening Sessions</td>
<td>DHHS HMP Team&lt;br&gt;CI/CTs&lt;br&gt;CD Nurses</td>
</tr>
<tr>
<td>Review Findings and Develop Strategy</td>
<td>LHD Directors&lt;br&gt;NC DPH CDB Leadership&lt;br&gt;Contact Tracing Strategy Team</td>
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<tr>
<td>Priority</td>
<td>Time from specimen collection to case review</td>
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</table>
| 1        | Any ('last in, first out')                 | Cases reported to be linked to a cluster/outbreak  
• 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  
Cases known reported as living in a congregate or healthcare setting  
• 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) | Case investigation and contact tracing |
| 2        | Up to 5 days ('last in, first out')        | Cases known to be working or potentially exposed in a high-density setting  
• Healthcare settings (e.g., acute care, skilled nursing, mental health and long-term care facilities)  
• Congregate settings (e.g., correctional facilities, homeless shelters, migrant farm worker camps)  
• K12 Schools  
• Critical infrastructure work settings (e.g., food processing plants, manufacturing plants, transportation, food service to critical workers, childcare, first responders)  
• Community settings with large numbers of people (e.g., mass gatherings, religious events). Indoor settings should be prioritized over outdoor settings. | Case investigation and contact tracing |
| 3        | Up to 5 days ('last in, first out')        | Case patients whose CCTO record indicates their text was not delivered | 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')       | Case patients in populations most likely to have resource needs; populations can be defined by geography (zip or address), race/ethnicity, age according to local needs. | 

Please see the prioritization guidance memo on the CD Manual.
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

See the Samples of Digital Outreach doc for full details of the text on the landing page and in outreach messages.
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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**QUESTIONS?**

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NC DHHS COVID-19 Prevention & Response
LHD Discussion

January 11, 2021
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 14th

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

<table>
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<tbody>
<tr>
<td><strong>1</strong></td>
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<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>2</strong></td>
</tr>
<tr>
<td>Our team will contact you with an updated status when available. Emails will come from <a href="mailto:COVIDCommandCenter@dhhs.nc.gov">COVIDCommandCenter@dhhs.nc.gov</a>.</td>
</tr>
<tr>
<td><strong>3</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>4</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
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# Distribution of N95 Masks

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NC Department of Health and Human Services |
| Waste Water Surveillance            | Ariel Christensen, MPH  
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Division of Public Health NC DHHS |

## QUESTIONS?

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# Infection Prevention Update

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### QUESTIONS?
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Updated CDC Work Restriction Guidance for Healthcare Personnel

- 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

Waste Water Surveillance

Opening Remarks & Leadership Update

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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!
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 27th 10:30-11:30am. We will review progress thus far and next steps. All counties welcome!
Questions?

Ariel Christensen, MPH
NCDHHS Occupational and Environmental Epidemiology Branch
ariel.Christensen@dhhs.nc.gov

Thanks also to Virginia Guidry, Steven Berkowitz (pictured with samples), Stacie Reckling, Alex Flynt, Rachel Noble, Tom Clerkin, Denene Blackwood, Rachelle Beattie, Chris Goforth, Emanuele Sozzi, and many other collaborators!