LHD Weekly Call
Aug 24, 2021
### Leadership Update

<table>
<thead>
<tr>
<th>Leadership Update</th>
<th>Beth Lovette, RN, BSN, MPH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deputy Director/Section Chief</td>
<td></td>
</tr>
<tr>
<td>Local and Community Support</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Epi Picture</th>
<th>Erica Wilson, MD, MPH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Director, Vaccine Preventable and Respiratory Diseases</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policy</th>
<th>Elizabeth Cuervo Tilson, MD, MPH</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Health Director</td>
<td></td>
</tr>
<tr>
<td>Chief Medical Officer</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccine Update</th>
<th>Ryan Jury, RN, MBA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Countermeasures Coordinator</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COVID Case Ownership: Refresher</th>
<th>Jenni Wheeler, MPH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead, Movement, Monitoring, Notification Team</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>mAbs</th>
<th>Tim Davis, PharmD, BCNP, PMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Countermeasures Coordinator</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Booster Planning for LTC</th>
<th>Patrick Brown, PharmD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Program Manager – Special Projects</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>K-12</th>
<th>Ann O. Nichols MSN, RN, NCSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>State School Health Nurse Consultant, Nursing Supervisor</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CI/CT &amp; CCTC</th>
<th>Erika Samoff MPH PhD</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/STD/Hepatitis Surveillance Manager</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Christina Page, MPM, PMP</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vice President, Performance Optimization</td>
<td></td>
</tr>
<tr>
<td>Community Care of NC</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SLPH/Testing</th>
<th>Scott M. Shone, PhD, HCLD(ABB)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory Director</td>
<td></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 |
|---|---|
| Epi Picture | Erica Wilson, MD, MPH  
Medical Director, Vaccine Preventable and Respiratory Diseases |
| Policy | Elizabeth Cuervo Tilson, MD, MPH  
State Health Director  
Chief Medical Officer |
| Vaccine Update | Ryan Jury, RN, MBA  
COVID-19 Vaccine Program Director |
| COVID Case Ownership: Refresher | Jenni Wheeler, MPH  
Lead, Movement, Monitoring, Notification Team |
| mAbs | Tim Davis, PharmD, BCNP, PMP  
Medical Countermeasures Coordinator |
| Booster Planning for LTC | Patrick Brown, PharmD  
Senior Program Manager – Special Projects |
| K-12 | Ann O. Nichols MSN, RN, NCSN  
State School Health Nurse Consultant, Nursing Supervisor |
| CI/CT & CCTC | Erika Samoff MPH PhD  
HIV/STD/Hepatitis Surveillance Manager  
Christina Page, MPM, PMP  
Vice President, Performance Optimization  
Community Care of NC |
| SLPH/Testing | Scott M. Shone, PhD, HCLD(ABB)  
Laboratory Director |

QUESTIONS?  
Please use the Zoom Q&A function or email your questions to: questionsCOVID19webinar@gmail.com
Increasing Percent of ED Visits are for COVID-Like Illness

Source: NC DETECT
Generated: 08/18/2021
Case Numbers Exceed Peak from Last Summer
COVID Cases per 100k Population by Ethnicity

[Graph showing incidence of COVID cases per 100k population by ethnicity and report date.]
Incidence Rising Statewide

North Carolina
Number of New COVID-19 Total Cases* per 100,000 Persons by County of Residence
Past 14 Days: Aug 10 - Aug 23

*Includes molecular PCR and antigen positive cases

State Center for Health Statistics
Post-vaccination cases made up 18% of COVID-19 cases in North Carolina the week ending August 14, 2021.
Attack Rate Increasing for Vaccinated Individuals

Unvaccinated individuals are three and a half times more likely to get COVID-19 as vaccinated individuals.

What is the risk of getting COVID-19 for people who are vaccinated vs. unvaccinated?

- Attack rate among unvaccinated individuals was **461 cases per 100,000**
- Attack rate among vaccinated individuals was **131 per 100,000**
- Unvaccinated individuals were three and a half times more likely to get COVID-19 as vaccinated individuals.

*People who are not fully vaccinated are considered “unvaccinated”. All data provisional and subject to change*
Unvaccinated individuals are more than 4 times more likely to die of COVID-19 as vaccinated individuals.

What is the risk of dying of COVID-19 for people who are vaccinated versus unvaccinated?

- Mortality rate among unvaccinated individuals was 1.05 cases per 100,000
- Mortality rate among vaccinated individuals was 0.23 per 100,000
- Unvaccinated individuals were more than four times more likely to get COVID-19 as vaccinated individuals

*People who are not fully vaccinated are considered “unvaccinated”. All data provisional and subject to change*
Delta Variant Predominating

Rapidly expanding proportion of sequenced viruses nationally and in North Carolina.

*NC graph includes viruses that were sequenced by the North Carolina Division of Public Health, CDC, laboratories contracted to by CDC to perform sequencing, and academic laboratories that share sequencing data with the North Carolina Division of Public Health. It does not include all sequencing done in North Carolina.
| **Leadership Update** | Beth Lovette, RN, BSN, MPH  
Deputy Director/Section Chief  
Local and Community Support |
|-----------------------|--------------------------------------------------------------------------------|
| **Epi Picture**       | Erica Wilson, MD, MPH  
Medical Director, Vaccine Preventable and Respiratory Diseases |
| **Policy**            | Elizabeth Cuervo Tilson, MD, MPH  
State Health Director  
Chief Medical Officer |
| **Vaccine Update**    | Ryan Jury, RN, MBA  
COVID-19 Vaccine Program Director |
| **COVID Case Ownership: Refresher** | Jenni Wheeler, MPH  
Lead, Movement, Monitoring, Notification Team |
| **mAbs**              | Tim Davis, PharmD, BCNP, PMP  
Medical Countermeasures Coordinator |
| **Booster Planning for LTC** | Patrick Brown, PharmD  
Senior Program Manager – Special Projects |
| **K-12**              | Ann O. Nichols MSN, RN, NCSN  
State School Health Nurse Consultant, Nursing Supervisor |
| **CI/CT & CCTC**      | Erika Samoff MPH PhD  
HIV/STD/Hepatitis Surveillance Manager  
Christina Page, MPM, PMP  
Vice President, Performance Optimization  
Community Care of NC |
| **SLPH/Testing**      | Scott M. Shone, PhD, HCLD(ABB)  
Laboratory Director |

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

## Leadership Update
- **Beth Lovette, RN, BSN, MPH**
  - Deputy Director/Section Chief
  - Local and Community Support

## Epi Picture
- **Erica Wilson, MD, MPH**
  - Medical Director, Vaccine Preventable and Respiratory Diseases

## Policy
- **Elizabeth Cuervo Tilson, MD, MPH**
  - State Health Director
  - Chief Medical Officer

## Vaccine Update
- **Ryan Jury, RN, MBA**
  - COVID-19 Vaccine Program Director

## COVID Case Ownership: Refresher
- **Jenni Wheeler, MPH**
  - Lead, Movement, Monitoring, Notification Team

## mAbs
- **Tim Davis, PharmD, BCNP, PMP**
  - Medical Countermeasures Coordinator

## Booster Planning for LTC
- **Patrick Brown, PharmD**
  - Senior Program Manager – Special Projects

## K-12
- **Ann O. Nichols MSN, RN, NCSN**
  - State School Health Nurse Consultant, Nursing Supervisor

## CI/CT & CCTC
- **Erika Samoff MPH PhD**
  - HIV/STD/Hepatitis Surveillance Manager
  - **Christina Page, MPM, PMP**
  - Vice President, Performance Optimization
  - Community Care of NC

## SLPH/Testing
- **Scott M. Shone, PhD, HCLD(ABB)**
  - Laboratory Director

**QUESTIONS?**
Please use the Zoom Q&A function or email your questions to: questionsCOVID19webinar@gmail.com
PFIZER FDA APPROVAL

FDA Extends **Full Approval** to Pfizer Vaccine for Ages 16+

The drug will be marketed as Comirnaty (koe-mir’-na-tee), for the prevention of COVID-19 in individuals **16 years of age and older**. The full press release from the FDA is available [HERE](#).

**12-15 Years of Age remain under EUA**

Administration to 12-15 year olds was not included in the EUA until May 2021 – additional time required before approval

**Additional Dose Guidance under the EUA**

Additional doses for moderately to severely immunocompromised individuals was recently added to the Pfizer-BioNTech EUA for all ages 12+ - and remains under EUA

[**Pfizer Fact Sheet for Recipients and Caregivers**](#) (updated August 23, 2021)

[**Pfizer Fact Sheet for Healthcare Providers**](#) (updated August 23, 2021)
PARENTAL CONSENT CHANGES

Health care providers are required to obtain written consent from a parent or legal guardian of a minor prior to administration of any vaccine that has been granted emergency use authorization and is not yet fully approved by the United States Food and Drug Administration to an individual under 18 years of age.

- Once a vaccine has Full FDA approval, minors have the legal authority to consent to vaccination.
- Minors must demonstrate that they can understand and make decisions about their health.

### 12-15 Years of Age

Pfizer is available under emergency use authorization for 12-15 year-olds with written consent from a parent or legal guardian.

### 16 & 17 Years of age

Adolescents 16 and 17 years of age have the ability to consent for the Pfizer-BioNTech COVID-19 vaccine, if they show the decisional capacity to do so. Moderna and J&J COVID-19 vaccines are not currently authorized for individuals under 18 at this time.

---

<table>
<thead>
<tr>
<th>Pfizer vaccine considerations by age group</th>
<th>Requires parental consent under EUA</th>
<th>No parental consent required</th>
</tr>
</thead>
<tbody>
<tr>
<td>First/Second Dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minors 12-15 yrs.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Minors 16-17 yrs.</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Additional Dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunocompromised Minors 12-17 yrs.</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
The FDA has authorized a 3-month extension of the shelf-life for the Pfizer COVID-19 vaccine when stored at ultra-cold temperature.

- Cartons and vials of Pfizer vaccine with an expiration date of August 2021 - February 2022 may remain in use beyond the printed date as long as approved storage conditions between -90°C to -60°C (-130°F to -76°F) have been maintained.
- Updated expiration dates are shown on slide 6.

Immediate Action for Location Managers:

Update the expiration dates for your on-hand Pfizer Covid-19 doses currently in ultra-cold freezing storage in CVMS. Please reference the COVID-19 Vaccine Expiration Date Job Aid for steps on how to change expiration dates in CVMS.

NC DHHS will not be able to update expiration dates on the backend. Continue to follow the beyond-use date guidance for doses being stored at frozen (-25°C to -15°C) or refrigerated (2°C to 8°C) temperatures.
<table>
<thead>
<tr>
<th>Printed expiration date</th>
<th>Updated expiration date</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 2021</td>
<td>November 2021</td>
</tr>
<tr>
<td>September 2021</td>
<td>December 2021</td>
</tr>
<tr>
<td>October 2021</td>
<td>January 2022</td>
</tr>
<tr>
<td>November 2021</td>
<td>February 2022</td>
</tr>
<tr>
<td>December 2021</td>
<td>March 2022</td>
</tr>
<tr>
<td>January 2022</td>
<td>April 2022</td>
</tr>
<tr>
<td>February 2022</td>
<td>May 2022</td>
</tr>
</tbody>
</table>
### VACCINE ORDERING GUIDANCE

#### Janssen (Johnson & Johnson)
- The CDC has made an exception in the Janssen ordering freeze to allow limited ordering starting early September.
- The State will begin resupplying Hubs with long-dated Janssen in early September.

#### Moderna
- If you can store the Moderna’s minimum order of 100 doses, you may place an order via the Allocation Request Form.
- If you need less than the minimum order quantity, please use Vaccine Marketplace to find vaccine near you.

#### Pfizer
- There is a Pfizer ordering freeze until further notice – minimum dose reverting back to 1170 doses from 450 doses.
- For immediate Pfizer vaccine supply needs, use Vaccine Marketplace to find vaccine near you.
- Place an order via the Allocation Request Form if you can store the minimum order and:
  1. You have sufficient vaccine on-hand, but would like to be added to the list of direct shipments once the freeze is lifted.
  2. OR If you are unable to locate a nearby provider to fulfill your Pfizer vaccine request.
- Minimum order: 1170 doses to be administered in 3 months.
- Maximum order: enough for provider location to administer in 4 weeks.

If you have excess on-hand Pfizer vaccine doses, please post those additional Pfizer vaccine doses on Vaccine Marketplace as soon as possible.
The White House announced boosters will be available for Pfizer or Moderna vaccines pending authorization by the Food and Drug Administration (FDA) and recommendations from the Centers for Disease Control and Prevention (CDC). No booster doses are recommended until further guidance is provided by the FDA and CDC.

NCDHHS is preparing for boosters and will be ready once given the go-ahead from the FDA and CDC potentially the week of September 20 and starting eight (8) months after an individual’s second dose, pending FDA authorization and CDC recommendation.

Please see the full statement from US HHS.
Ensuring Access to Booster Doses in LTC

With booster doses on the horizon, North Carolina long-term care residents and staff will be among some of the first individuals eligible based on the 8-month timeline. We are planning to activate all willing and able providers interesting in supporting LTC booster doses this fall.

1. Encourage long term care facilities to make plans now for booster administrations.
2. Launch and sustain communications around booster doses as additional information becomes available.
3. Identify NC vaccine providers willing and able to provide LTC booster vaccines.
4. Monitor facility access and provider capacity for boosters in LTC settings.

The Ask for Vaccine Providers:
- Complete Survey of interested providers ASAP
  - Includes capacity assessment
  - Which counties providers are able support
## COVID Case Ownership: Refresher

| Leadership Update          | Beth Lovette, RN, BSN, MPH  
|                           | Deputy Director/Section Chief  
|                           | Local and Community Support  
| Epi Picture               | Erica Wilson, MD, MPH  
|                           | Medical Director, Vaccine Preventable and Respiratory Diseases  
| Policy                    | Elizabeth Cuervo Tilson, MD, MPH  
|                           | State Health Director  
|                           | Chief Medical Officer  
| Vaccine Update            | Ryan Jury, RN, MBA  
|                           | COVID-19 Vaccine Program Director  
| COVID Case Ownership: Refresher | Jenni Wheeler, MPH  
|                           | Lead, Movement, Monitoring, Notification Team  
| mAbs                      | Tim Davis, PharmD, BCNP, PMP  
|                           | Medical Countermeasures Coordinator  
| Booster Planning for LTC  | Patrick Brown, PharmD  
|                           | Senior Program Manager – Special Projects  
| K-12                      | Ann O. Nichols MSN, RN, NCSN  
|                           | State School Health Nurse Consultant, Nursing Supervisor  
| CI/CT & CCTC              | Erika Samoff MPH PhD  
|                           | HIV/STD/Hepatitis Surveillance Manager  
|                           | Christina Page, MPM, PMP  
|                           | Vice President, Performance Optimization  
|                           | Community Care of NC  
| SLPH/Testing              | Scott M. Shone, PhD, HCLD(ABB)  
|                           | Laboratory Director  

QUESTIONS?
Please use the Zoom Q&A function or email your questions to: questionsCOVID19webinar@gmail.com
Case Ownership Refresher (MMN Team)

• Case Ownership (i.e. who counts a case):
  − Based on guidance from CSTE (12 pages)
  − In general, based on “usual residence”

• Usual Residence: “the place where the person lives and sleeps most of the time”

• College students:
  − Usual residence is the place they live while attending school, regardless of whether class is virtual or in-person
  − may require additional investigation to determine usual residence
Case Ownership Refresher (MMN Team)

• Example:
  − A permanent resident of South Carolina who
  − Lives in Raleigh while attending NC State
  − Should be counted as a NORTH Carolina case

• It may be necessary to contact the individual to confirm current residence. Database searches may not show the school address.

• Tips for cases 18-25 years old:
  − Check ordering provider/lab (Campus Health?)
  − Check email: “.edu” address? At your local school?

QUESTIONS? Email MMN.Team@dhhs.nc.gov
<table>
<thead>
<tr>
<th>Leadership Update</th>
<th>Beth Lovette, RN, BSN, MPH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Deputy Director/Section Chief</td>
</tr>
<tr>
<td></td>
<td>Local and Community Support</td>
</tr>
<tr>
<td>Epi Picture</td>
<td>Erica Wilson, MD, MPH</td>
</tr>
<tr>
<td></td>
<td>Medical Director, Vaccine Preventable and Respiratory Diseases</td>
</tr>
<tr>
<td>Policy</td>
<td>Elizabeth Cuervo Tilson, MD, MPH</td>
</tr>
<tr>
<td></td>
<td>State Health Director</td>
</tr>
<tr>
<td></td>
<td>Chief Medical Officer</td>
</tr>
<tr>
<td>Vaccine Update</td>
<td>Ryan Jury, RN, MBA</td>
</tr>
<tr>
<td></td>
<td>COVID-19 Vaccine Program Director</td>
</tr>
<tr>
<td>COVID Case Ownership: Refresher</td>
<td>Jenni Wheeler, MPH</td>
</tr>
<tr>
<td></td>
<td>Lead, Movement, Monitoring, Notification Team</td>
</tr>
<tr>
<td>mAbs</td>
<td>Tim Davis, PharmD, BCNP, PMP</td>
</tr>
<tr>
<td></td>
<td>Medical Countermeasures Coordinator</td>
</tr>
<tr>
<td>Booster Planning for LTC</td>
<td>Patrick Brown, PharmD</td>
</tr>
<tr>
<td></td>
<td>Senior Program Manager – Special Projects</td>
</tr>
<tr>
<td>K-12</td>
<td>Ann O. Nichols MSN, RN, NCSN</td>
</tr>
<tr>
<td></td>
<td>State School Health Nurse Consultant, Nursing Supervisor</td>
</tr>
<tr>
<td>CI/CT &amp; CCTC</td>
<td>Erika Samoff MPH PhD</td>
</tr>
<tr>
<td></td>
<td>HIV/STD/Hepatitis Surveillance Manager</td>
</tr>
<tr>
<td></td>
<td>Christina Page, MPM, PMP</td>
</tr>
<tr>
<td></td>
<td>Vice President, Performance Optimization</td>
</tr>
<tr>
<td></td>
<td>Community Care of NC</td>
</tr>
<tr>
<td>SLPH/Testing</td>
<td>Scott M. Shone, PhD, HCLD(ABB)</td>
</tr>
<tr>
<td></td>
<td>Laboratory Director</td>
</tr>
</tbody>
</table>

QUESTIONS?
Please use the Zoom Q&A function or email your questions to: questionsCOVID19webinar@gmail.com
REGEN-COV (casirivimab + imdevimab) is authorized for emergency use as treatment or post-exposure prophylaxis in individuals 12 years of age and older who are considered high-risk for severe COVID-19.

**Treatment**
- Must have (+) COVID-19 test result
- Must be administered within 10 days of symptom onset
- IV preferred; Subcutaneous as alternate

**Post-exposure prophylaxis**
- Must be not fully vaccinated or not expected to mount an adequate vaccination response
- AND -
- Must have been exposed and meet CDC’s close contact criteria
- OR -
- Be considered at high-risk for exposure because of ongoing infections in an institutional setting (prison, nursing home, etc.)
- Can be given IV or subcutaneously

**Additional Key Messages:**
- Monoclonal antibodies are not a substitute for vaccination
- Early testing is key!
- REGEN-COV currently available at no cost to providers
COVID-19 MONOCLONAL ANTIBODY THERAPY

Current Metrics:

<table>
<thead>
<tr>
<th>151</th>
<th>1,874</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers with mAbs</td>
<td>mAb Administrations</td>
</tr>
<tr>
<td>Statewide</td>
<td>Week of 8/11-8/17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>71</th>
<th>19,725</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counties with at least</td>
<td>mAb Administrations</td>
</tr>
<tr>
<td>One mAb provider</td>
<td>Total</td>
</tr>
</tbody>
</table>

mAb Resources for LHDs:

- NICA COVID-19 Therapy Locator Tool
- NC DHHS mAb Webpage
  - mAb Patient Flyer: [English](#) / [Spanish](#)
  - mAb Provider Guidance

Current mAb Operations:

- Continue to educate and recruit providers
- Continue to educate patients / Increase communications about mAbs
- Federal request for 6 mAb teams for areas of need is pending

Providers Interested in offering mAbs:

Read REGEN-COV EUA Fact Sheet
Review Federal Monoclonal Antibody Playbook
Order direct from AmerisourceBergen
For Support: tim.davis@dhhs.nc.gov
# Booster Planning for LTC

| Leadership Update            | Beth Lovette, RN, BSN, MPH  
|                            | Deputy Director/Section Chief  
|                            | Local and Community Support |
| Epi Picture                 | Erica Wilson, MD, MPH  
|                            | Medical Director, Vaccine Preventable and Respiratory Diseases |
| Policy                      | Elizabeth Cuervo Tilson, MD, MPH  
|                            | State Health Director  
|                            | Chief Medical Officer |
| Vaccine Update              | Ryan Jury, RN, MBA  
|                            | COVID-19 Vaccine Program Director |
| COVID Case Ownership: Refresher | Jenni Wheeler, MPH  
|                             | Lead, Movement, Monitoring, Notification Team |
| mAbs                        | Tim Davis, PharmD, BCNP, PMP  
|                            | Medical Countermeasures Coordinator |
| Booster Planning for LTC    | Patrick Brown, PharmD  
|                            | Senior Program Manager – Special Projects |
| K-12                        | Ann O. Nichols MSN, RN, NCSN  
|                            | State School Health Nurse Consultant, Nursing Supervisor |
| CI/CT & CCTC                | Erika Samoff MPH PhD  
|                            | HIV/STD/Hepatitis Surveillance Manager  
|                            | Christina Page, MPM, PMP  
|                            | Vice President, Performance Optimization  
|                            | Community Care of NC |
| SLPH/Testing                | Scott M. Shone, PhD, HCLD(ABB)  
|                            | Laboratory Director |

**QUESTIONS?**  
Please use the Zoom Q&A function or email your questions to: questionsCOVID19webinar@gmail.com
Ensuring Access to Booster Doses in LTC

With booster doses on the horizon, North Carolina long-term care residents and staff will be among some of the first individuals eligible based on the 8-month timeline. We are planning to activate all willing and able providers interesting in supporting LTC booster doses this fall.

1. Encourage long term care facilities to make plans now for booster administrations
2. Launch and sustain communications around booster doses as additional information becomes available
3. Identify NC vaccine providers willing and able to provide LTC booster vaccines
4. Monitor facility access and provider capacity for boosters in LTC settings

The Ask for Vaccine Providers:
- Complete Survey of interested providers ASAP
- Includes capacity assessment
- Which counties providers are able support
K-12

| Leadership Update          | Beth Lovette, RN, BSN, MPH  
Deputy Director/Section Chief  
Local and Community Support |
|----------------------------|-----------------------------------------------------------------
| Epi Picture                | Erica Wilson, MD, MPH  
Medical Director, Vaccine Preventable and Respiratory Diseases |
| Policy                     | Elizabeth Cuervo Tilson, MD, MPH  
State Health Director  
Chief Medical Officer |
| Vaccine Update             | Ryan Jury, RN, MBA  
COVID-19 Vaccine Program Director |
| COVID Case Ownership: Refresher | Jenni Wheeler, MPH  
Lead, Movement, Monitoring, Notification Team |
| mAbs                       | Tim Davis, PharmD, BCNP, PMP  
Medical Countermeasures Coordinator |
| Booster Planning for LTC   | Patrick Brown, PharmD  
Senior Program Manager – Special Projects |
| K-12                       | Ann O. Nichols MSN, RN, NCSN  
State School Health Nurse Consultant, Nursing Supervisor |
| CI/CT & CCTC               | Erika Samoff MPH PhD  
HIV/STD/Hepatitis Surveillance Manager  
Christina Page, MPM, PMP  
Vice President, Performance Optimization  
Community Care of NC |
| SLPH/Testing               | Scott M. Shone, PhD, HCLD(ABB)  
Laboratory Director |

QUESTIONS?
Please use the Zoom Q&A function or email your questions to: questionsCOVID19webinar@gmail.com
StrongSchoolsNC: K-12 COVID-19 Testing Program

- K-12 School opt-in period continues until 9/13/21
- LHD’s being notified of opt-ins by [School Health Nurse Consultant Team](#)
- Encourage county LEAs/schools to include screening testing plan

<table>
<thead>
<tr>
<th>Total # of Schools Who Have Opted-In to Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEA</td>
</tr>
<tr>
<td>Charter</td>
</tr>
<tr>
<td>Private</td>
</tr>
<tr>
<td>Other Public</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>63</td>
</tr>
<tr>
<td>55</td>
</tr>
<tr>
<td>73</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>196</td>
</tr>
</tbody>
</table>
StrongSchoolsNC: K-12 COVID-19 Testing Program

• Agreement Addenda related to ELC Grant for K-12 Testing
  • AA 361ELC Reopening Schools School Health Liaison, Revision
    • All LHDs
    • Should be going out today

• AA 362 ELC Testing – School Health Staffing
  • LHDs that are primary school nurse employer
  • Batched based on district opt-in beginning today

• Testing Program Information
  • [NCDHHS K-12 COVID-19 Testing Program Guidance](#)
  • [K-12 COVID-19 Testing Program](#) webpage for schools (includes FAQs)
  • [K-12 COVID Testing Program](#) webpage for parents (includes searchable list of participating schools)
<table>
<thead>
<tr>
<th>CI/CT &amp; CCTC</th>
</tr>
</thead>
</table>

| Leadership Update | Beth Lovette, RN, BSN, MPH  
Deputy Director/Section Chief  
Local and Community Support |
|-------------------|-----------------------------|
| Epi Picture       | Erica Wilson, MD, MPH  
Medical Director, Vaccine Preventable and Respiratory Diseases |
| Policy            | Elizabeth Cuervo Tilson, MD, MPH  
State Health Director  
Chief Medical Officer |
| Vaccine Update    | Ryan Jury, RN, MBA  
COVID-19 Vaccine Program Director |
| COVID Case Ownership: Refresher | Jenni Wheeler, MPH  
Lead, Movement, Monitoring, Notification Team |
| mAbs              | Tim Davis, PharmD, BCNP, PMP  
Medical Countermeasures Coordinator |
| Booster Planning for LTC | Patrick Brown, PharmD  
Senior Program Manager – Special Projects |
| K-12              | Ann O. Nichols MSN, RN, NCSN  
State School Health Nurse Consultant, Nursing Supervisor |
| CI/CT & CCTC      | Erika Samoff MPH PhD  
HIV/STD/Hepatitis Surveillance Manager  
Christina Page, MPM, PMP  
Vice President, Performance Optimization  
Community Care of NC |
| SLPH/Testing      | Scott M. Shone, PhD, HCLD(ABB)  
Laboratory Director |

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

Staffing Strategy

- Engaged five staffing agencies to help meet rapidly increasing demand
- Goal: continue to recruit a diverse, multilingual staff
- Goal: rehire former CCTC staff to reduce training lift
- Shifting towards a blended, regional model to increase coverage, flexibility and efficiency
- Continue to request additional surge staff through ServiceNow or CCTC Regional Supervisor
- Share Position on CCNC Careers Page

Current Staffing Updates

- Requests: 540+ requests since 7/29
- Hired: 185 surge staff in past 3 weeks
- Accepted: 112+ staff start this week
- Offers Extended: 400+ since 7/29
- Staffing shortages across all industries has slowed hiring
- On-site requests with specific shifts and language requirements in smaller communities will take longer to fill
- If you are open to remote support in the meantime, please contact your Regional Supervisor

References:
- cctc-staffing@communitycarenc.org
Surfing the wave: Case Investigation and Contact Tracing Prioritization 8-23-21

Without prioritizing case investigation and contact tracing

- Incoming cases get set aside
- People work too many hours to review cases and don't get a chance to rest
- Text/email outreach goes to most cases and contacts
- Contact tracing decreases (not enough time to reach everyone)
- Case investigation is unprioritized, some cases get calls quickly and some wait

Prioritizing case and contact outreach

- All cases get reviewed on the day they arrive
- People maintain a work schedule that allows them time to recharge
- Text/email outreach goes to most cases and contacts
- Contact tracing decreases (in person outreach for priority contacts only)
- Case investigation is prioritized – people connected to schools, LCTFs, and other congregate settings are reached quickly, others wait
While cases are high, prioritize case investigation to ensure that all cases are reviewed, that priority cases are investigated in a timely way, and that support for vaccination is not interrupted.

Changes to case investigation as cases rise:

1. Reduce contact tracing calls to one call per contact at beginning of monitoring
2. Reduce contact tracing to only calling contacts of priority groups 1 and 2
3. Move to a brief call for all case patients and full interview only for people in priority groups 1 and 2
4. If calls to some case patients must be dropped, prioritize calls to older people who are less likely to be reached by text/email notification

Brief calls should assess the following topics, which can help identify outbreaks and people in congregate settings (groups 1 and 2)

- Employer/Occupation
- Childcare, school or university
- Travel history
- Live or work in congregate setting (nursing home, assisted living, group home, homeless shelter, migrant farm camp)
- Attended any crowded setting (e.g., party, church, gym, community event)
- Mention case-patient portal link (included in notification text or email) for entering their own contacts
What is the Letter Queue?
The Letter Queue is a state funded, centralized team that supports Local Health Departments and School Districts by emailing secure encrypted work and school notes to requesting case patients and contacts.

Protocol for LHDs Using the Letter Queue

**Step One**
A case patient or contact from an LHD calls the Letter Queue line to request an end of isolation or end of quarantine note.

The Letter Queue Call Line operates Monday through Friday from 8:00 a.m. until 5:00 p.m. and can be reached at (844) 628-7223 Extension 4.

The Case Investigator, Contact Tracer, Nurse, or Health Department Staff Member creates a task in CCTO requesting a letter to be emailed out to a given case patient or contact.

**Step Two**
Letter queue team:
- Reviews data in CCTO and NC COVID as well as county protocols
- If appropriate, sends an encrypted email to the requester from a dhhs.nc.gov address

**Step Three**
- The recipient receives the encrypted PDF letter through a DHHS Zix email.
- The letter is logged in CCTO and/or NC COVID (based on LHD preference) and attached to the patient record.

For more information, please reach out to Nicole Matyas, DES Program Manager
Email: Nmatyas@carolinactc.org  Work Phone: (252) 216-1079
<table>
<thead>
<tr>
<th>Leadership Update</th>
<th>Beth Lovette, RN, BSN, MPH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Deputy Director/Section Chief</td>
</tr>
<tr>
<td></td>
<td>Local and Community Support</td>
</tr>
<tr>
<td>Epi Picture</td>
<td>Erica Wilson, MD, MPH</td>
</tr>
<tr>
<td></td>
<td>Medical Director, Vaccine Preventable and Respiratory Diseases</td>
</tr>
<tr>
<td>Policy</td>
<td>Elizabeth Cuervo Tilson, MD, MPH</td>
</tr>
<tr>
<td></td>
<td>State Health Director</td>
</tr>
<tr>
<td></td>
<td>Chief Medical Officer</td>
</tr>
<tr>
<td>Vaccine Update</td>
<td>Ryan Jury, RN, MBA</td>
</tr>
<tr>
<td></td>
<td>COVID-19 Vaccine Program Director</td>
</tr>
<tr>
<td>COVID Case Ownership: Refresher</td>
<td>Jenni Wheeler, MPH</td>
</tr>
<tr>
<td></td>
<td>Lead, Movement, Monitoring, Notification Team</td>
</tr>
<tr>
<td>mAbs</td>
<td>Tim Davis, PharmD, BCNP, PMP</td>
</tr>
<tr>
<td></td>
<td>Medical Countermeasures Coordinator</td>
</tr>
<tr>
<td>Booster Planning for LTC</td>
<td>Patrick Brown, PharmD</td>
</tr>
<tr>
<td></td>
<td>Senior Program Manager – Special Projects</td>
</tr>
<tr>
<td>K-12</td>
<td>Ann O. Nichols MSN, RN, NCSN</td>
</tr>
<tr>
<td></td>
<td>State School Health Nurse Consultant, Nursing Supervisor</td>
</tr>
<tr>
<td>CI/CT &amp; CCTC</td>
<td>Erika Samoff MPH PhD</td>
</tr>
<tr>
<td></td>
<td>HIV/STD/Hepatitis Surveillance Manager</td>
</tr>
<tr>
<td></td>
<td>Christina Page, MPM, PMP</td>
</tr>
<tr>
<td></td>
<td>Vice President, Performance Optimization</td>
</tr>
<tr>
<td></td>
<td>Community Care of NC</td>
</tr>
<tr>
<td>SLPH/Testing</td>
<td>Scott M. Shone, PhD, HCLD(ABB)</td>
</tr>
<tr>
<td></td>
<td>Laboratory Director</td>
</tr>
</tbody>
</table>

QUESTIONS?

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

- **DHHS Find My Testing Place website**
  - No-Cost Community Testing Events – this site is for pop-up (not fixed/clinic-based) no-cost testing events. Complete this form, linked on the page, to add events.
  - Test Site Finder – this site is for fixed/established locations that offer testing, such as pharmacies and clinics. For any additions/changes to the existing list, please email testfinder@castlighthealth.com.

- **State Vendors for Testing & Vaccine**
  - Email covidvaccineeventsupport@dhhs.nc.gov

- **Other support needs**
  - Request Specimen Collection Supplies or BinaxNOW
  - Requesting PPE
  - General Antigen Test Questions: NCDHHS_Antigen@dhhs.nc.gov

- **Changes in SLPH HIV & HCV Testing**
  - Specimens must be received cold on frozen ice packs at SLPH ≤5 days of collection
  - Specimens should ideally be shipped within 24 hours of collection