NC DHHS COVID-19 Bi-Weekly LHD Update

March 8, 2022
# Opening Remarks & Leadership Update

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# CDC Guidance Changes

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**Proposed Framework for Monitoring and Prevention**

**Community Metrics**
- **COVID-19 Vaccination Coverage**
  - Overall coverage of people up to date
  - Coverage among people at increased risk of severe illness and health equity

- **COVID-19 Community Indicators**
  - Healthcare strain
  - Hospital admissions of severely ill patients
  - New cases (leading indicator)

**Local Metrics and Information**
- Wastewater and CLI surveillance
- Circulating novel variants of concern
- Local high-risk congregate settings
- Upcoming large events
- Health equity

**Community Actions**
- **Vaccine Activities**
  - Outreach
  - Campaigns
  - Distribution
  - Equity

- **Prevention Measures**
  - Masking
  - Testing
  - Other individual prevention behaviors
  - Other community-level prevention strategies

**Local Decisions**
- Inform

**Higher vaccination coverage likely to result in lower community levels**

**Local vaccine activities and recommended prevention measures for different community levels inform local decisions**

**Inform**

**Proposed Framework for Monitoring and Prevention**

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**Local Decisions**
- Inform
# CDC’s COVID-19 Community Levels and Indicators

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<th>New Cases (per 100,000 population in the last 7 days)</th>
<th>Indicators</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
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<td>Fewer than 200</td>
<td>New COVID-19 admissions per 100,000 population (7-day total)</td>
<td>&lt;10.0</td>
<td>10.0-19.9</td>
<td>≥20.0</td>
</tr>
<tr>
<td></td>
<td>Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)</td>
<td>&lt;10.0%</td>
<td>10.0-14.9%</td>
<td>≥15.0%</td>
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<tr>
<td>200 or more</td>
<td>New COVID-19 admissions per 100,000 population (7-day total)</td>
<td>NA</td>
<td>&lt;10.0</td>
<td>≥10.0</td>
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<td>Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)</td>
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The COVID-19 community level is determined by the higher of the inpatient beds and new admissions indicators, based on the current level of new cases per 100,000 population in the past 7 days.
How the indicators of COVID-19 community levels were selected

• Indicators have available county-level data from either data reported at the county level or allocated to county level from Health Service Areas (HSAs) for all counties in the United States

• Indicators directly reflect the intended goals of:
  • Minimizing medically significant disease OR
  • Minimizing healthcare strain OR
  • Represent a leading indicator of potential increases in severe disease or healthcare strain.

• Indicators represent data reported at least weekly, with sufficient timeliness to permit assessment of COVID-19 Community Levels and inform decisions about recommended prevention measures.
All hospitalizations in the HSA are apportioned to counties based on population size.

County A is 20% of the population in the HSA

County B is 60% of the population in the HSA

County C is 10% of the population in the HSA

HSAs Explained
Community Level Recommendations

**LOW**
Individual and community-level recommendations focus on best practices in infection prevention and control in community settings, in addition to promoting up-to-date vaccinations as the front-line strategy to protect from severe disease. These include improving ventilation, testing to identify infection early, and following recommendations for isolation and quarantine.

**MEDIUM**
Strengthens emphasis on protecting people who are immunocompromised or at increased risk for severe disease. Community settings such as schools, workplaces, and high-risk congregate settings such as correctional facilities and homeless shelters should implement enhanced prevention measures such as screening testing to quickly identify infections.

**HIGH**
Additional recommendations for individuals and communities focus on wearing masks indoors in public and providing added protection to populations at high risk.
# Vaccine Update

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Moving from mass vaccination → routine, practice-based vaccination

Ensuring all populations have vaccine access and never missing an opportunity to have vaccine conversations or administer vaccine

- Of parents say they trust their child’s pediatrician to provide reliable information on vaccines for children*
- Of unvaccinated persons report that would feel most comfortable getting vaccinated at their doctor’s office**
- Of parents with an unvaccinated child aged 5-11 who say hearing from people they trust would make them much more likely to get their child vaccinated
- Of locations with vaccine on hand means no missed opportunities to counsel, validate, and vaccinate
DHHS COVID-19 STRATEGY: LOOKING FORWARD

Focus 2020-2021

Acute Response

Focus 2022-2023

Practice-based, routine vaccination
"A Vial in Every Fridge"

We want to inform you of our key initiatives and may be reaching out for your help with:

1. Normalizing COVID-19 Vaccination
   Integrating COVID-19 into comprehensive primary care reduces missed opportunities for all staff to have vaccine conversations or administer vaccine

2. 0-4 Vaccine
   Relying on relationships with trusted providers rather than mass vaccination strategies for this age group

3. Long-term care
   Performing direct outreach to LTCFs and forging partnerships with vaccine vendors.

4. Equity
   Consistent availability of vaccine products, relevant data, and strong partnerships to reach vulnerable populations

Complex and changing guidance + transition to endemic state = tailoring recommendations to the individual
What the State is Doing

- **Analyzing Vaccination Rates of LTCFs**
  - Pair low performing facilities in need of a vaccine provider with potential vendor partners, coordinate visit-scheduling and have vendors conduct site visits to facilities to administer the vaccine

- **Performing Direct Outreach to Facilities**
  - Help Desk calling every facility to confirm Federal CMS data
  - Offering vaccine support through provider list of vendor visit

- **Partnering Facilities with Vendors**
  - Vaccine Vendors offering vaccine to any facility without vaccine providers (regardless of bed count)

- **Onsite Visits**
  - Regional Infection Prevention Support Team offers vaccination opportunity when scheduling inspections, resulting in timely vaccinations for facilities in need

How LHD can help

- **Help Conduct Outreach to SNFs**
  - i. The State will be contacting select LHDs with a list of SNFs in their county with vaccination data from CMS
  - ii. Help make connections to facilities
  - iii. Utilize State offered resources to improve vaccination rates

**Goal:** 80% of residents who received their primary series vaccination should be boosted
WHAT CAN DHHS OFFER?

Data
- Individual consultations to support data needs
- Estimate 0-4 demand
- Provide estimates on vaccine eligibility by demographics and county

Equity
- Support and training for provider equity efforts
- Connections to wrap around services for patient referrals
- Connections to efforts to increase uptake in communities of color and low-income communities

Allocations/Ops
- Vaccine Ordering Support
- Dashboards: vaccine local transfers / statewide inventory / expiration outlook / inventory 0-4 demand projections by county
- 0-4 product allocations when available
- Inventory management / Reconciliation

Provider Communication, Support & Services
- 0-4 Product Provider Guidance and Information
- Provider Enrollment Support
- Connection to patient-facing communication resources
- Intelligence, Training Materials, and Support for LTCF

Technology
- Options for COVID-19 vaccine documentation and reporting to best meet providers' needs
- CVMS and NCIR support

Reach out to: Ryan.jury@dhhs.nc.gov or Carrie.Blanchard@dhhs.nc.gov
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Deputy Director/Section Chief  
Local and Community Support

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State Epidemiologist and Epidemiology Section Chief

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SLPH Update

- NCDHHS is re-working the at-home and POC antigen test ordering process. The new request form should be live by 3/18.
  - LHDs will get an email with the link and additional details once live.

- If LHDs have an emergency need for at-home and POC antigen tests during this period, please email NCDHHS_Antigen@dhhs.nc.gov.
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CI/CT for LHDs

Laura Farrell (Laura.Farrell@dhhs.nc.gov)
NC DPH Contact Tracing
March 8, 2022
Case Investigation/Contact Tracing Prioritization Guidance

- Case investigation, contact tracing, and telephone outreach is only recommended for case patients reported to be in high-priority settings. **It is no longer recommended to call all case patients.**

- Digital outreach to **all case patients** continues through texts and emails; call center remains available for those who have questions or need additional supports.

- Informational and resource calls (but not case investigation/contact tracing) are still recommended for the following:
  - People whose text is not delivered
  - People in under resourced communities as defined locally

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<th>Action</th>
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| 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 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 should receive case investigation and contact tracing  
- 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)  
- Critical infrastructure work settings (e.g., food processing plants, manufacturing plants, transportation, food service to critical workers, 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. | Notification phone call to provide isolation instructions and links to resource info; no case investigation interview nor contact tracing |
### Outreach To Those Most Likely To Have Resource Needs

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### Supplemental Guidance for Prioritizing Outreach to Under-Resourced Communities

**Suggestions for Identifying These Populations:**

1. Utilizing NC COVID workflows/reports* and [NC SVI Tool](https://ncsvi.org), identify case patients who live in zip codes or census tracts with the highest Social Vulnerability Index (SVI) values in your county. Age, race, and other factors can also be included as additional considerations.

2. Utilizing NC COVID Demographic and Reporting Source report, identify case patients with labs taken at FQHC, free clinics, or free community testing events.

3. Filter a [CCTO view](https://ccto.nc.gov) for case patients who request resources through digital assessments.

4. Ask schools to flag students with COVID-19 who are enrolled in free and reduced lunch programs.

5. Cross-reference a list of [Medicaid enrollment beneficiaries](https://ncmedicaid.gov) and [Medicaid enrollment beneficiaries](https://ncmedicaid.gov/)

**What Resources Could Be Provided?**

Check with your local assets prior to providing your community with state and federal resources below.

**Community Health Workers**

Provide a local number from this [link](https://www.mylocalhealthworker.org/)

**Food Support**

Call or text 2-1-1 for food resources or visit [ncdhhs.gov/SNAC](http://ncdhhs.gov/SNAC) for a list of resources.

**Treatment**

1-877-332-6585 (English) or 1-877-366-0310 (Spanish) or visit [covid19.ncdhhs.gov/treatment](http://covid19.ncdhhs.gov/treatment)

**Food Support for Children**

Text “FOOD” or “COMIDA” to 304-304. This is a national resource not maintained by NCDHHS.

**Vaccines**

888-675-4567 or [myspot.nc.gov](http://myspot.nc.gov) (for Spanish [Vacunate.nc.gov](http://Vacunate.nc.gov))

**Testing**

888-675-4567 or [ncdhhs.gov/GetTested](http://ncdhhs.gov/GetTested) (for Spanish [Vacunate.nc.gov/pruebas](http://Vacunate.nc.gov/pruebas))

**Mental/Emotional Support**

Call, text, or chat [Hope4NC at 1-855-587-3463](https://www.hope4nc.org) for free and confidential emotional support, counseling referrals, and community resources available 24/7.

**Other Information**

Call 2-1-1 or 888-892-1162 or go to [nccare360.org](http://nccare360.org) for assistance with food, housing, energy bills, parenting, & substance use treatment, as well as specific resources for older adults, people with disabilities and more.

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*Identified Line List by Diagnosis Date or Date for Reporting reports have address and zip; Mapping Reports have address, zip and census tract - see the [NC COVID Reports](https://nc.gov/nc-covid) job aid for support on how to pull these reports. Also view [Supplemental Guidance](https://www.cdc.gov) and [Checking Resource Needs](https://www.mylocalhealthworker.org/) documents for further support on outreach to under-resourced communities.
Food Box Resource Referrals in SSP Counties

- Over **51,000 texts were sent from CCTO** to contacts and case patients in SSP food box eligible counties from February 1-9. These texts were sent to contacts and cases created in CCTO from Jan 28th-February 8. People who entered the system over the weekend were texted on Monday.

- A **special call center phone extension was created**, and the texts directed people to call the call center extension to get connected with a food box.

- The **call center trained and staffed team members** to be ready to answer the special extension and transfer people to the appropriate CHW vendor.

- **CI/CT staff in eligible counties were trained on the initiative** to make referrals based on conversations during their regular CI/CT phone calls from February 1-10.

- All staff were asked to record any referrals made in the **resource referral section of CCTO**, using "SSP Food Box" in the description box.
1,014 referrals were made to people in the 34 SSP counties

- 94% of food box referrals documented were made in response to an incoming call – so, the combination of text and call center was key.
- 98% of people with food box referrals documented were case patients (most calls and texts went to case patients; contact outreach is limited to high-priority settings at this point in the pandemic)

Due to a technology glitch, approximately 5k texts were sent to people in non-SSP counties. 63 referrals were documented to these people, but those referrals have been removed from this analysis.
## Corrections Update

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NCDHHS Corrections Team

COMMUNICABLE DISEASE BRANCH
The North Carolina Department of Health and Human Services Corrections Team serves as a resource to correctional entities to strengthen and improve the delivery of healthcare, assist in infectious disease prevention and control, and statewide support to ensure the health and wellbeing of detained and incarcerated persons in the state of North Carolina.

Our Mission

• To serve as a resource to strengthen and support the delivery of healthcare and infectious disease prevention for correctional entities of our state.

Our Vision

• To be regarded as the leading corrections team within any DHHS across these United States.

Our Goals

• Develop working relationships with stakeholders to establish credibility and collaborative partnership to effect any needed change in the delivery of healthcare services.

• Provide technical assistance with COVID-19 mitigation to correctional entities.

• Promote correctional healthcare best practices based on national correctional standards.

• Provide opportunities for local correctional entities to enhance their service delivery.

• Inform correctional health entities of state and/or national legislative guidance that may be helpful in their provision of services.

Our Team Members

• Over 60 combined years of correctional experience

• 2 medical consultants, 3 nurse consultants, 1 program manager, 1 contract administrator, 6 contract monitors, & 1 administrative officer
CORRECTIONS TEAM ACTIVITIES

- **COVID Mitigation**
  - Provide technical assistance with COVID-19 outbreaks and mitigation to local confinement facilities. Including partnering with DPS at the top of the pandemic to create an ongoing communication related to COVID and other health related matters.

- **COVID Mitigation**
  - Provide technical assistance with COVID-19 vaccinations within local confinement facilities.

- **COVID Mitigation**
  - Provide real-time updates on COVID-19 guidance and other important announcements to confinement facilities and community partners using our email marketing platform.

- **COVID Mitigation/Network**
  - Create an atmosphere of information sharing among confinement facilities while highlighting key COVID-19 information through our quarterly newsletter.
CORRECTIONS TEAM ACTIVITIES

ELC Grant Management

Joint CDC/DOJ $20,230,000 Grant distribution to DPS and Local Confinement Facilities

ELC Grant Management

Develop and implement Grant associated workplan components to include quarterly educational webinars and printed materials on various COVID and non-COVID health topics
COVID-19 SUPPORT FOR COUNTY CONFINEMENT FACILITIES GRANT

- This award is 100% funded through the joint Centers for Disease Control (CDC) and Department of Justice (DOJ) Detection & Mitigation of COVID-19 in Confinement Facilities (cdc.gov) initiative.

- The purpose of this funding primarily focuses on providing resources to confinement facilities for the detection and mitigation of COVID-19.

- The application period opened February 28, 2022 and ends March 31, 2022.

- Funding for each local North Carolina government will be calculated using the following methodology: $85,000 base funding plus a defined amount calculated using the total number of detention center beds within the county.

- Distributing this award provides a good faith effort toward showing support for the justice involved population of NC.

- The RFA and application can be found on the Corrections Team Webpage.
Provide quarterly webinars/Roundtable discussions on and for confinement facility staff on various mitigation and general health topics.

Provide infection prevention training materials and sessions for correctional staff providing CEUs for correctional medical staff.

Basics of corrections operations document (Understanding Medical Operations in NC Local Detention Centers) to aide community partners in navigating communications and collaboration with correctional teams.
CORRECTIONS TEAM ACTIVITIES

Jail Health
- Develop partnerships with various agencies/organizations and use a cross-divisional approach to identify resources, provide training, and create education materials specifically for the corrections staff and their detained population.

Jail Health
- Provide access to correctional health resources throughout our state in a central location using our webpage (NCDHHS Communicable Disease Branch Corrections Team | NCDHHS) and jail health toolkit.

Jail Health
- Field correctional health related calls/inquiries from various organizations/individuals.
CONTACT US
NCDHHSCORRECTIONSTEAM@DHHS.NC.GOV

Visit our webpage
### RIPS Teams Update

<table>
<thead>
<tr>
<th>Section</th>
<th>Name</th>
<th>Title &amp; Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Remarks &amp; Leadership</td>
<td>Beth Lovette, RN, BSN, MPH</td>
<td>Deputy Director/Section Chief Local and Community Support</td>
</tr>
<tr>
<td>Epi Picture</td>
<td>Zack Moore, MD, MPH</td>
<td>State Epidemiologist and Epidemiology Section Chief</td>
</tr>
<tr>
<td>CDC Guidance Changes</td>
<td>Aaron Fleischauer, PhD, MSPH</td>
<td>Career Epidemiology Field Officer</td>
</tr>
<tr>
<td>Vaccine Update</td>
<td>Ryan Jury, RN, MBA</td>
<td>COVID-19 Vaccine Program Director</td>
</tr>
<tr>
<td>SLPH</td>
<td>Scott M. Shone, PhD, HCLD(ABB)</td>
<td>Laboratory Director</td>
</tr>
<tr>
<td>CI/CT</td>
<td>Laura Farrell</td>
<td>Contact Tracing Program Manager</td>
</tr>
<tr>
<td>Corrections Update</td>
<td>Anita Wilson-Merrit, MD</td>
<td>Medical Consultant Communicable Disease Branch Corrections Team Lead</td>
</tr>
<tr>
<td>RIPS Teams Update</td>
<td>Caroline Colburn, MS, OTR/L</td>
<td>Regional Infection Prevention Support (RIPS) Team Coordinator</td>
</tr>
</tbody>
</table>

QUESTIONS?
Please use the Zoom Q&A function or email your questions to: questionsCOVID19webinar@gmail.com
Regional Infection Prevention Support (RIPS) Teams

• Conducted initial outreach to over 4,000 long-term care facilities
• Completed over 2,500 on-site visits
• Provide:
  - On-site infection prevention and control assistance
  - Training
  - Education
  - Consultation
• For COVID and other infectious diseases to all types of long-term care facilities
• All visits, training, education, and consultation are non-regulatory and non-punitive
• RIPS teams / vaccine vendors partnership