LHD Weekly Webinar

March 30, 2021
Pictures courtesy of Hyde County Health Department and Connie Leinbach of the Ocracoke Observer
# Leadership Update

| Leadership Update / LHD Shoutout | Beth Lovette, RN, BSN, MPH  
Deputy Director/Section Chief, Local and Community Support  
Division of Public Health  
NC Department of Health and Human Services |
|----------------------------------|---------------------------------------------------------------------------------------------------------------|
| National/State Epi Picture       | Zack Moore, MD, MPH  
State Epidemiologist and Epidemiology Section Chief |
| CCNC Support                     | Christina Page  
Deborah Porterfield |
| SLPH Update                      | Scott M. Shone, PhD, HCLD(ABB)  
Director, NC SLPH |
| CVMS Updates                     | Jerilyn Maclaren-Hall  
Training Lead Contractor |
| K-12 Update                      | Rebecca Planchard, MPP  
Senior Early Childhood Policy Advisor |
| Data Entry Support               | Nicole Matyas  
Program Manager- Data Entry Project & Call Center  
Carolina Community Tracing Collaborative |
| Question & Answer Session        | Open for Questions — Please use the Zoom Q&A function |

**QUESTIONS?**

Please use the Zoom Q&A function or email your questions to: questionsCOVID19webinar@gmail.com
Shout out: Hyde County Health Department

- As of 3/26/2021 almost 37% of the county population was at least partially vaccinated, and 23.3% was FULLY vaccinated.
- HCHD also celebrated a Spirit Week 3/22-3/26 – thanks for spreading JOY and celebrating Public Health while doing such great work!
# National/State Epi Picture

<table>
<thead>
<tr>
<th>Department</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership Update</td>
<td>Beth Lovette, RN, BSN, MPH</td>
</tr>
<tr>
<td></td>
<td>Deputy Director/Section Chief, Local and Community Support</td>
</tr>
<tr>
<td></td>
<td>Division of Public Health</td>
</tr>
<tr>
<td></td>
<td>NC Department of Health and Human Services</td>
</tr>
<tr>
<td>National/State Epi Picture</td>
<td>Zack Moore, MD, MPH</td>
</tr>
<tr>
<td></td>
<td>State Epidemiologist and Epidemiology Section Chief</td>
</tr>
<tr>
<td>CCNC Support</td>
<td>Christina Page</td>
</tr>
<tr>
<td></td>
<td>Deborah Porterfield</td>
</tr>
<tr>
<td>SLPH Update</td>
<td>Scott M. Shone, PhD, HCLD(ABB)</td>
</tr>
<tr>
<td></td>
<td>Director, NC SLPH</td>
</tr>
<tr>
<td>CVMS Updates</td>
<td>Jerilyn Maclaren-Hall</td>
</tr>
<tr>
<td></td>
<td>Training Lead Contractor</td>
</tr>
<tr>
<td>K-12 Update</td>
<td>Rebecca Planchard, MPP</td>
</tr>
<tr>
<td></td>
<td>Senior Early Childhood Policy Advisor</td>
</tr>
<tr>
<td>Data Entry Support</td>
<td>Nicole Matyas</td>
</tr>
<tr>
<td></td>
<td>Program Manager- Data Entry Project &amp; Call Center</td>
</tr>
<tr>
<td></td>
<td>Carolina Community Tracing Collaborative</td>
</tr>
<tr>
<td>Question &amp; Answer Session</td>
<td>Open for Questions — Please use the Zoom Q&amp;A function</td>
</tr>
</tbody>
</table>

**QUESTIONS?**

Please use the Zoom Q&A function or email your questions to: questionsCOVID19webinar@gmail.com
| **Leadership Update** | Beth Lovette, RN, BSN, MPH  
Deputy Director/Section Chief, Local and Community Support  
Division of Public Health  
NC Department of Health and Human Services |
|------------------------|--------------------------------------------------------------------------------------------------|
| **National/State Epi Picture** | Zack Moore, MD, MPH  
State Epidemiologist and Epidemiology Section Chief |
| **CCNC Support** | Christina Page  
Deborah Porterfield |
| **SLPH Update** | Scott M. Shone, PhD, HCLD(ABB)  
Director, NC SLPH |
| **CVMS Updates** | Jerilyn Maclaren-Hall  
Training Lead Contractor |
| **K-12 Update** | Rebecca Planchard, MPP  
Senior Early Childhood Policy Advisor |
| **Data Entry Support** | Nicole Matyas  
Program Manager- Data Entry Project & Call Center  
Carolina Community Tracing Collaborative |
| **Question & Answer Session** | Open for Questions — Please use the Zoom Q&A function |

**QUESTIONS?**
Please use the Zoom Q&A function or email your questions to: questionsCOVID19webinar@gmail.com
Rationale for a Case Investigation and Contact Tracing Strategy 2.0

• Increasing vaccine coverage and changing testing practices will require changes in our surveillance and CI/CT strategies
  • It is estimated that less than 25% of COVID-19 cases are reported currently
  • Testing will shift from symptomatic & exposed to frequent screening in specific settings (K12, workplaces, etc.)
    • With increases in over-the-counter and home-testing, the unreported proportion will likely increase
• Variants of concern continue to emerge with increasing evolutionary pressure to evade immunity
• Requires shifts our surveillance plan:
  - Continue case reporting
  - Continue outbreak/cluster reporting
  - Continue COVID death reporting
  - Continue hospital reporting
  - Expand syndromic surveillance (NC DETECT)
  - Expand wastewater surveillance (NWSS)
  - Expand sequencing/genomic surveillance (with NC Policy Collaboratory and at SLPH)
  - Expand sentinel surveillance (strengthen PHE network; expand to include other sentinel sites)

• Will also require shifts in our case investigation and contact tracing strategy and staffing support
Case Investigation and Contact Tracing Strategy 2.0

- **Continue** digital strategies:
  - Case and contact notification by text/email
  - Offer portal for case patients to enter and digitally notify contacts in CCTO
  - SlowCOVIDNC

- **Continue** supporting resource coordinator aspect of CI/CT approach

**CCNC Surge Staffing**

- **Expand** Vaccine Support
  - Clinical Vaccine Support now available through CCNC
  - Enter requests into ServiceNow or reach out to CCTC Vaccine Coordinator or Regional Supervisor
  - Before deployment, we’ll complete background screenings and credential verification, and training
  - Please plan on at least 5 business days for deployment

- **Assess** case investigation and contact tracing staffing
  - Regional Supervisors will reach out to validate staffing needs within LHD as cases steadily decrease throughout the spring/summer
  - Shifting towards a blended, regional model to allow for increased coverage and efficiency as cases decrease
  - Continue effort on linkage to resources in underserved groups

- **Move toward limiting** case investigation and contact tracing activities to cases in high-priority categories
  - Outbreaks
  - Clusters
  - Vaccine breakthrough or other groups of special interest
  - Outreach by phone to those not reached digitally
  - Other underserved groups which are disproportionately impacted
<table>
<thead>
<tr>
<th><strong>Leadership Update</strong></th>
<th>Beth Lovette, RN, BSN, MPH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Deputy Director/Section Chief, Local and Community Support</td>
</tr>
<tr>
<td></td>
<td>Division of Public Health</td>
</tr>
<tr>
<td></td>
<td>NC Department of Health and Human Services</td>
</tr>
<tr>
<td><strong>National/State Epi Picture</strong></td>
<td>Zack Moore, MD, MPH</td>
</tr>
<tr>
<td></td>
<td>State Epidemiologist and Epidemiology Section Chief</td>
</tr>
<tr>
<td><strong>CCNC Support</strong></td>
<td>Christina Page</td>
</tr>
<tr>
<td></td>
<td>Deborah Porterfield</td>
</tr>
<tr>
<td><strong>SLPH Update</strong></td>
<td>Scott M. Shone, PhD, HCLD(ABB)</td>
</tr>
<tr>
<td></td>
<td>Director, NC SLPH</td>
</tr>
<tr>
<td><strong>CVMS Updates</strong></td>
<td>Jerilyn Maclaren-Hall</td>
</tr>
<tr>
<td></td>
<td>Training Lead Contractor</td>
</tr>
<tr>
<td><strong>K-12 Update</strong></td>
<td>Rebecca Planchard, MPP</td>
</tr>
<tr>
<td></td>
<td>Senior Early Childhood Policy Advisor</td>
</tr>
<tr>
<td><strong>Data Entry Support</strong></td>
<td>Nicole Matyas</td>
</tr>
<tr>
<td></td>
<td>Program Manager- Data Entry Project &amp; Call Center</td>
</tr>
<tr>
<td></td>
<td>Carolina Community Tracing Collaborative</td>
</tr>
<tr>
<td><strong>Question &amp; Answer Session</strong></td>
<td>Open for Questions — Please use the Zoom Q&amp;A function</td>
</tr>
</tbody>
</table>

**QUESTIONS?**
Please use the Zoom Q&A function or email your questions to: questionsCOVID19webinar@gmail.com
## Leadership Update
- **Beth Lovette, RN, BSN, MPH**
  - Deputy Director/Section Chief, Local and Community Support
  - Division of Public Health
  - NC Department of Health and Human Services

## National/State Epi Picture
- **Zack Moore, MD, MPH**
  - State Epidemiologist and Epidemiology Section Chief

## CCNC Support
- **Christina Page**

## SLPH Update
- **Scott M. Shone, PhD, HCLD(ABB)**
  - Director, NC SLPH

## CVMS Updates
- **Jerilyn Maclaren-Hall**
  - Training Lead Contractor

## K-12 Update
- **Rebecca Planchard, MPP**
  - Senior Early Childhood Policy Advisor

## Data Entry Support
- **Nicole Matyas**
  - Program Manager- Data Entry Project & Call Center
  - Carolina Community Tracing Collaborative

## Question & Answer Session
- Open for Questions — Please use the Zoom Q&A function

**QUESTIONS?**
Please use the Zoom Q&A function or email your questions to: questionsCOVID19webinar@gmail.com
Why Use the CVMS Scheduling Feature?

- Allows Recipients to easily schedule their 1st dose appointment.
- Available in Spanish as well as English
- Allows people to easily book appointments from the NC Site Locator (myspot.nc.gov)
- It’s fully integrated with CVMS. Providers can activate and manage it within CVMS
- Fully Managed by the Providers
- Streamlined Check-in because Recipients are already registered

*And it’s easy to use!*
Quick and easy was the consistent feedback about CVMS Scheduling Feature!

The recipient experience is simple and seamless:

Very easy to use, and quick. The booking confirmation was useful and put them at ease.

Very easy to cancel appointments and reschedule.

Providers benefit from a quick adoption of the booking and cancellation features:

Appointments are booked very quickly

Recipients are taking advantage of the cancellation feature which is helping to reduce number of No Shows.
MySpot.NC.gov Vaccine Finder

- Developed with Google/SpringML.
- Integrates with CVMS and Skedulo.
  - **SCHEDULE NOW** button links to scheduling tool.
  - Providers can update their listing information in CVMS. Updates processed every 2 hours.
  - 1.5 million site visits and climbing.
- **Coming soon** – Vaccine brand filtering.
# K-12 Update

## Leadership Update
**Beth Lovette, RN, BSN, MPH**  
Deputy Director/Section Chief, Local and Community Support  
Division of Public Health  
NC Department of Health and Human Services

## National/State Epi Picture
**Zack Moore, MD, MPH**  
State Epidemiologist and Epidemiology Section Chief

## CCNC Support
**Christina Page**

## CCNC Support
**Deborah Porterfield**

## SLPH Update
**Scott M. Shone, PhD, HCLD(ABB)**  
Director, NC SLPH

## CVMS Updates
**Jerilyn Maclaren-Hall**  
Training Lead Contractor

## K-12 Update
**Rebecca Planchard, MPP**  
Senior Early Childhood Policy Advisor

## Data Entry Support
**Nicole Matyas**  
Program Manager- Data Entry Project & Call Center  
Carolina Community Tracing Collaborative

## Question & Answer Session
Open for Questions — Please use the Zoom Q&A function

**QUESTIONS?**  
Please use the Zoom Q&A function or email your questions to: questionsCOVID19webinar@gmail.com
March StrongSchoolsNC Guidance Updates & Webinars

• **K-12 Public Health Guidance Updates – March 23rd and March 24th**
  – Daily symptom screenings are no longer required: they can be considered for adults and are not recommended for children
    • However, exclusion based on symptoms, close contact, or a positive case still applies
    • Attestation forms for transportation have been removed from the toolkit – they were for meeting symptom screening requirements
    • Mandatory household member exclusion is removed from the toolkit – if someone is symptomatic, positive, or close contact they are still required to disclose
  – K – 12th Schools should return to in-person instruction to the fullest extent possible up to five days per week under Plan A or Plan B.
  – Incorporated CDC physical distance recommendations for Plan A only that at least 3 feet of physical distance between children and 6 feet between adults; No changes to Plan B (remains 6 feet of distance required at all times)
  – The CDC does not include recommendations about physical barriers, such as plexiglass

• **Webinar held last week 3/26 for Non-Public Schools**
  – Video + PPT available online soon at [https://covid19.ncdhhs.gov/guidance#schools](https://covid19.ncdhhs.gov/guidance#schools)

• **Don’t forget! Monthly joint DHHS/DPI webinar coming up 4/6 @ 8AM**
## Leadership Update
Beth Lovette, RN, BSN, MPH  
Deputy Director/Section Chief, Local and Community Support  
Division of Public Health  
NC Department of Health and Human Services

## National/State Epi Picture
Zack Moore, MD, MPH
State Epidemiologist and Epidemiology Section Chief

## CCNC Support
Christina Page
Deborah Porterfield

## SLPH Update
Scott M. Shone, PhD, HCLD(ABB)
Director, NC SLPH

## CVMS Updates
Jerilyn Maclaren-Hall
Training Lead Contractor

## K-12 Update
Rebecca Planchard, MPP
Senior Early Childhood Policy Advisor

## Data Entry Support
Nicole Matyas
Program Manager- Data Entry Project & Call Center
Carolina Community Tracing Collaborative

## Question & Answer Session
Open for Questions — Please use the Zoom Q&A function

QUESTIONS?
Please use the Zoom Q&A function or email your questions to: questionsCOVID19webinar@gmail.com
Case Investigation Data Entry Project

Onboarding Local Health Departments

March 2021
What is the Data Entry Staff (DES) Project?
A project to create a state funded, centralized team that supports Local Health Departments by entering backlogged Case Investigation notes into NC COVID.

Goals

- Increase in the proportion of documented interviewed cases in NC COVID
- Clearing case data backlogs to reflect updated metrics in the public dashboard
- Richer data quality for research, measuring impact and decision making

DES Pilot Status

- 12 LHDs onboarded so far
- 2,808 events entered into NC COVID
- 46 full-time CCTC data entry team
We welcome interested Local Health Departments with a backlog of NC COVID data to participate!

What SHOULD I expect from the DES Project?

• Each staff member has a state laptop, NC COVID access, and access to the sFTP file sharing site. They will offer full-time support to perform data entry for LHDs.
• Data Entry for participants will be First in First Out (FIFO). The LHDs will be responsible for coordinating the scanning and upload of your Part 2 forms and case investigation data.

What should I NOT expect from the DES Project?

• The DES Pilot will not replace existing CI or CT staff
• The DES will not support contact tracing or testing data entry
• The project works as a shared resource across all participating LHDs

Interested Health Departments should contact:
Nicole Matyas at nmatyas@carolinactc.org
Work Phone (252) 216-1079; Mobile (484) 477-2576.
Data Entry Process Overview

1. Case Investigator conducts interview, documents notes in the part 2 form and collect contacts information.

2. Case Investigator scans and/or uploads the part 2 form onto the sFTP site in ‘Pending’ folder using unique LHD login credentials.

3. Data Entry Staff accesses case investigation notes and from the sFTP site ‘Pending’ folder.

4. Data Entry Staff enters case interview notes into NC COVID.

5. Data Entry Staff enters status update on the ‘Completed’ folder on the sFTP site.
“...public health promotes and protects the health of people and the communities where they live, learn, work, and play.”