NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Public Health
Communicable Disease Branch

Communicable Disease Branch Local Health Department Monthly Webinar Key Points

January 10, 2023

The North Carolina Division of Public Health (NC DPH) Communicable Disease Branch will be releasing key points that includes information discussed on the monthly Tuesday Local Health Department call. Please use the information below as a summary of the topics presented on the call. As guidance changes, please use the most recent information provided. For questions, contact the NC DPH Communicable Disease Branch 24/7 Epidemiologist on Call at **919-733-3419**.

Important Updates

Available online at https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/coronavirus.html

- **New:** NCDHHS LHD Monthly Webinar 01 10 2023.pdf

Links

- **Video recording** https://youtu.be/kdeCvK6vrw4

Epi Picture

- Ebola:
  - Ebola outbreak in Uganda is expected to be declared over on Jan 11, 2023 (42 days after last identified case).
  - CDC will no longer recommend screening or monitoring travelers from Uganda after this date. DPH is working with CCTC to stand down traveler monitoring activities.
- Mpox:
  - Cases continue to decline in NC and nationally, although there are still areas of active transmission globally.
  - Continued outreach is needed to engage disproportionately impacted communities, particularly Black/African American MSM, and encourage vaccination.
  - DPH has received ~$550,000 in one-time funding and will work with LHDs, CBOs, and other partners to continue prevention efforts.
- COVID:
  - Activity increased sharply over the holidays in all metrics.
  - XBB.1.5 omicron subvariant has become predominant in the Northeast and is emerging in NC.
  - Although concerns have been raised about reduced protection against this subvariant from past infection or vaccination, data continue to suggest that bivalent boosters offer strong protection against severe illness with all circulating omicron subvariants.

COVID-19 and Mpox Testing and Therapeutics Updates

- The COVID-19 antivirals, Paxlovid, Lagevrio and Veklury are expected to retain their effectiveness against the XBB.1.5 variant and all other currently circulating variants.

- The monoclonal antibody Evusheld, used as pre-exposure prophylaxis for individuals with immunocompromising conditions, has significantly reduced effectiveness against XBB.1.5 and other circulating variants. Despite this reduced effectiveness, Evusheld remains authorized for use at this time because it is the only pre-exposure prophylactic agent available for COVID-19. Patients receiving Evusheld should be advised that COVID-19 infections are possible after receiving Evusheld and since they are considered high risk due to their immunocompromising conditions, they should have a plan to seek immediate assessment for treatment following a positive COVID-19 test result.
- All other monoclonal antibody therapies have been de-authorized by the FDA due to their ineffectiveness against the currently circulating variants.

NCEDSS/NCCOVID Updates

- We will be taking NCEDSS offline on Wednesday, Jan 11th at 5pm EST for about 4-5 hours to upload babesiosis as a new disease to be available in NCEDSS. Please ensure you have saved all work and logged out by this time.
- There will be a short presentation on babesisosis presented during an upcoming NCEDSS/NC COVID office hours. Watch for an email on this
- We are also adding AFM and varicella to the LHD view for vaccine preventable diseases.
- The software we use for our NC COVID and NCEDSS applications is due for an update from the vendor. We have started the process to begin upgrading NC COVID with NCEDSS coming later. Please look out for trainings and system update messages coming your way. Every user will need to sit through a training to gain access to the new version which will have a different look and feel than the current version of NC COVID/NCEDSS.
- As a reminder we have webinars scheduled on most Thursdays at 1 pm. On Thursday Jan 12th, the topic will be “Linking to an Outbreak”. We also have office hours scheduled every Tuesday at 10am for anyone that wants to ask questions.

Question & Answer

COVID-19

Q. Do you think we may know more by the spring about commercialization of COVID vaccine (for budget preparation)?
A. We hope to know more about commercialization of COVID-19 vaccine soon. In October, there was a timeline released from the Feds that said adult and pediatric vaccine would be commercialized early/mid 2023. Media is reporting that the cost of Moderna/Pfizer will be in the range of $100-140 per dose.

Q. Do we have any idea what the cost of treatments are if federal funding runs out --Paxlovid, etc.?
A. At this time, there is no definitive information on the cost of Paxlovid or Lagevrio following commercialization. The latest timeline for Paxlovid commercialization was mid-2023. We expect to learn more as that draws closer.

Q. Will results from the Testandgo be reported? If so, how?
A. If the machine dispenses a self-swab PCR test, the individual performs the swab, and then returns the swab in a baggie into the machine. LTS then collects and runs those samples daily with their lab partner. Those PCR

results would be reported. If the machine was set up to dispense At-home test kits, those would be used at home and not reported, just like all other at-home tests.

Q. Is there an estimate on when the vending machines may have naloxone, HIV/STI testing available?
A. ICATT only funds free COVID-19 testing with the Testandgo kiosks. Those other services such as naloxone or HIV testing are add-ons that local or state health departments could contract with LTS to provide.

Q. Is the telemed program available to people who test positive with an at home test?
A. Yes. More info available here: https://starmed.care/nc/

COVID-19 Case Investigation
Q. As far as reporting COVID cases in NC COVID, I know the recommendation is that cases no longer be interviewed. Is there any information at all that should be filled out before the case is sent to the state, like the info with the red number signs?
A. This document still stands with the exception that you will no longer need to answer the interview question. Reporting COVID-19 Events with No Follow Up to the State https://epi-test.dph.ncdhhs.gov/cd/lhds/manuals/cd/nccovid/Reporting%20COVID-19%20Events%20with%20No%20Follow%20Up%20to%20the%20State.pdf. We are working on an updated communication regarding what needs to be filled in if no interview is done. It will be emailed to all NC COVID users.

Q. Does the no interview recommendation go for everyone, even those linked to clusters and/or outbreaks?
A. Yes. Interviews are not routinely recommended for any cases, although LHDs may still decide interviews are needed in some settings.

Q. Will CCTC still manage the cases that go into NC COVID in April, as far as sending the cases to the state?
A. This can be performed by the data entry team in April; this task should be transitioned to the data entry team if it's not already.

Q. Does the State need the interview data?
A. Interview data will still be collected in the unique instances where it is needed, as they are identified; as a general practice, covid-19 epidemiology is now well-known and interviews with everyone diagnosed with covid-19 are not required.

Q. For COVID cases that are college-aged individuals with out-of-state addresses, are we required to call the case to verify their address to see if they attend college in NC?
A. Yes. We need to know if we should be notifying another state or jurisdiction or if we should count the case in NC.

Q. What ages do we need to call for the college question? 18-24?
A. Ages 18-25 are the ones MMN Team considers as college age.