Person County public health staff and EMS employee going to the vehicle of a 65+ patient who couldn’t get into the building for vaccination.

These employees made sure this person got their vaccine and the EMS employee stayed outside to monitor the patient post-vaccination.
### Leadership Update

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  - Division of Public Health

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#### Epi Picture
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#### CVMS Update
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  - CVMS Training Lead Contractors

#### Electronic Reporting of COVID-19 Test Results
- **Karla Norsworthy**
  - Public Health Informatics

#### CI/CT
- **Erika Samoff MPH, PhD**
  - HIV/STD/Hepatitis Surveillance Manager

#### K-12
- **Rebecca Planchard, MPP**
  - Senior Policy Advisor, Office of the Secretary

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

- Health Director Janet Clayton has been in the trenches with her staff during the COVID response!
- Janet is pictured above with her staff at a cold outdoor vaccination event and working a check-in table at an indoor vaccination clinic.
- Thank you, Janet and Person Co., for your willingness to brave the elements and go the extra mile for your community!
# Vaccine Update

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**K-12**

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Summary of 1st Dose COVID-19 Vaccine Allocations to Local Health Departments (LHDs) in North Carolina

Between the weeks of 12/14/2020 through 4/5/2021:

• Total number of 1st doses* allocated to:
  - All providers: 3,171,780
  - LHDs: 1,295,115**

• Overall, 40.7% of all 1st dose allocations have gone to LHDs
  - Minimum: 0% (the week 12/14/2020)
  - Maximum: 51.9% (the week of 12/28/2020)
  - Median: 43.2%

*includes J&J doses
**excludes doses transferred to/from the LHDs

Source: “Moderna + Pfizer + Janssen – Week of 04.05.21 Final Allocation and Second Doses Week of 4.12.21.xlsx”, worksheet titled “Historical Provider Allocation”
North Carolina 1st Dose COVID-19 Vaccine Allocations By Week Local Health Departments (LHDs) Compared to All Providers, 12/14/2020 through 4/5/2021

Source: “Moderna + Pfizer + Janssen – Week of 04.05.21 Final Allocation and Second Doses Week of 4.12.21.xlsx”, worksheet titled “Historical Provider Allocation”
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State team led by Mike Bardin and supported by North Carolina National Guard

- QI project kick-off virtual team meeting to review current baseline, staffing model, and throughput.
- Team arrives on-site at pre-planned time and location to observe current work-flow.
- Team provides quick outline of potential areas to streamline in a rapid improvement model: Plan/Do/Check/Act.

Potential State team supports

- Recommendations to work flow.
- Consultation on shifting data entry into pre-vaccination work flow.
- Trying real-time data entry, initially with the NCNG team on site for a portion or all of the vaccine event.
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Best Practices

Huge thank you to representatives from our LHDs here to speak on

- Real time data entry – Going paperless
- Appointment scheduling and check-in
  - Drive through clinics
CATAWBAVACCINE.ORG

- One-stop web portal for CCPH, two hospital partners
- Appointment request form for individuals
  - Can call for assistance with online submission
- Each submission feeds into a spreadsheet
- Registration online via CVMS
- Organizational process for scheduling large groups

REGISTRATION/SCHEDULING EVENTS FOR HMPs: Laptops, mobile hotspots, registration and appointments

AT CLINIC: Administrative staff schedules people for 2nd shot at check-in; Nurses log administration immediately
Granville Vance Public Health Paperless COVID-19 Vaccine Clinics

**Appointment Hotline**
- Register individuals in CVMS when they call to book an appointment
- 4-12 individuals answering the phones – GVPH staff, Community Health Workers (CHWs), NCNG, and CCTC Staff
- Important for those answering the phone to have basic CVMS access

**Electronic Check-In**
- Check in for appointments via CVMS upon arrival at vaccine events
- 4-5 check-in stations at vaccine events
- Requires internet access at vaccine clinic location

**Real-Time Vaccine Documentation**
- One scribe is assigned to each nurse administering vaccines to document vaccine administration in CVMS live
- Again, requires internet access at vaccine clinic location

The COVID-19 Vaccine Hotline is a major component in the success of our paperless strategy as it helps us ensure most of the individuals are registered in CVMS upon arrival for their appointment. This helps our clinics run more smoothly.

The biggest challenges are 1. CVMS access for staff and those working with us and 2. Dependable Internet access at vaccine clinics for those held off-site. A few times during drive-through clinics, we have had to document on paper and require a computer lab in close proximity to provide immediate data entry so all is documented by the end of the vaccine clinic and questions can be answered in real-time.
CVMS real-time data entry is a priority for hotline registration and on-site vaccine check-in & administration.
Why Real-time Data Entry?

1. Vaccine Management (on the spot)
2. Time Management
3. Efficiency & Productivity
4. Capacity Issues (lack capacity for data entry within 24hrs.)
5. Increase throughput in real-time. We think we can see more people real-time.
6. Quality assurance. Able to catch documentation errors.
7. Being able to manage client needs at a glance (1st dose vs. 2nd dose; appropriate vaccine time frame; confirm appointment vs. walk-up)
8. Able to run reports.
Drive Thru Vaccination Process:

- Vaccines are scheduled from a color-coded Google Form populated with data collected via SurveyMonkey and phone calls.
- During telephone scheduling, vaccine recipient’s data is entered into CVMS and placed on our internal Google Document of vaccination appointments. (Average of 4 minutes per call- Asking questions, reviewing reminders & CVMS data collection)
- Staff using iPads utilize the Google Document to check-in vaccine recipients during the drive thru process.
- Once recipients are checked-in at the clinic, iPads are used to take a photo of their insurance cards and register their appointment in CVMS.
- Recipients are then given consent forms to fill out and sign.
- Vaccines are then given, and administration data is entered into CVMS.
- Average recipient time (start to finish): 30 minutes.

Supply List:

- Adequate staffing
- Shift scheduling
- Rental iPad-charging components
- Wi-Fi
- Color Coded Index Cards
- Consent Forms
- Clipboards
- Pens
- Support from EMS—traffic cones, tents, staff to monitor recipients
- Law Enforcement—traffic control

Barriers:

- Weather (backpack umbrella/iPad weather shields)
- Ever-changing dynamic
- Appointment no-shows
- Extra doses
Paperless Since Day 1

Still working on inputting paper process from other COVID-19 responses.

Batching is not efficient and results in more work because pain points are never addressed.

Real time data allows Wake to respond quickly to needed changes, be accountable, perform process improvement and make operational/planning decisions.

Using CVMS as the medical record for COVID vaccination reduces the opportunities for data collection or entry errors.
Best Practices Recap

1. **Real Time Data Entry**
   - Record of administration should be entered in CVMS at time of vaccination
   - Benefits: Quality assurance, Increased efficiency, Agility

2. **Event Planning**
   - Checklists for supplies, traffic guidance, clear signage
   - Benefits: Prepared for weather, Faster throughput, Less recipient confusion

3. **Scheduling**
   - Online portals and forms used for appointment scheduling
     - If scheduling by phone, enter information into CVMS at time of call
   - Benefits: Allows staff that would be on phones to be doing administration/data entry, Prevents duplicate effort by entering info straight into CVMS at time of call as opposed to other scheduling/registration system
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Documenting Insufficient Quantity

Reminder! It is important to consistently document in CVMS as **INSUFFICIENT QUANTITY** when you are unable to get a standard 6\textsuperscript{th} dose from the Pfizer vials.

- This information must be reported to the CDC
- If we do not consistently document it in CVMS as Insufficient Quantity, we cannot create the necessary reports

**COVID-19 Insufficient Quantity events include any time less than the CDC standard doses are obtained from a vial for that specific vaccine manufacturer.**

Other examples include:

- If you are only able to extract 9 doses from a Moderna vial opposed to the standard 10
- If you are only able to extract 4 doses from a Janssen (Johnson & Johnson) vial opposed to the standard 5
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Electronic Reporting of COVID-19 Test Results

Karla Norsworthy

4/6/2021
Lab Reporting – January 2020

ELR (LabCorp, Vidant, UNC…)

NC EDDS

Faxed results entered by State and Local Health Department Personnel.

About 80%

About 20%
“Lab” reporting – COVID19

• Challenges
  • Volume of tests for COVID
  • Requirement to record negative lab results (in addition to positive)
  • Testing by new players, without lab reporting experience

• Goals
  • Move facilities to automated reporting option (reduce LHD personnel entering results)
  • Minimize faxing and extra paperwork
Lab reporting – Automating Input to NC COVID

Faxed results entered by State and Local Health Department Personnel.

- ELR (Labcorp, UNC, Vidant)
- COVID only ELR (Mako, UNC Campus)
- CLDA (WakeMed, Radeas, Elon)
- eCATR Patient Test Results (100+ LTCFs, Schools, Jails)
- National ELR platform (NHSN, VA, Helix)

Over 1200 automated reporters - and counting
NC COVID lab data uses

NC EDDS/NC COVID

Local Health Departments

CDC

NC Dashboards
*New* Result Reporting Tool: eCATR PTR

- eCATR PTR – online tool to report testing
- Reduces reporting time, paperwork and potential for errors
- Good solution for facilities testing the same population repeatedly and/or with a low volume of tests
- Collects positive and negative tests, automatically sends to NC DHHS
- Results sent at 1 AM – Available in NC COVID
- Designed for end users, minimal IT support needed
- Once a person has been entered into the system, just need to add info about the latest test result (Fast Update)
### New Patient Test Result Entry: New Test Result

#### Patient and Lab Information

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[Search...](#) [Cancel] [Save]
Next Steps

Please encourage schools, jails and LTCFS to use eCATR PTR or another automated solution

• **Goal: Start with an Automated Approach**

Single source of information/minimize dual reporting requests

• Results from eCATR are loaded into NC COVID at 1 AM
• Please reach out for any exceptions/concerns

What about other facilities that are still not automated?

• Send us a note for high priority

Reporting for tests performed by LHDs

Continue to request antigen tests from the state for LHDs and partners
Planning Timeline for Test Reporting

- COVID only ELR – Months ahead
- CLDA – Weeks ahead
- eCATR Patient Test Results – One week ahead

• If testing must start before electronic reporting can be established:
  • Fax positive results
  • Use the Lab Volume survey feature of eCATR to record a summary of positive and negative test results for Antigen and PCR tests
Thank You

…..for your support, teamwork and patience

Karla Norsworthy
karla.norsworthy@dhhs.nc.gov
catr@dhhs.nc.gov
919-413-3265
<table>
<thead>
<tr>
<th>CI/CT</th>
<th>QUESTIONS?</th>
</tr>
</thead>
</table>
| **Leadership Update** | **Mark T. Benton**  
Assistant Secretary for Public Health  
Division of Public Health |
| **LHD Shoutout** | **Amanda Fuller Moore, PharmD**  
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HIV/STD/Hepatitis Surveillance Manager |
| **K-12** | **Rebecca Planchard, MPP**  
Senior Policy Advisor, Office of the Secretary |
CCTO Migration Timeline

**5pm – Friday, April 9**

**Current CCTO Software Becomes Read-Only**

The current CCTO software is locked and becomes read-only; records can still be reviewed.

---

**7pm – Thursday, April 8**

**Contact Daily Assessments Stop**

Contacts that have elected into daily digital monitoring do not receive a daily assessment email or text until the new system is live on Monday, April 12.

**Contact Notification Portal Disabled**

Contacts receive a text or email with their quarantine/testing information, but do not receive a link to the landing page or have the ability to submit contact information or elect into monitoring.

---

**7am – Monday, April 12**

**New URL Provided**

The new system is available for editing and populated with all records including those created during the shutdown. The old CCTO software is no longer accessible and the old URL will not work.

---

**CCTO Data Copied to New CCTO Instance**

Access to the CCTO software is limited to read-only access during the migration period.

**Contacts and Cases Migrate from NC COVID for Notification**

Cases created in NC COVID and contacts added to NC COVID via the Contact Package migrate into the current CCTO for text/email notification and visibility for staff working during the migration.

---

There will be a special migration office hours hosted by CCTO IT Staff and Helpdesk staff to address any questions and any potential issues 8am – 4pm on April 12th.

Link will be provided to all CCTO users via email.
What will happen to case and contact records during the CCTO data migration?

Lab results enter NC COVID by ELR or data entry during the migration period.

**CASE RECORD**

A contact tracer enters a contact's information into the NC COVID contact tracing package during the migration period.

**CONTACT RECORD**

Information automatically flows from NC COVID into CCTO and creates a new profile.

CCTO will send automatic digital notifications to any available methods of contact for the person.

Contacts will not receive a link to access the contact portal or have the ability to share any contact information or opt into digital monitoring.

Profiles in CCTO will be read-only during the migration period. Case investigators/contact tracers will be able to access this record and review Text Notification Status but will not be able to make any changes until the migration period is over.

For contacts identified by staff/LHDs not using the NC COVID contact tracing package during the migration, please follow your local protocol. Records can be imported into CCTO after the migration.
New handout for testing or diagnosis settings: What should you do if you have tested positive for COVID-19?

**Overview**

- **Audience:** NC general population
- **Purpose:** Increase understanding of what to do if they are a case or contact, in case they do not receive a phone call for case investigation/contact tracing

**What should you do if you have tested positive for COVID-19?**

Be the One and Protect Your Loved Ones and Community

- Promote contact tracing awareness among residents
- Encourage residents to document their close contacts and potential sources of exposure in advance of local health department outreach

**Notify Others to Help Slow the Spread**

- Reach out to your contacts that you have been in close contact with
- Encourage residents to document their close contacts and potential sources of exposure

**Front page**

- Your Exposure Date
- Your Quarantine Date
- Your Quarantine End Date
- Your Exposure Date
- Your Quarantine Date
- Your Quarantine End Date

**NC DHHS Website Links**

- Steps to Take After COVID-19 Testing
- PDF English version, PDF Spanish version

**Back page**

- Guide residents on how to figure out their quarantine start date, end date, and when they should get tested.
- Point residents to resources online and at their local health department to learn more

---

**Steps to Take After COVID-19 Testing**

- **Steps to Take After COVID-19 Testing**
- **PDF English version, PDF Spanish version**

**Overview**

- **Audience:** NC general population
- **Purpose:** Increase understanding of what to do if they are a case or contact, in case they do not receive a phone call for case investigation/contact tracing

**What should you do if you have been in contact with someone who has tested positive for COVID-19?**

- Be the One in to help slow the spread!

**What should you do if you have been in contact with someone who has tested positive for COVID-19?**

- If you are exposed to someone who has tested positive for COVID-19, you need to quarantine right away. Here’s what you need to know:
  - If your quarantined period is more than 7 days and you do not have a confirmed exposure, you need to quarantine for 14 days.
  - If you are in contact with someone who has tested positive for COVID-19, you need to quarantine right away.
  - If you are in contact with someone who has tested positive for COVID-19, you need to quarantine for 14 days.

**What should you do if you have been in contact with someone who has tested positive for COVID-19?**

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  - If your quarantined period is more than 7 days and you do not have a confirmed exposure, you need to quarantine for 14 days.
  - If you are in contact with someone who has tested positive for COVID-19, you need to quarantine right away.
  - If you are in contact with someone who has tested positive for COVID-19, you need to quarantine for 14 days.
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 case investigation outreach.
• 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.
<table>
<thead>
<tr>
<th>Section</th>
<th>Contact Details</th>
</tr>
</thead>
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Senior Policy Advisor, Office of the Secretary |

**QUESTIONS?**

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

“...public health promotes and protects the health of people and the communities where they live, learn, work, and play.”
Appendix
NC DHHS K-12 COVID-19 Response Updates

Monthly DPI/DHHS Updates
April 6, 2021
Agenda

• Statewide COVID-19 Updates
• K-12 COVID-19 Testing – Updates and Further Expansion
• COVID Vaccine Distribution – Updates and Resources
• StrongSchoolsNC Toolkit Updates

NCDHHS Team Members:
- Dr. Betsey Tilson – State Health Director and Chief Medical Officer
- Rebecca Planchard, Senior Policy Advisor
- Natalie Ivanov– Director, COVID-19 Testing
Case Rates Plateau Across Most Age Groups

Case rates have plateaued or slightly increased across all age groups, except among the 65+ age group in which case rates continue to decline.
Case Rates Decline Across Race/Ethnicity Categories

Racial and ethnic disparities have narrowed considerably since January but Black or African American rates increased in recent weeks.

NC COVID-19 Cases per 100,000 Population by Race

NC COVID-19 Cases per 100,000 Population by Ethnicity
K-12 Reported Clusters – as of 4/4/21

• 206 total K-12 clusters since June 2020
  − 129 at public schools, 77 at private schools
  − Remember: much smaller number of private schools versus public schools in the state

• 1,840 cases associated with all K-12 clusters
  − 1,205 cases among students and 635 cases among staff
  − 1,003 cases among public schools, 837 among private schools

• 45 currently active clusters (approx. 30% decline from last month)
  − 34 at public schools, 11 at private schools
K-12 COVID-19 Testing – Updates and Further Expansion

Natalie Ivanov– Director, COVID-19 Testing
Review: CDC and NCDHHS recommends COVID-19 testing in K-12 schools

- **Testing should be combined with other key mitigation strategies (StrongSchoolsNC requirements)**, e.g., universal mask use, physical distancing, handwashing and maintaining clean facilities

- **Diagnostic testing** for individuals who exhibit symptoms of COVID-19 at school or have recent known close contact to a person with COVID-19

- **Screening testing** for all K-12 staff (adults) on a regular, routine basis (e.g., weekly)
Screening testing can help students and staff safely continue in-person learning

We all want kids to learn in person and school staff to have a safe work environment

NC pilot schools indicated that testing at school helped their staff and students come back to school more quickly and confidently.

Testing at school increases access for students, families and staff who may not be able to find a testing center or afford a test in their community.

Evidence from national studies found that weekly testing of all students, teachers and staff can reduce in-school infections by an estimated 50%.

Source: The Rockefeller Foundation
Community Engagement

Testing

Results

Respond

Example: Screening Testing in Action

Schools discuss testing program with caregivers and request consent.

Students and staff arrive at school and are directed to testing location.

Testing staff complete swab.

Students and staff return to class.

Results are received and reported to public health.

Results are communicated and actions taken based on results.

Example: Screening Testing in Action

Community Engagement

Testing

Results

Respond

Schools discuss testing program with caregivers and request consent.

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Testing staff complete swab.

Students and staff return to class.

Results are received and reported to public health.

Results are communicated and actions taken based on results.
Phases of NCDHHS COVID-19 Testing Program in NC K-12 Schools

• **Phase 1)** From December 2020 to February 2021, NC DHHS piloted diagnostic testing in K-12 schools.

• **Phase 2)** In March, NC DHHS opened up this opportunity to all schools and expanded to include screening testing.

• **NEW* Phase 3)** Federal Funding has been made available for states upon application, specifically to facilitate end-to-end screening testing support for K-12 schools, further expanding testing to more schools across the state.
## Phase 2 Screening Testing Statistics – As of 4/1/21

### Test Distributions (as of 4/1)

<table>
<thead>
<tr>
<th>School Type</th>
<th>Tests</th>
<th># of sites</th>
<th>New sites</th>
<th>Tests</th>
<th># of sites</th>
<th>New sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Districts</td>
<td>55,295</td>
<td>21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Charter Schools</td>
<td>7,600</td>
<td>20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Private Schools</td>
<td>360</td>
<td>2</td>
<td>1</td>
<td>320</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>63,255</strong></td>
<td><strong>43</strong></td>
<td><strong>1</strong></td>
<td><strong>320</strong></td>
<td><strong>1</strong></td>
<td><strong>1</strong></td>
</tr>
</tbody>
</table>

*Includes distributions by both NC DHHS and redistributions by LHDs

### Results Reporting* (as of 4/1)

<table>
<thead>
<tr>
<th>Month</th>
<th>Total Tests</th>
<th>Positive Tests</th>
<th># of sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>309</td>
<td>50</td>
<td>6</td>
</tr>
<tr>
<td>Feb</td>
<td>658</td>
<td>92</td>
<td>7</td>
</tr>
<tr>
<td>Mar</td>
<td>246</td>
<td>39</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,213</strong></td>
<td><strong>181</strong></td>
<td><strong>12 unique sites</strong></td>
</tr>
</tbody>
</table>

*Limited due to many schools reporting using LHD CLIA ID – unable to determine LHD results from school vs other settings

### Program Updates

- Extended testing option to **non-public schools** as of 3/18 and hosted webinar 3/26 attended by 60 individuals
- Most interest expressed for testing related to **athletics, Spring Break and special events**
- Shared **funding resources** available to support public and non-public schools in setting up a testing program

### Outreach

- Since 3/26, 1 non-pilot charter schools (Franklin School of Innovation) and 1 non-pilot private school (Greensboro Day School) expressed interest via StrongSchoolsNC inbox
- 5 individuals (2 pilot sites, 2 non-pilot sites) attended 3/26 office hours
- 5 individuals (1 pilot sites, 3 non-pilot school) attended 3/31 week reporting training session
NCDHHS is expanding state-wide screening testing support for all K-12 schools

The CDC has announced the ELC Reopening Schools award, which provides $10 billion dollars in allocated funding to states, available in early April through July 2022

- 85% of the award must be used to fund schools and the procurement or provision of testing supplies or services

- NC DHHS is applying to utilize the award to further support schools in their efforts to continue in-person learning by providing and funding resources for screening of students, teachers and staff

- Schools may choose opt-in to testing and choose a testing plan from the menu of options to utilize the best fit for their community
### NC DHHS Screening Testing Options for K-12 Schools

<table>
<thead>
<tr>
<th>State Contracted Vendor</th>
<th>State Supplied Tests</th>
<th>Other Local Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCDHHS vendor available to support LEA/school screening testing program</td>
<td>NCDHHS provides free tests that schools may request to perform screening and/or diagnostic testing</td>
<td>Districts, schools and/or LHDs define their own approach without state involvement</td>
</tr>
</tbody>
</table>

- Under development
  *Goal: available by Fall 2021*

- Available now
  *Request tests via online form*

- Available now

• Screening testing is an **opt-in, recommended** mitigation strategy for schools across NC
• All testing options require **parental or guardian consent** and protection of student and staff privacy
Next steps to expand screening testing in schools

• NCDHHS submitting funding request and plan to CDC for state-wide vendor to support screening testing in schools

• For remainder of 2020-21 school year, tests will continue to be available at no cost to schools from NCDHHS
  • Tests can be used for diagnostic testing, serial screening testing of staff, older students and athletes, and screening around holidays and special events
  • Weekly office hours and reporting training sessions open to all needing support in implementing or improving their program

• As schools make plans for summer school and fall semester, consider how to incorporate screening and diagnostic testing
COVID Vaccine Distribution – Updates and Resources

Dr. Betsey Tilson – State Health Director and Chief Medical Officer
Your best shot at stopping COVID-19

1. Health Care Workers and Long-term Care Staff and Residents
2. Older Adults
3. Frontline Essential Workers
4. Adults at Higher Risk for Exposure and Increased Risk of Severe Illness
5. Everyone Age 16 +

For more information: YourSpotYourShot.nc.gov
VACCINE DISTRIBUTION

Data: December 14, 2020 – April 4, 2021 at 11:59 p.m.

First of 2 Doses Administered: 3,145,064
Second of 2 Doses Administered: 1,923,646
Single Shot Doses Administered: 141,561
Total Doses Administered: 5,210,271

Percent of Total Population at Least Partially Vaccinated: 30.0%
Percent of Population 18+ Years of Age at Least Partially Vaccinated: 38.4%
Percent of Total Population Fully Vaccinated: 19.7%
Percent of Population 18+ Years of Age Fully Vaccinated: 25.2%

People Vaccinated by Week - NC Providers

Weekly Trend

Week 0-17 18-24 25-49 50-64 65-74 75+ Missing or Undisclosed
Cumulative Total

https://covid19.ncdhhs.gov/dashboard/vaccinations
### EQUITABLE DISTRIBUTION

#### Percent of People at Least Partially Vaccinated by Race - North Carolina

<table>
<thead>
<tr>
<th>Weekly Trend</th>
<th>Cumulative Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>American Indian or Alaskan Native</td>
</tr>
<tr>
<td></td>
<td>Asian or Pacific Islander</td>
</tr>
<tr>
<td></td>
<td>Black or African American</td>
</tr>
<tr>
<td></td>
<td>White</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>Missing or Undisclosed</td>
</tr>
</tbody>
</table>

#### Percent of People at Least Partially Vaccinated by Ethnicity - North Carolina

<table>
<thead>
<tr>
<th>Weekly Trend</th>
<th>Cumulative Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hispanic</td>
</tr>
<tr>
<td></td>
<td>Non-Hispanic</td>
</tr>
<tr>
<td></td>
<td>Missing or Undisclosed</td>
</tr>
</tbody>
</table>

**3/29/21**

- 6% Asian
- 19% African American
- 64% White

**More to do; but making progress**
Vaccine updates for K-12 and child care staff – as of 4/5/21

• **Almost 76, 189 individuals** who self-identify as being a frontline essential workers in a K-12 or child care center have received a vaccine since February 24\textsuperscript{th}

• There have been **30 identified vaccine events** that specifically target educators either held or scheduled since February 24\textsuperscript{th} – Note: this number will grow or decrease as scheduled events are changed due to a variety of factors.
### Increasing evidence that vaccines prevent asymptomatic infection and transmission.

| Impact of the COVID-19 Vaccine on Asymptomatic Infection Among Patients Undergoing Pre-Procedural... Molecular Screening |
| Oxford University Press for the Infectious Diseases Society of America |
| - Among asymptomatic adults undergoing screening for COVID-19, the risk of a positive COVID test was lower among vaccinated as compared to unvaccinated individuals |

| Early Evidence of the Effect of SARS-CoV-2 Vaccine at One Medical Center |
| New England Journal of Medicine |
| - Real-world experience with SARS-CoV-2 vaccination shows reduction in incidence of infections among healthcare workers. |
| - 90% decrease in number of employees in isolation or quarantine |

| SARS-CoV-2 Infection after Vaccination in Health Care Workers in California |
| New England Journal of Medicine |
| - Real-world experience with SARS-COV-2 vaccination shows higher rate of infection after vaccination than clinical trials among health care workers |
| - Infection 14 days after the second dose of the vaccine is rare |

| Interim Estimates of Vaccine Effectiveness of [...] Vaccines in Preventing SARS-CoV-2 Infection Among Health Care Personnel[...] |
| Centers for Disease Control and Prevention |
| - "Authorized mRNA COVID-19 vaccines are effective for preventing SARS-CoV-2 infection in real-world conditions. COVID-19 vaccination is recommended for all eligible persons."
- 14 days after first dose, but before the second dose, the mRNA vaccine was 80% effective |
| - 14 days after second dose, the mRNA vaccine was 90% effective against COVID-19 infection |
What is on the horizon for children and vaccination

- Pfizer: authorized for 16 and over
- Moderna and Johnson & Johnson: authorized for 18 and over

- 12-15 year olds
  - Pfizer announced data shows COVID-19 vaccine safe and effective
    - Plan to bring to FDA for possible authorization in next few weeks
  - Moderna currently conducting trials
  - May have data and authorization by summer for Pfizer and Moderna and may be able to vaccinate middle and high school students before fall
  - Johnson & Johnson just began to include children 12-17 years

- 6 months to 11 year olds
  - Both Pfizer and Moderna started a trials in March, 2021
  - May have ability to vaccinate younger children during 2021-2022 school year
Vaccine Comms Resources

New materials available

- Top Ten Facts
- Developing COVID-19 Vaccines infographic
- Social media graphics and content
- Community posters

Materials in English and Spanish

New Easy-to-Use Toolkit
CHILD CARE AND SCHOOL WORKERS:
You have a spot to take your shot against COVID-19.

There's good news for North Carolina child care and school workers. A tested, safe and effective COVID-19 vaccine is ready for you. Supplies are limited—and you may have to wait. But you will have a spot to take your shot.

The vaccines are proven to help prevent COVID-19 and are effective in preventing hospitalization and death.

Get the peace of mind that you are protected and get back to the people and places you love.

Find participating vaccine providers:
- YourSpotYourShot.nc.gov
- COVID-19 Vaccine Help Center toll-free at 1-888-675-4567
- Talk with your employer about vaccination opportunities.

• Available in Spanish and English

• Download from Flyers section of the Vaccines Toolkit: https://covid19.ncdhhs.gov/vaccines/covid-19-vaccine-communications-toolkit

• Customize your own using our brand guidelines: http://bit.ly/vaccines-brandguide
Web Tools:
Eligibility Tracker, Vaccination Locator

Find Your Spot to Get Your Shot

A new COVID-19 vaccine will be available to all who want it, but supplies will be limited at first. Vaccinations are first available to groups of people who are more likely to get COVID-19 and those more likely to get dangerously sick from it. Use the times below to find your vaccine group and vaccine locations. Or learn more about how to find your spot.

[Image of a computer screen displaying the web page for finding a vaccine location]

http://yourspotyourshot.nc.gov/
StrongSchoolsNC Toolkit Updates

Rebecca Planchard, Senior Policy Advisor
StrongSchoolsNC Guidance Updates
Approved by State Board on March 25th

− Daily symptom screenings can be considered for adults and are **not** recommended for children
  o Exclusion based on symptoms, close contact, or a positive case still applies

− K – 12th grades 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)
Reach out to

StrongSchoolsNC@dhhs.nc.gov

for ongoing questions and support about NC DHHS K-12 COVID-19 response