# Leadership Update

<table>
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# Vaccine Update

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PFIZER BOOSTER: ELIGIBILITY

Our message to North Carolinians regarding eligibility:
For now, boosters are only for those that had the Pfizer vaccine. More information will be coming for Moderna and Johnson & Johnson.

For Patients:

You can get a booster if it has been at least 6 months since your second Pfizer shot, and one of the following is true:

- You are **65 or older**.
- You are **18 and older and**:
  - You live or work in a nursing home or other long-term care residential facility.
  - You have a **medical condition** that puts you at high risk for severe illness, for example obesity, asthma, heart disease, high blood pressure, and diabetes.
  - You work in a **high-risk profession**, meaning you come into contact with a lot of people, and you don’t know their vaccination status, for example, health care workers, first responders, teachers, food processing workers, retail and restaurant workers, and public transportation workers.
  - You live or work in a place where many people live together, for example, homeless shelters, correctional facilities, migrant farm housing, dormitories or other group living settings in colleges or universities.

These are just examples and not meant to be a complete list. People can self-attest that they are in one of these groups. Proof is not needed.
Patients may self-attest that they meet the criteria for a single-dose booster. This should be documented by providers within CVMS or the EHR in use.

Providers can utilize the free-form "Notes" field on the Vaccine Administration page in CVMS for capturing the recipient's self-attestation. Slide 56 of the CVMS vaccine documentation user guide overviews the process.

As a reminder, CVMS has been updated with functionality for recording an additional dose / booster for a recipient. Please record all doses in the system as soon as possible.
RECAP: BOOSTER READINESS

Ensure location details are accurate on vaccines.gov

Eligible individuals will use vaccines.gov to find their spot for their booster.

1. Guidance on how to ensure your location(s) are accurately reflected, including the display of available brands and options for scheduling appointments.

Update your inventory

Inventory accuracy in CVMS is essential for understanding how much vaccine we have available to meet demand. Your inventory in CVMS also informs eligible individuals where they can find the shot they need.

2. Steps you can take to keep inventory up to date.

Ordering Considerations

You should now begin to account for anticipated booster dose demand at your location when placing vaccine orders to the State. Be on the look-out for details from vaccineinfo!
COVID-19 vaccines may now be administered without regard to timing of other vaccines.

As recommended by the CDC and its Advisory Committee on Immunizations Practices (ACIP), the COVID-19 vaccines can be administered with the flu and other vaccines at the same visit. Visit the NCDHHS Co-administration document for more information.

Coadministration Considerations

- Individual is behind or at risk of becoming behind on recommended vaccines
- Individual’s risk of vaccine-preventable disease (e.g., during an outbreak or occupational exposures)
- Reactogenicity profile of the vaccines

Best Practices

- Administering all vaccines for which an individual is eligible at the same visit increases the probability that individuals are up to date on recommended vaccines.
- Administer each injection in a different injection site when administering multiple vaccines at a single visit.

Refer to the CDC guidance for health care providers for more information on coadministration of vaccines and best practices.
AUTOMATED VACCINE DATA ENTRY

Facing an increase in vaccinations with the latest booster guidance? To support providers with entering offline vaccine administration data, NCDHHS has developed a technology solution that can read and enter handwritten COVID-19 vaccine forms into CVMS.

How does the tool work?
This automated data entry tool scans handwritten vaccine forms and pulls data from them. The data is validated by a NCDHHS reviewer and then uploaded to CVMS.

How can providers use this tool?
The tool is specifically designed to process the standard COVID-19 vaccine administration paper form. While NCDHHS’ Centralized Remote Data Entry Team (CRDET) can support data entry requests using other formats, use of the standard form will aid us in processing this data.

Become a partner:
Reach out at CVMS_DES@dhhs.nc.gov about becoming a partner to use this technology.
RECAP: TIPS FOR EQUITY

Be clear: no ID, no insurance required. Display Know Your COVID-19 Vaccine Rights.

Address language access. Offer services in multiple languages and ensure all elements of vaccine education and vaccination process are provided using preferred communication method.

Address transportation access. Direct individuals to contact their local transit agency.

Plan for primary series walk-ins.

Address access for people with disabilities.

Engage Community Partners such as Community Health Workers, Healthier Together, and organizations interested in hosting or supporting vaccine events for advice, onsite support, transportation connections, and outreach/scheduling support.

Prioritize scheduling historically marginalized populations at vaccine clinics. Reserve appointments for people who call the clinic to schedule (rather than only online).

Host clinics at trusted and easily accessed sites by historically marginalized communities.

Offer extended hours (nights/weekends) outside of the traditional workday.
**WHY SHOULD WE INVEST IN PHYSICAL AND COMMUNICATION ACCESS?**

Providing language, communication, and physical access to COVID-19 vaccination sites and other health outreach events could help bridge the gap between accessing proper health care and understanding the importance of receiving the vaccine for health precautions.

Nearly **thirty percent** of adults in North Carolina have a disability and often experience barriers to care and health disparities. ([North Carolina Demographics](https://www.census.gov/quickfacts/fact/table/northcarolina#disability))

Nearly **one million North Carolinians** reported speaking a language other than English at home. ([Carolina Demography 2016](https://www.census.gov/quickfacts/fact/table/northcarolina#language))

**People with disabilities and limited English proficiency:**

- Lack proper information or guidance on the vaccines
- Cannot make an informed decision on their health
- Are less likely to understand and follow medication instructions

- Have difficulty accessing care
- Receive fewer preventative services
- Have poorer health outcomes
- Have limited options to choose from for their well-being
UPCOMING MODERNA EXPIRATION AND ORDERING GUIDANCE

Upcoming Moderna Expiration

There will be a large amount of Moderna vaccine expiring in October. If you need vaccines in early October, order enough to meet admin needs one week at a time.

Be on the lookout for a “Mark and Hold” policy email.

To check Moderna expirations dates, scan the QR code located on the vial or carton or access the manufacturer’s website directly, and enter the lot number.

Overall Vaccine Ordering Guidance

When ordering direct shipments, only order enough vaccine to meet administration needs.

order less vaccine more often

Keep inventory up to date. Incorrect inventories negatively affects our ordering cap. Please see Receive and Manage Vaccine Inventories User Guide for instructions on how to edit vaccine inventory records on CVMS.

Please view the COVID-19 Vaccine Ordering Guidance One-Pager for the latest vaccine ordering process and guidelines.
REMINDER: NEW MONOCLONAL ANTIBODIES (MABS) PROCESS

mAbs Transition to a State Allocation Process

Previously, providers ordered direct from the Federal Government but as of last week states were given allocation responsibility. The State will now receive a top-line allocation from the Fed, based on hospitalizations and cases, and adjusted based on utilization and inventory.

Key Document Updates

- NCDHHS Provider mAbs Guidance
- State mAbs request process one-pager

How to Become a mAbs Provider

If you would like to become a new monoclonal antibody provider or need to register with AmerisourceBergen (ABC), please first fill out this survey: New mAb Provider Registration Information (state.nc.us).

mAbs Request Process

The State will order mAbs weekly by Friday 3pm. Review the ordering timeline to ensure that you submit your mAbs request using the State’s allocation request form in a timely manner to receive shipments for your location’s administration needs the following week.

Proper reporting of utilization is essential and must be completed weekly by 12 PM on Wednesdays. More details are in the mAbs Guidance document.

<table>
<thead>
<tr>
<th>Allocation Request Deadline</th>
<th>State Ordering Date</th>
<th>Doses Delivered*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesdays 12 PM ET</td>
<td>Fridays</td>
<td>The following Tuesday, dependent upon AmerisourceBergen</td>
</tr>
</tbody>
</table>

For more info, please attend:
- mAbs Office Hours
  - Fridays, 12:00 PM - 12:30 PM ET
  - Teams Link
Starting the conversation: ages 5-11 pediatric vaccines
PEDIATRIC VACCINES

892,795
5-11 year-olds in North Carolina

8.5%
of North Carolina’s population is between 5-11 years old

Potential Vaccine Demand

<table>
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<th>Uptake %</th>
<th>Projected Demand</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>446,398</td>
</tr>
<tr>
<td>75%</td>
<td>669,596</td>
</tr>
<tr>
<td>100%</td>
<td>892,795</td>
</tr>
</tbody>
</table>

Key Takeaways

- Parents will need strong assurances of vaccine testing, safety, minimal side effects and clear messaging that the rewards of vaccination far outweigh the minimal risks. **Messaging implication:** treat it as a whole new vaccine, just like we did with adults in January.

- In May, child vaccination intent lagged behind that of adults, even among those who have been vaccinated. **70% adult; 50% 12-15; 58% 16-17.**
  - Intent to vaccinate decreased when parents had to decide about younger children (i.e. 50% for 12-15 vs. 58% for 16-17)

Source: State Center for Health Statistics, North Carolina using NCHS Bridged Population Data
### Reasons Child Age 12-15 Should Get COVID-19 Vaccine as Soon as Possible

<table>
<thead>
<tr>
<th>Important Reason</th>
<th>Most Important Reason</th>
<th>More Likely an Important Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protect from serious illness, complications from getting COVID-19</td>
<td>82%</td>
<td>Older Democrat, Females, White</td>
</tr>
<tr>
<td>Protect community from further COVID-19 spread</td>
<td>77%</td>
<td>Democrat, Females, White</td>
</tr>
<tr>
<td>Protect family members, i.e., young siblings not vaccinated from COVID-19</td>
<td>75%</td>
<td>Females</td>
</tr>
<tr>
<td>Kids will be able to safely see elderly, vulnerable family members</td>
<td>71%</td>
<td>Some College (no degree), Younger</td>
</tr>
<tr>
<td>Get kids back to normal activities, i.e., sports, performances, clubs, etc.</td>
<td>71%</td>
<td>LatinX, Older</td>
</tr>
<tr>
<td>Get kids back to in-person learning</td>
<td>71%</td>
<td>College Graduate, Older, Higher Income</td>
</tr>
<tr>
<td>Kids can be with other kids, friends again without masks</td>
<td>62%</td>
<td>LatinX, White, Older</td>
</tr>
<tr>
<td>Comply with school requirements</td>
<td>54%</td>
<td>Younger, No Child, Democrat, HS or &lt; Ed., Lower Inc., UnVAX,</td>
</tr>
<tr>
<td>Families can travel and take vacations</td>
<td>52%</td>
<td>LatinX</td>
</tr>
<tr>
<td>Kids can stop wearing masks</td>
<td>49%</td>
<td>Unvaccinated</td>
</tr>
<tr>
<td>Kids can attend summer camp</td>
<td>41%</td>
<td>Democrat, Lower Income</td>
</tr>
</tbody>
</table>

• Among those who would advise getting a 12 to 15 year old vaccinated, top reasons are protecting the child from serious illness or complications from getting COVID-19 and to protect the community from further COVID-19 spread.
Two in three North Carolinians agree that getting school age kids vaccinated will get kids safely back to their normal activities and make everyone safer by slowing the spread of COVID-19.

Perceptions About Vaccinating 12-15 Year Olds

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree somewhat</th>
<th>Agree strongly</th>
<th>Total Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>We need to get school age kids vaccinated so they can safely get back to school, playing sports, attending events, and hanging around with other kids.</td>
<td>34%</td>
<td>33%</td>
<td>67%</td>
</tr>
<tr>
<td>Getting all school age children vaccinated will slow the spread of COVID-19 and make everyone safer.</td>
<td>34%</td>
<td>32%</td>
<td>66%</td>
</tr>
<tr>
<td>The sooner we get school age children vaccinated, the sooner we can get life back to normal.</td>
<td>35%</td>
<td>26%</td>
<td>61%</td>
</tr>
<tr>
<td>For school age kids under 16, the health risks from getting COVID-19 are far greater than the health risks from any side effects from the vaccines.</td>
<td>31%</td>
<td>27%</td>
<td>58%</td>
</tr>
<tr>
<td>I would only vaccinate my children if it was required for them to attend school or college*</td>
<td>27%</td>
<td>14%</td>
<td>41%</td>
</tr>
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Agreement more likely among...

- Male
- Age 55+
- LatinX, Black/African American
- Male
- Age 45+
- No Child in HH
- Male
- Age 55+
- Urban
- No Child in HH
- Male
- Age 55+
- Urban
- No Child in HH
- Male
- Age 55+
- Urban
- Higher Income
- Male
- Higher Income
- Male
- Higher Income
- Black/African American (similar for LatinX, but lower base)
- College Grad
- Under Age 55
- High School or Less Education
While 56% of VFC providers are COVID-19 Vaccine providers, there is still 44% of VFC providers who are not administering COVID vaccines. We will need more work to onboard pediatricians.
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SLPH / Testing

- Online COVID-19 Results Reporting
  - Starting **Monday, October 18, 2021**, COVID-19 results reports will only be available online
    - NCSLPH Electronic Test Orders and Results (ETOR)
    - Clinical and Environmental Lab Results (CELR)

- Online COVID-19 Test Orders
  - Starting **Monday, November 1, 2021**, COVID-19 test orders for specimens submitted to NCSLPH should be placed online in the ETOR system
    - expedites COVID-19 testing
    - provides the real-time status of every specimen submitted from the facility
    - remembers patient, facility, and provider information for faster test ordering
    - sends notifications when new results are available

- ETOR Resources
  - Online Training
    - [Microsoft Teams webinar at this link](#) on Wednesday, September 29th at 1:00 pm EST
    - [Microsoft Teams webinar at this link](#) on Friday, October 8th at 10:00 am EST
    - [Microsoft Teams webinar at this link](#) on Wednesday, October 20th at 3:00 pm EST
    - On-demand (24/7 online) training
  - slph.etor@dhhs.nc.gov
# Contact Tracing in Schools

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Collaborating on Contact Tracing in Schools

NC DPH Contact Tracing
September 28, 2021
CCNC Surge Staffing Update

Continue to increase CCTC surge staff to meet LHD demand. Currently hiring Clinical and Non-Clinical Vaccine Support and Case Investigation/Contact Tracing workforce.

CCTC Surge Staffing Workforce: What Can We Do?

- Clinical Staff:
  - Clinical Vaccinators
  - Specimen Collection for Testing Events

- Non-Clinical Staff: Blended Roles
  - Case Investigation and Contact Tracing
  - IHE and K-12 School Support for Contact Tracing
  - Vaccine Support for Events: registration, scheduling
  - Vaccine Education and Outreach Efforts
  - Data Entry in CVMS, NCCOVID or other systems
  - LHD Support for Isolation or Quarantine Letters
  - Inbound Call Center managing calls from CCTO Texts

CCTC Current Staffing Update Since Spike in Cases

- Requests: 855 staff since 7/26 (+430 in last 4 weeks)
- Hired: 584 surge staff since 7/26 (+416 in last 4 weeks)
- Accepted: 68 staff accepted offers to start soon
- Offers Extended: 1036+ since 7/26
- Currently Staffed: 1268.25 FTE across NC

- It is taking longer to hire during this peak of cases due to staffing shortages across all industries
- School focused contact tracing, vaccine boosters and vaccines for 5–11-year-olds will generate additional demand
- Request additional surge staff through ServiceNow or your CCTC Regional Supervisor

Data: Sep 27, 2021

Direct Referrals: ctc-staffing@communitycarenc.org
Contact Tracing in Schools Survey Findings
Survey distributed to contact tracers and CD nurses 9/13-9/24/21

Barriers
- **Insufficient staff**
  - Need additional contact tracing staff
  - Need staff who can handle the workload efficiently
- **Complicated testing and reporting landscape**
- **Gaps in parental knowledge/willingness**
  - Parents who are using at-home tests but not reporting results
  - Lack of understanding from parents regarding guidance (especially with athletics)
  - Parents who don’t respond to contact tracing communication
- **Multiple platforms for tracking and documentation**
- **Contact tracing and school nurse calls asking the same questions**
- **Limited bandwidth**
  School nurses and health departments have made agreements that don’t align with outreach ability during the case peak

Successes
- **School supporting CT**
  - Schools letting families know a contact tracing call is coming
  - Schools actively engaging and notifying their families instead of an outsider calling them to notify them of exposure.
- **Guidance counselor and teacher collaboration**
  Asking for help from guidance counselors and teachers who have a lot of interaction with the students and can recognize cases that should be linked almost immediately
- **Communication between school nurses and LHD**
  Fluid communication that has remained efficient even after the BOE opted out of CT measures by the school system
- **Communication with parents and athletic staff**
- **Collaboration tools**
  Having school nurses in CCTO generates efficiency
  Effective use of a shared data system for positive cases and contacts helps expedite the process
Tools and next steps

The **CCTO Guide for K12 Schools** job aid provides an overview of basic functions of CCTO for school staff.

- School system/LHD task sharing
  - School related contact identification is best done by school staff
  - Other tasks can be done by LHD/CCTC with school support OR by school staff

- NC DHHS CI/CT leadership will be meeting with DPI leadership and school nurses to share this information

What LHDs can do:

- Ask for more staff; use CCTC staff as school coordinators
- Ask for help with efficiency
  - Use a shared data system, either CCTO, a secure shared spreadsheet, or a school system
  - CCTO views can be used for tracking and reporting

This and other job aids are available from the CD Manual Coronavirus page, under **CCTO Training Resources**
*NEW* Abbreviated Case Interview Script (Eng. & Span.)

- Shorter interview script to support prioritization through questions focused on determining whether an individual was part of a cluster or outbreak
- Incorporates some standard material from the full-length script and some shortened sections that have been revised for the abbreviated interview

UPDATED: CI Script (Eng. & Span.):

- Two new addenda with questions for locations/activities/travel
- Improved script language, including more support for vaccine referrals
- Table of contents for easier navigation

UPDATED: CT Script (Eng. & Span.):

- Revised quarantine/testing guidance
- Improved script language, including more support for vaccine referrals
- Table of contents for easier navigation
- Updated script order to place vaccine/demographics at the end of the conversation

REMINDER: Vaccine Outreach Script (Eng. & Span.)

- Updated with information about the recent Pfizer FDA approval
- Can be used independently and included as an addendum on all scripts to facilitate vaccine conversations
Additional Dose / Booster Scheduling

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|                                      | Laboratory Director |
| Contact Tracing in Schools            | Erika Samoff MPH PhD  
|                                      | HIV/STD/Hepatitis Surveillance Manager |
|                                      | Christina Page, MPM, PMP  
|                                      | Vice President, Performance Optimization  
|                                      | CCNC |
| Additional Dose / Booster Scheduling  | Steven DiGangi  
|                                      | CVMS Training Team |

QUESTIONS?
Please use the Zoom Q&A function or email your questions to: questionsCOVID19webinar@gmail.com
CVMS Demo

- Scheduling an Additional Dose/Booster from the recipient perspective
- Modifying the Vaccine Supply Record to release appointments for Additional Dose/Booster
- Administering the Additional Dose/Booster
- Viewing the vaccination log and vaccine information PDF