February 23, 2021

COVID-19
Response

Picture:
Robeson County
## Leadership Update

| Leadership Update – LHD Shoutout | Mark T. Benton  
| Assistant Secretary for Public Health  
| Division of Public Health |
| National/State Epi Picture | Zack Moore, MD, MPH  
| State Epidemiologist, Communicable Disease Branch |
| SLPH Update | Scott Shone, PHD, HCLD (ABB)  
| Director, NC State Laboratory of Public Health |
| CVMS Updates | Angela Harwanko, Aaron Rakes & Simon Couderc  
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| | Elizabeth Freeman Lambar, MSW, MPH  
| NC Farmworker Health Program, Program Manager |
| Vaccine Update | Amanda Fuller Moore, PharmD  
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| CT/CI Update: Softphone and CCTO Upgrade | Erika Samoff MPH PhD  
| HIV/STD/Hepatitis Surveillance Manager |

**QUESTIONS?**

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Mobile clinic partnership with UNC Penbrooke

• The first UNCP-led vaccination efforts were held at the Robeson County Health Department on Friday, February 19

• During the week of February 22-26, the team will be visiting long-term care facilities throughout Robeson County administering the vaccines. Starting the week of March 1, UNCP will be scheduling mobile sites across Robeson County with priority given to establishing sites in under-resourced areas.

Equity - “Barriers to access exist in our communities and the goal with our mobile clinics is to remove obstacles and making sure the vaccine is available to everyone.” - UNCP Chancellor Robin Gary Cummings

Training/Education - “Intramuscular injections are a huge part of nurses’ jobs and this experience gave me the opportunity to utilize and enhance those skills. We are going to be dealing with COVID for the foreseeable future, so if we can get out and reach much of the population to be vaccinated, we will be able to get a better handle on this virus.”
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March 8: Upcoming New Recipients Scheduling Functionality (1/2)

**STEP 1**
Recipient navigates to [myspot.nc.gov](http://myspot.nc.gov)

**STEP 2**
Recipient types an address and identifies nearby locations offering COVID-19 Vaccines

**STEP 3**
*If the recipient selects a location that does not have their own scheduling capabilities, a link to the CVMS Scheduling will be listed* *

*only providers sign-up to participate in CVMS Scheduling functionality

**STEP 4**
The recipient is linked to the CVMS Scheduling homepage, self-attests his/her eligibility group*, and answer limited booking questions

*can be determined on [findmygroup.nc.gov](http://findmygroup.nc.gov)
March 8: Upcoming New Recipients Scheduling Functionality (2/2)

**STEP 5**

The recipient can see available slots of the selected location, and selects an appointment date and time

**STEP 6**

The recipient enters contact details, and receives a booking confirmation by email or text

**STEP 7**

On day of appointment, the recipient presents at point of care, and the provider identifies the recipient in the CVMS Provider Portal

**STEP 8**

The provider vaccinates the recipient and logs the administration details – THE END
Next Steps for Local Health Departments

1. All Providers will maintain vaccine location details within CVMS Provider Portal to populate their location information on myspot.nc.gov

2. Providers that choose to use CVMS Scheduling will maintain appointment availability within the CVMS Provider Portal

The DPH and CVMS teams will collaborate with LHDs to collect the location details and confirm their interest in participating in CVMS Scheduling for March
Automate vaccine administration data exchanges with CVMS

CVMS Data Flow Options

**Options:**

1. Manual user entry to CVMS for patient registrations and vaccine administration details.

2. Digital worker (RPA) solution for NCVR files. Will be replaced by the EHR integration process.

3. EHR ETL integration process, which is the long-term solution for NCVR files.

Key Terms:

RPA - Robotic Process Automation or digital worker
ETL – Extract, Transform, Load process
Health System Integration with RPA – Solution Overview

Automate end to end workflow across data entry for patient look up and registration, appointment booking, vaccination administration, and communication of results back to hospital systems

Retrieve and validate universal NCVR file
- Checks file layout in HIE folder
- Performs validations on the source file
- Separates the ‘good’ from ‘invalid’ records

Processes patient look up, registration, appointment booking, and vaccination in CVMS
- Looks up recipients and applies multi-factor criteria
- Creates or registers patient as needed
- Books appointments and processes vaccination records

Output and communications
- Sends completed email with high level metrics of records processed
- Uploads completed results file back in the HIE for hospitals to review as needed
What was added with Release 4.1 and what is coming in release 5.0

**Release 4.1 was implemented last Sunday, February 14**

This release included the following new features:

1. New Users Onboarding Self-Service
2. Transfer/ Redistribution Requests within the CVMS Provider Portal
3. Tag Inventories and Shipments as intended for first or second dose administration
4. Record “Insufficient Quantity” events if less than standard doses are obtained in the vials of a lot
5. Invite Organizations to upload their own lists of recipients in the CVMS Organization Portal
6. Possibility for selected hospitals to automate vaccine administration data exchanges with CVMS
7. Users with multiple locations and a single NCID username will need to select a location at each login

Please attend the upcoming Training live sessions or check the updated user guides to learn more.

**Release 5.0 is scheduled for Sunday, March 8, and should include the following new features:**

1. Implementation of the Scheduling capability
2. Enable CVMS Provider location master data integration with the Vaccine Finder web application [myspot.nc.gov](http://myspot.nc.gov)
3. Rebrand the CVMS Recipient Portal
4. Remove questions to determine Priority Tiering from CVMS, and let the recipients self-identify
5. Enable Spanish support on the CVMS Recipient Portal
6. Enable handling of a single dose vaccine to prepare the J&J vaccine rollout
7. Ability for multiple recipients to share a single email address
8. Several adjustments on the provider enrollment portal
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NC COVID ARCHIVING

- Closed events with **ONLY** negative labs are going to be archived from NC COVID.
  - This process is necessary to help address a number of performance and processing issues that arise with handling data of this magnitude in any application.

- **Events will be archived, not individual labs**
  - Only **closed negative events** that have not been modified (e.g., had no new negative labs attach to the event) in the past 30 days will be archived
  - Archived events will **not** be searchable in NC COVID and will **not** be output in reports
  - First archiving will occur the weekend of February 27th
  - Thereafter, archiving will occur on a weekly basis
  - New negative labs will always be available in NC COVID for at least 30 days before they are archived

- **PROCESS:**
  - Archived events will persist in NC COVID briefly under the disease label “ZARCHIVE” after the archive process is run and while the event is pending final deletion from the application. These events will be “read only” and cannot be reopened or merged with other events. A green notification will be visible on the dashboard of these events that reads “Case long-term locked by System Account [system] on <date> <time>”
  - Events marked for archiving will be moved to storage outside of NC COVID (the archive)
  - Once the archived events have been moved to storage they will be deleted out of the application – this may take several days for the first archive run.
Updated guidance will be sent out to LHDs this week about how to use NC COVID reports to:
1) Save local data prior to archiving
2) Calculate key metrics

<table>
<thead>
<tr>
<th>Report</th>
<th>What data are pulled?</th>
<th>What metrics can be calculated?</th>
<th>Will archiving change this report?</th>
<th>How to pull this report pre-archiving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases and Contacts Event Line List</td>
<td>Line list of events with positive lab (one row/event)</td>
<td>Case Counts, Basic Demographics, Case Rates (if population denominators added)</td>
<td>No - Historical data will remain after archiving</td>
<td>No need to pull pre-archiving. All data exported by this report will remain in NC COVID.</td>
</tr>
<tr>
<td>GCDC COVID-19 Lab Results Line List by Event Create Date</td>
<td>All labs for all events in NC COVID</td>
<td>Case Counts, Reported Test Counts, Percent Positivity</td>
<td>Yes - Negative events &gt;30 days old will be removed</td>
<td>Pull all data from January 2020-present in chunks using 2-4 week &quot;date increments&quot;. You must use this report to save a dataset of negative test results that will be archived!</td>
</tr>
<tr>
<td>COVID-19 Lab Results Line List by Diagnosis Date</td>
<td>All labs for ONLY positive events in NC COVID</td>
<td>Case Counts, Test Counts for POSITIVE events only</td>
<td>No - Historical data will remain after archiving</td>
<td>No need to pull pre-archiving. All data exported by this report will remain in NC COVID.</td>
</tr>
<tr>
<td>Case Information Extract</td>
<td>Demographic, Clinical, &amp; Risk Package data for ALL events (Positive + Negative)</td>
<td>Case Counts, Clinical, Risk, &amp; Investigational characteristics of Events</td>
<td>Yes - Negative events &gt;30 days old will be removed</td>
<td>Pull all data from January 2020-present in chunks using 2-4 week &quot;date increments&quot;. Data elements for negative events is likely to be largely missing because they are not investigated; this may be a low priority report to run pre-archiving.</td>
</tr>
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</table>
Data and Reports

• If you have been running reports / extracts all along, you have the information you need. The first archive will archive events that have not been modified prior to 2/1/21, so ensure your saved reports and extracts are up to that date.

• To prepare for the first round of archiving, the Epi Data Team will be available to provide a standard dataset of archived data to LHDs upon request. We will provide a list of variables in the standard archive dataset on next week’s call (2/23). E-mail requests to the Epi Data team (epi-data@dhhs.nc.gov).

If you have questions or concerns about the archiving process, please contact the Helpdesk at NCEDSSHelpDesk@dhhs.nc.gov
NC COVID Updates

For ELR labs and manual entered labs
In NC COVID, a new positive lab that occurs 90 days after the previous positive will create a new event. These events should not be merged unless you are certain the lab does not represent a possible case of reinfection. Per the CDB Weekly Key Points for LHDs presented on 12/8/2020 (https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/coronavirus/CDB%20Weekly%20Key%20Points%20for%20LHDs_12082020.pdf), these should be treated as new cases for control measure purposes (isolation, contact tracing, etc.). If you have any follow up information (symptoms, risk, etc) on the new positive lab, it should be added to the new event and the event can be reported to the State.

If the person dies, please report the death information on the new event. Given current CDC guidance on re-infection (which requires whole genome sequencing of samples from both the initial and subsequent infection for confirmation) we expect most of these events will eventually be closed by the State as ‘does not meet criteria’.
NC COVID Training updates

• We will be offering focused webinars two times a month on Thursdays from 1-2pm
• And we still offer basic training 2 times a month on Wednesdays

Entering back logs of labs & data
• Please be mindful of dates

Fields being marked as unknown
• We will share reporting guidance after the call on the notes
• Fields that are not required can be left blank.
  • Cases that have no follow-up, the symptomatic questions can be marked as unknown.
  • All other questions from the interview should be blank if they weren’t asked.
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Plan for Vaccinating Farmworkers

February 23, 2021
Estimate of 70,000 migrant and seasonal farmworkers in NC
(Approximately 20,000 workers with H2A visa, 34,000 migrant and 16,000 seasonal)
Key Concepts: Streamlined & Proactive process
1- Local teams to coordinate farmworkers' vaccination by county and by arriving workers - not necessarily by roll out phase
2- Planning, communication & evaluation: Central
3- Execution: Local

Leadership

Immunization Branch

Project Management Team (PMT) (DPH + FHP)

Stakeholders

Local Resources

Advisory group

Regional Contacts

Local Team (FW Outreach Worker + Extension Agent + Community Health Worker + Other)

Farms (Farmers & Farmworkers) By county By arriving workers

Providers (LHD, FQHC, Other)
Local Teams are assembling for outreach, prevention activities, and coordination with health providers & farmers for vaccine promotion.

Local Providers/Vaccinators are being identified & enrolled to vaccinate farmworkers either onsite or at a nearby location.

Farmers/Labor Contractors will be contacted by a representative of Local Teams to arrange for vaccination of their workforce, answer any questions about vaccination, and troubleshoot any issues or challenges.

Local Teams will work with Farmers/Labor Contractors and Local Providers/Vaccinators to set up a vaccination arrangement, which could be an onsite vaccine clinic, vaccination event of in some cases provided on farm as well as schedule any follow-up appointments for second dose.
# Vaccine Update

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Vaccine Delivery Weather Delays

- Due to inclement weather and the inability to get staff to pack-and-ship locations, many deliveries were delayed.
- Many first and second doses will be arriving simultaneously.
- Please pay close attention when unpacking shipments to look for the “F” or “S” in the order number and at the end of the Customer PO field on the shipment paperwork.

<table>
<thead>
<tr>
<th>Allocation Week</th>
<th>Original Expected Arrival Date</th>
<th>Adjusted Expected Arrival Date</th>
<th>Providers must use and enter into CVMS by</th>
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<tbody>
<tr>
<td>Week of 2/15 First Doses</td>
<td>February 16-17</td>
<td>Pfizer – February 22 Moderna – February 22-24</td>
<td>March 1st</td>
</tr>
<tr>
<td>Week of 2/22 Second Doses</td>
<td>February 18-19</td>
<td>Pfizer – February 22 Moderna – February 22-24</td>
<td>When second doses are due</td>
</tr>
<tr>
<td>Week of 2/22 First Doses</td>
<td>February 23-24</td>
<td>February 24-26</td>
<td>March 8th</td>
</tr>
<tr>
<td>Week of 3/1 Second Doses</td>
<td>February 25-26</td>
<td>No Change Expected</td>
<td>When second doses are due</td>
</tr>
<tr>
<td>Week of 3/1 First Doses</td>
<td>March 2-3</td>
<td>No Change Expected</td>
<td>March 9th</td>
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Features

- A single inbound/outbound telephone number
- Full integration into CCTO
- Click to call capability
- Auto routing of inbound call to appropriate tracer/investigator
- Two-way SMS and chat capabilities
- Auto entry of call details into CCTO record
Evolving K-12 Testing and Contact Tracing

With return to in-person learning and an increased interest in school-based testing, contact tracing collaborations with LHDs are increasingly important.

Please notify NC DHHS if you have already established a partnership with your LEA using CCTO or are interested to do so.

We will be updating the CT guidance in the StrongSchools Toolkit to reflect best practices.

Deborah Porterfield, MD, MPH, Medical Consultant, NC DHHS COVID-19 Contact Tracing Team; Deborah.Porterfield@dhhs.nc.gov

Karen Malloy, Program Manager, NC DHHS COVID-1- Contact Tracing Team; Karen.Malloy@dhhs.nc.gov
Q & A

Public Health ROCKS!