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Public Health Informatics |

QUESTIONS?
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Upcoming Changes to LHD Call Schedule

- NCALHD Executive Committee + COVID Leadership – 1st Thursday
- NCALHD Full Association – 3rd Thursday
- All LHD COVID Call – 2nd and 4th Tuesday (Proposing we drop this to 2nd Tuesday only)
- Large County LHD Call – 2nd Monday
- Weeks with 5th Tuesdays/Thursdays – no meetings on those days
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# Vaccine

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NCDHHS COVID-19 Vaccine LHD Update

April 12, 2022

Carrie Blanchard, PharmD, MPH
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<th>Slide #</th>
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<tr>
<td>3</td>
<td>2\textsuperscript{nd} Booster messaging Recommendation</td>
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<td>4</td>
<td>Holiday Ordering Guidance</td>
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<td>5</td>
<td>Status of Pfizer 6 months – 4 years vaccine</td>
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<tr>
<td>6</td>
<td>COVID-19 Vaccination in prenatal populations</td>
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<tr>
<td>7</td>
<td>April 6\textsuperscript{th} VRBPAC Highlights</td>
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<td>8</td>
<td>Thank you</td>
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2ND BOOSTER MESSAGING RECOMMENDATION

FDA/CDC have authorized Pfizer/Moderna additional booster dose for certain patient populations

**Detailed Guidance**

- **Individuals ages 50+:** May receive an additional booster dose of Pfizer-BioNTech or Moderna COVID-19 Vaccine at least 4 months after receipt of a first booster dose of any authorized or approved COVID-19 vaccine.

- **Immunocompromised individuals:** May seek an additional booster at least 4 months after receipt of a first booster dose of any authorized or approved COVID-19 vaccine. Pfizer ages 12+. Moderna ages 18+.

- **All adults who received J&J’s primary vaccine and a J&J booster dose:** May receive a second booster dose using an mRNA COVID-19 vaccine at least 4 months after their booster dose.

**State Preparedness**

- There are currently no supply or operational concerns on meeting demand

**Supply:**

- Currently there are 625k Moderna booster doses and 678k Pfizer doses in the state(including Federal Pharmacies): 1.3M Total

**Demand:**

- Historically, 50+ NC residents have gone to Federal Pharmacies ~50% of the time.
  - LHDs and Independent Pharmacies account for roughly another 25%.

- ~2.7M 50+ are currently eligible for 2nd booster. In the past 30 days, ~30k booster doses have been administered for this age group. During the first month of initial boosters, ~500k were administered.

**Next Steps**

**Actions Taken This Week:**

- Provider comms sent, reviewed state inventory, prepared for surge orders, standing order complete
- Public messaging developed
- Prepared strategies for at-risk patient populations

**Long Term Care:**

- Monitor access and assess gaps through survey/CMS data
- Ensure all LTCFs have access to booster through matchmaking process
  - State compiled provider list has over 1000 interested vaccine providers throughout NC
- Outreach & inform all stakeholders

**Equity:**

- Continually monitor for any access (supply) and vaccination rate (demand) gaps
- Work with partners at local level to address issue as they arise

As of 04/10: 41,068 individuals have received an additional booster dose
HOLIDAY ORDERING GUIDANCE

- Pfizer vaccine deliveries will occur as per routine on **Friday, April 15, 2022, and Monday, April 18, 2022**, unless the awardee or partner specifically requests an order hold with Pfizer customer service.

- Moderna and Janssen vaccine deliveries will occur as per routine on **Friday, April 15, 2022**.

- There will be no Moderna or Janssen vaccine deliveries on **Monday, April 18, 2022**.

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<tr>
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<th>Saturday, APRIL 16</th>
<th>Sunday, APRIL 17</th>
<th>Monday, APRIL 18</th>
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*Unless a hold order is requested from Pfizer or McKesson*
STATUS OF PFIZER 6 MONTHS – 4 YEARS VACCINE

Authorization Update:

- Pfizer has plans to submit data to FDA review in late April
  - It is expected that Pfizer will seek amendment to the EUA in early May.
- Moderna has plans to submit data for review for children 6m - 6 years of age.
  - It is expected that Moderna will seek a EUA amendment in early May.

Implications:

- Should Pfizer or Moderna become available in the Spring, we will communicate the process and next steps.
- Planning underway for a Spring ‘22 launch.
  - 609k individuals statewide would be eligible for vaccination for those under 5.
  - It is projected that 16-19% of this population will seek vaccination within the first 3 months.
COVID-19 VACCINATION IN PRENATAL POPULATIONS

Prenatal Providers are Trusted Messengers

- Integrating COVID-19 into comprehensive care reduces missed opportunities for staff to have vaccine conversations or administer vaccine — to patients and their family members

- Prenatal providers and their staff are lynchpins in combating misinformation and continuing to offer lifesaving vaccines to North Carolinians.

- Emerging research emphasizes the importance of COVID-19 vaccination for both mom and baby

New DHHS Focus:

Action Item:

Consider how you can leverage home visits, clinical programs, WIC and provider outreach to increase vaccination among our prenatal and pre/periconception populations
APRIL 6TH VRBPAC HIGHLIGHTS

KEY TAKEAWAYS:

- No concrete decisions were made other than **postponing** additional booster conversations. There is a need to develop a “uniform approach” for booster strategies, and more data is needed.
- No additional information was provided on the 6 months to 4 years Pfizer formulation.

COVID-19 Vaccine Effectiveness in Children and Adults

Vaccine effectiveness (VE) was found to be:

- **High** against infant hospitalization when the mother received a 2\textsuperscript{nd} vaccine dose later in pregnancy
- **91\%** effective against **multisystem inflammatory syndrome in children (MISC)**
- VE of 3 mRNA doses was **significantly higher** than one shot of J&J with an additional booster dose

Antibody testing cohort studies are underway to examine correlates of protection.
THANK YOU

Join us on our next **weekly provider update**
to share thoughts and ask questions!

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<tr>
<th>Connect with NCDHHS</th>
<th>Date</th>
<th>Time</th>
<th>Zoom Link</th>
<th>Passcode</th>
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<td>4/13/2022</td>
<td>12:30 PM – 1:00 PM ET</td>
<td>Link</td>
<td>906994</td>
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<td>Option 1</td>
<td></td>
<td></td>
<td>Meeting ID: 161 406 4331</td>
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</table>

**Tell your prenatal providers, becoming a COVID-19 Provider is easier than ever!**

Contact [lauren.krueger@dhhs.nc.gov](mailto:lauren.krueger@dhhs.nc.gov) to enroll today!
## Opening Remarks & Leadership Update

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Deputy Director/Section Chief  
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## eCR and Paper Reporting

**Karla Norsworthy**  
Public Health Informatics

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# Avian Flu Update

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**QUESTIONS?**

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What are you currently utilizing CCTC staff for?

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<th>Category</th>
<th>Percentage of LHDs in each category</th>
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<tr>
<td>CI/CT</td>
<td>90%</td>
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<tr>
<td>Vaccine</td>
<td>60%</td>
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<tr>
<td>Testing</td>
<td>10%</td>
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<tr>
<td>Data Entry</td>
<td>70%</td>
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STAFFING SURVEY RESULTS

Which of the following case investigation/contact tracing measures are you currently doing?

- Investigating case patients in priority groups 1-2 only: 60%
- Making informational calls to case patients in priority groups 3-4 only: 20%
- Investigating all case patients: 10%
- Calling contacts of case patients in priority groups 1-2 only: 20%
- Calling contacts of all case patients: 8%
- Not calling any contacts: 8%

8% of LHDs did not choose one of these options regarding cases.

60% of LHDs did not choose one of these options regarding contacts.
STAFFING SURVEY RESULTS

How much lead time do you think you would need to transition CI/CT duties (performed according to current prioritization guidance) to LHD staff?

- <2 months: 30%
- 3-4 months: 35%
- 5-6 months: 10%
- > 6 months: 15%
- All CI/CT duties are currently being performed by LHD Staff: 5%
- Other: 5%

Email: laura.farrell@dhhs.nc.gov
• During 2022, NC DPH plans to support staffing based on prioritized outreach; LHDs should be planning to transition CI/CT for COVID-19 to local staff
• After 2022, NC DPH plans to retain a CI/CT central support team that can support LHDs
• As always, the future is unpredictable
CCTC STAFFING STRATEGY (APRIL 2022)

Goal: Provide a transparent process to right-size CCTC staff in accordance with current DHHS priority recommendations.

Current State
- Staff decreases have started as volume of work is decreasing (down 37% since Jan)
  - Non-Clinical & Leader Staff: 784.33 FTE
  - Clinical Staff: 70.84 FTE
  - Total Head Count: 886 Staff
- Creating a new District Approach for maximum flexibility: East/West/Central
- Regional Supervisors and LHDs are working together to identify current staffing needs and adjust staffing numbers

Right Sizing Strategy
- LHDs and DHHS will drive our reductions: CCTC will follow LHD directives to maintain or decrease staff to meet needs in accordance with state prioritization guidance
  - Leadership will transition as staff decreases
  - Continuing to hire Clinical staff for Vaccine
  - Encouraging the flexing of staff as much as possible between CI/CT, Vaccine and Testing
  - In the case of open positions where onsite staff are desired, these positions will be filled if current staff are willing to transition onsite. New hires will be remote only to support a flexible response.

Right Sizing Process
- Factors being considered:
  - Number of Staff Requested by LHD
  - Volume of work, total number cases
  - Staff Seniority/Longevity (Includes all time worked at CCTC)
- Ensures equitable and transparent process
- Considers unique roles that can’t be easily transitioned
RECAP OF RESOURCE OFFICE HOURS

Using NC COVID & CCTO to Identify Individuals of Interest

- **Running NC COVID Reports** outlines using NC COVID reports and workflows to identify case patients within the categories shown in the [supplemental guidance document](#).
- **Checking Resource Needs in CCTO** describes how to identify individuals who have requested resource follow-up through a CCTO assessment.
- **Verifying Case Flow and Notification (last page)** describes how to use CCTO to identify case patients whose notifications were not delivered (Priority Group 3).

Using SVI Tools to Identify Census Tracts of Interest

- **SVI (Social Vulnerability Index) Tools** can be used to identify individuals in census tracts of the greatest need.
  - NC SVI Tool
  - NC SVI Table
  - NC Vaccination and SVI Tool
- **Running NC COVID Reports** can provide support for applying the information from these tools.

While CI/CT is only recommended for case patients in high-priority settings (Groups 1 & 2), the State also recommends making calls for information and resource linkage to case patients in populations most likely to have resource needs (Group 4).

If you have questions or need additional support, please reach out to Laura Farrell at [laura.farrell@dhhs.nc.gov](mailto:laura.farrell@dhhs.nc.gov)
The CI/CT dashboards are visual representations of the data that the state reviews to evaluate our state-wide key metrics. They show a snapshot of data gathered in NC COVID and CCTO and are updated weekly.

How to Access:

1. Request access by submitting a request through this survey. Note: The dashboard provides unsuppressed aggregate data and is not designed for public release. Access is designed for LHD and state staff and CCTC regional supervisors and team leads.

2. Use the NC CI/CT SharePoint Dashboard job aid to learn about the themes of the dashboard, how to use filters, reading the dashboard, and downloading it.
## NCCOVID Update

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# eCR and Paper Reporting

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Electronic Case Reports COVID-19

Karla Norsworthy
Karla.Norsworthy@dhhs.nc.gov
919-413-3265
ECR.Support.Services@dhhs.nc.gov
Agenda

- Overview of electronic case reporting
- Current state of electronic case reporting
- Discussion
  - Can we let facilities that send electronic case reports for COVID stop faxing Part one forms (For COVID, the method of initial report to public health to Local Health directors would be through electronic case reporting.)
Public health relies on reports from physicians (case reports) and laboratories (laboratory reports) to manage communicable diseases.

Historically, these reports were sent to public health through phone, fax and/or mail.

Electronic laboratory reporting was introduced fifteen years ago.

Today over 80% of laboratory reports are delivered electronically.
How Electronic Case Reports Work

Centers for Disease Control (CDC)

Electronic Case Reporting Process

Provider
- Provider EHR generates eCR
- Electronically delivered to NC EDSS

County Health Department
- Existing NCEDSS workflow includes new/updated case
- Case investigation

State
- Ingest eCR data/creating or updating NC EDSS case
- Deduplicate
- Analyze data
- Report to CDC

RCKMS Route to appropriate jurisdiction

Electronic Case Reporting Process
Public Health Agency
eCR Benefits

- Efficiently monitors the spread of reportable diseases
- Improves communication with healthcare
- Enables bidirectional data exchange
- Reduces response time with automated information
- Reduced manual data entry and provides more complete data

Centers for Disease Control (CDC)
COVID eCR experience

✓ eCRs are received from Vidant, UNC, OCHIN facilities, more being added
✓ eCRs sometimes provide uplift to patient demographics
✓ eCRs provide a good cross check that appropriate lab data are being received.
✓ The national standard doesn’t match exactly with our forms
✓ eCRs are attached to appropriate cases
  ✓ Available for view for 60 days (archives exist – but not easily accessible)
✓ Early experience with onboarding processes
Discussion

- Plan to Discontinue paper part 1 case reports for COVID for those sending eCR – Target 5/1/2022 (Feedback?)
  - Collected data from sample LHDs (Pitt, Orange, Wake, Duplin)
  - Communicate with larger community and provide opportunity for feedback
  - Will cover eCR in detail on upcoming NC EDDS/NC COVID helpdesk sponsored webinars
  - Available to cover in more detail with health departments with questions or concerns (email requests to ECR.Support.Services@dhhs.nc.gov and/or Karla.Norsworthy@dhhs.nc.gov)

- Phase II of project
  - Map additional data elements
  - Onboard additional facilities
  - Expand to diseases beyond COVID

- Questions
  - Interest in eCR steering group?
THANKS
NAME OF DISEASE / CONDITION
Coronavirus (COVID-19)

Patient's Last Name
First
Middle
Suffix
Maiden/Other
Alias

Birthdate (mm/dd/yyyy)
Sex
Parent or Guardian (of minor)
Medical Record Number

Patient's Street Address
City
State
ZIP
County
Phone

Age
Age Type:
Race (check all that apply):
Ethnic Origin:

Was patient hospitalized for this disease? (24 hours)
Did patient die from this disease?
Is the patient pregnant?

Patient is associated with (check all that apply):

In what geographic location was the patient MOST LIKELY exposed?

Pregnant
Yes

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**Specimen**

Swab - Nasopharyngeal structure (body structure)

**Narrative**

VIDANT MEDICAL CENTER (ACREDITED BY THE COLLEGE OF AMERICAN PATHOLOGISTS)  
- 01/25/2022 1:18 PM EST

Positive results are indicative of active infection with SARS-CoV-2; clinical correlation with patient history and other diagnostic information is necessary to determine patient infection status. Positive results do not rule out bacterial infection or coinfection with other viruses. The Xpert Xpress SARS-CoV-2 test is a rapid, real-time RT-PCR test intended for the qualitative detection of nucleic acid from SARS-CoV-2. This test has not been FDA cleared or approved; it has been authorized by FDA under an EUA for use by authorized laboratories. Test authorization is only for the detection of nucleic acid from SARS-CoV-2, not for any other viruses or pathogens.

**Performing Organization**

VIDANT MEDICAL CENTER  
(ACREDITED BY THE COLLEGE OF AMERICAN PATHOLOGISTS)  
2100 Stantonburg Road  
Greenville, NC 27834  
252-847-4495
Reportable Condition Trigger Codes (RCTC)

Identify if there is an event that is reportable from EHR encounter records

Trigger Codes
- ICD 10 CM
- SNOMED CT
- LOINC
- RxNorm
- CVX
- CPT
- HL7