DRAFT





NCIOM/IMPH Carolinas Pandemic Preparedness Task Force

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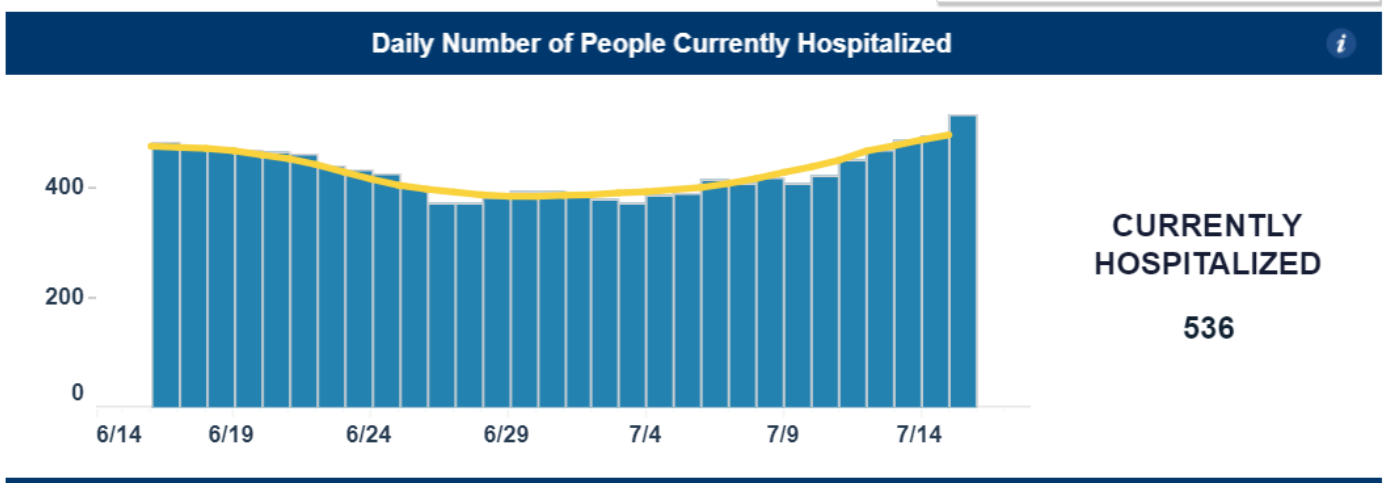
NC Department of Health and Human Services

July 19, 2021

Topics to touch on

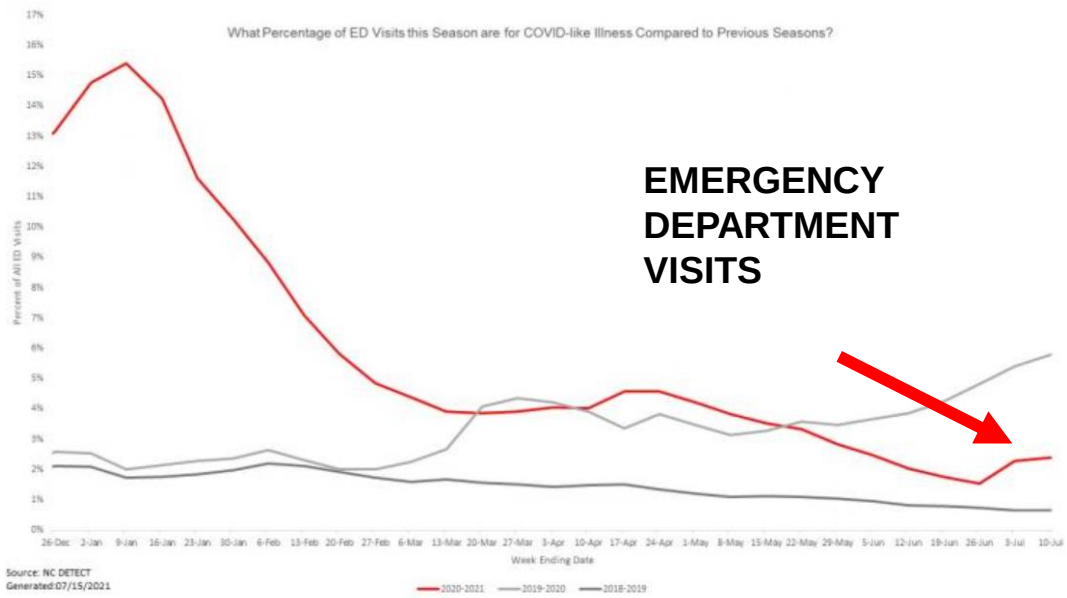
- **Current status of the response**
- **Disproportionate impacts on specific population**
- **Pre-pandemic context that helped shaped the response**
- **Lessons learned**

Four Key Metrics – overall low, but recent upticks

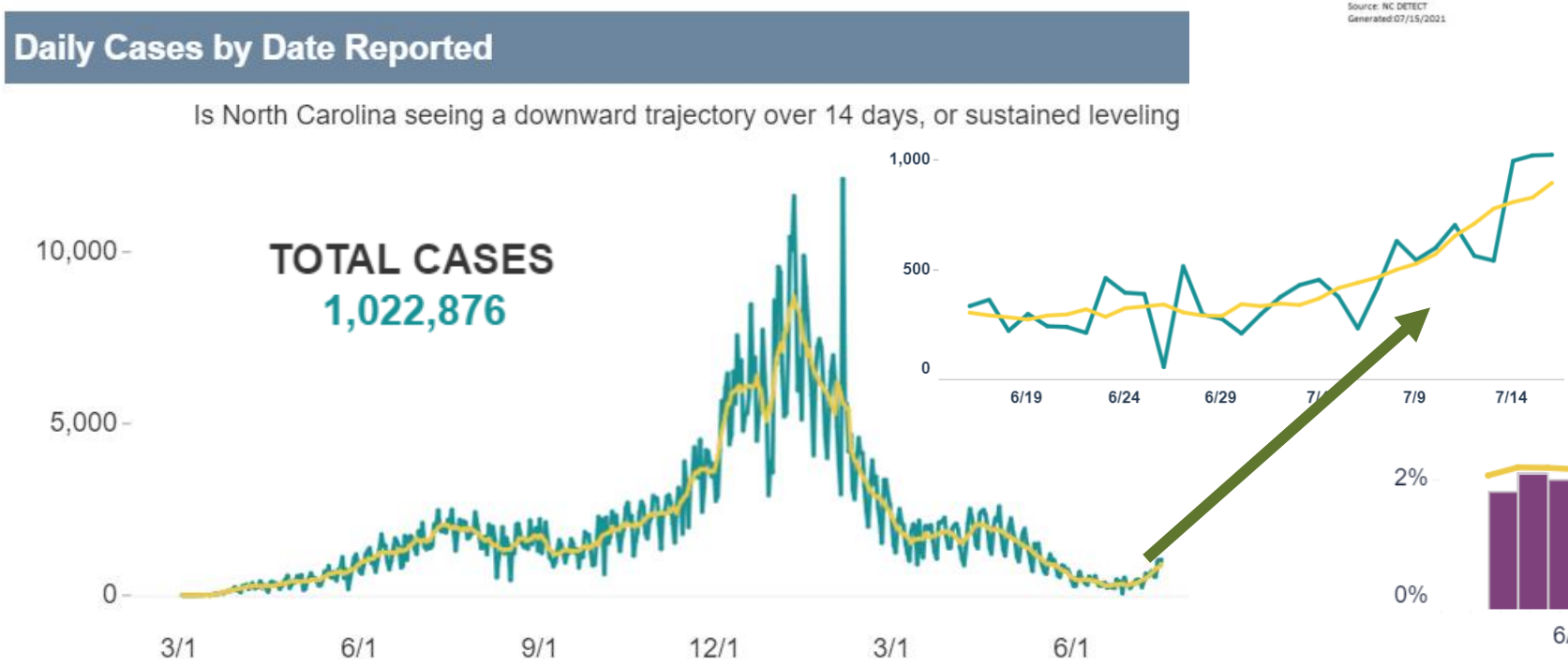


CURRENTLY HOSPITALIZED

536

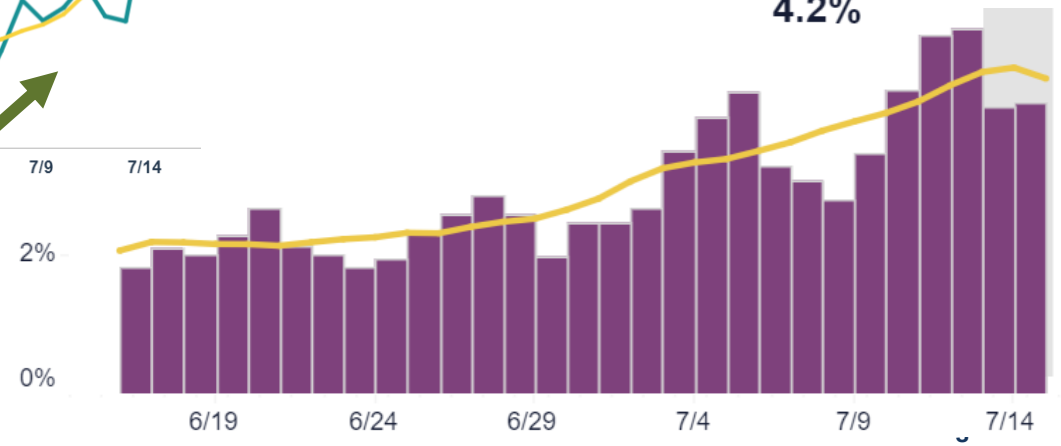


EMERGENCY DEPARTMENT VISITS

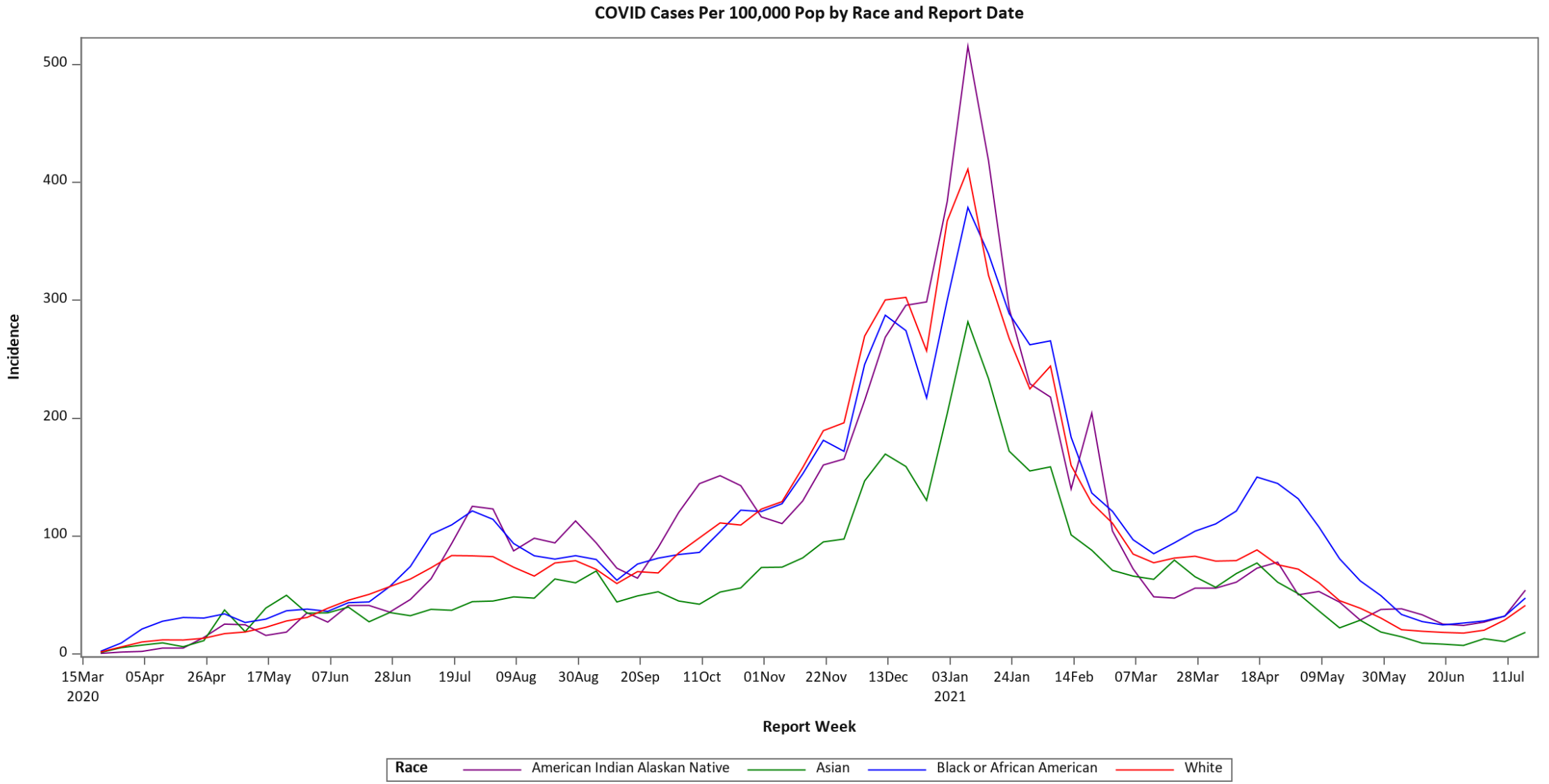


POSITIVE TESTS

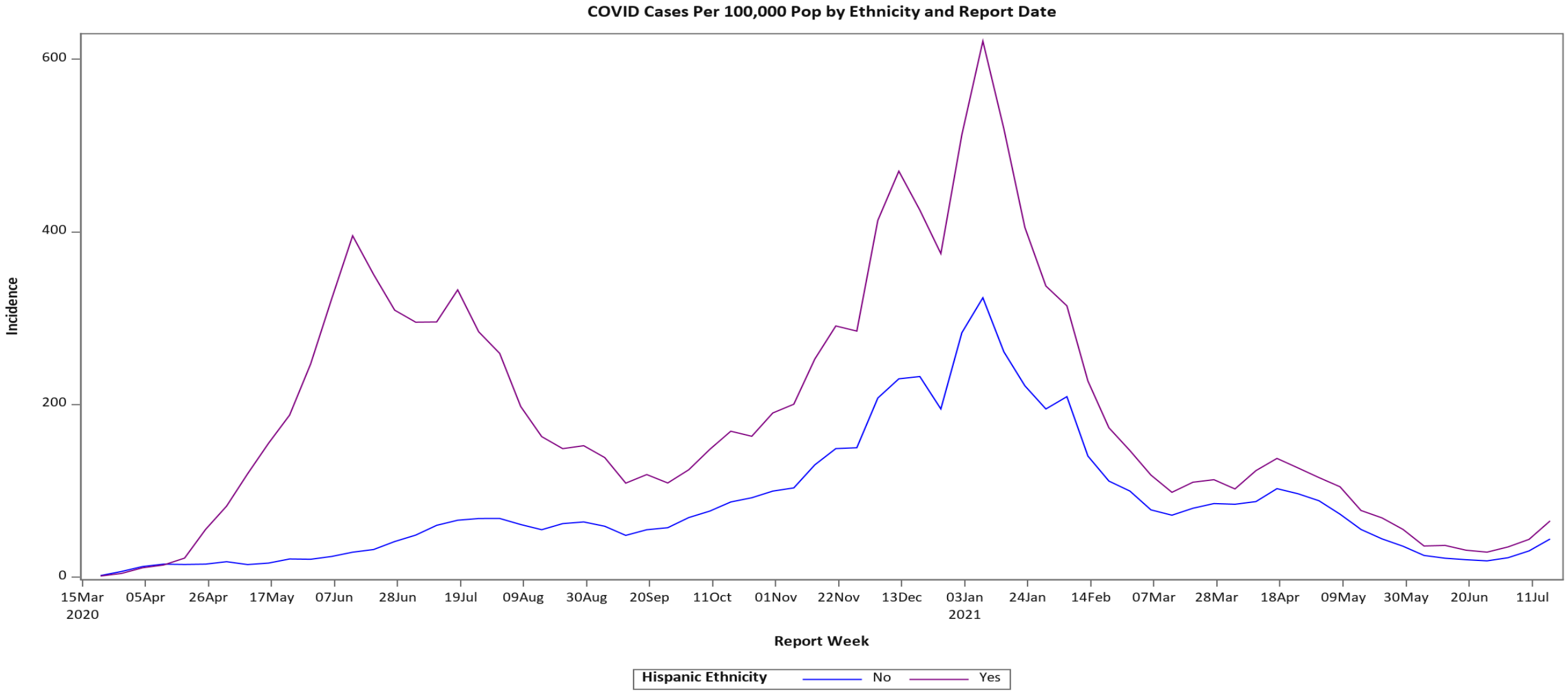
4.2%



Racial Disparities Persist but Reduced

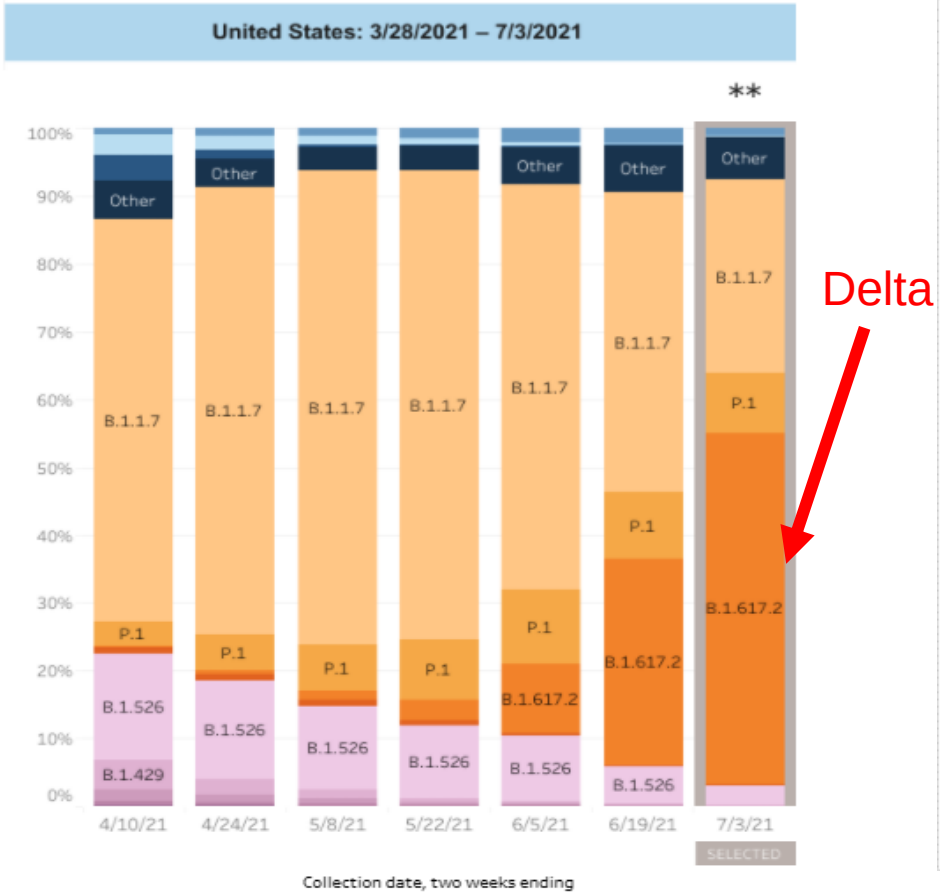


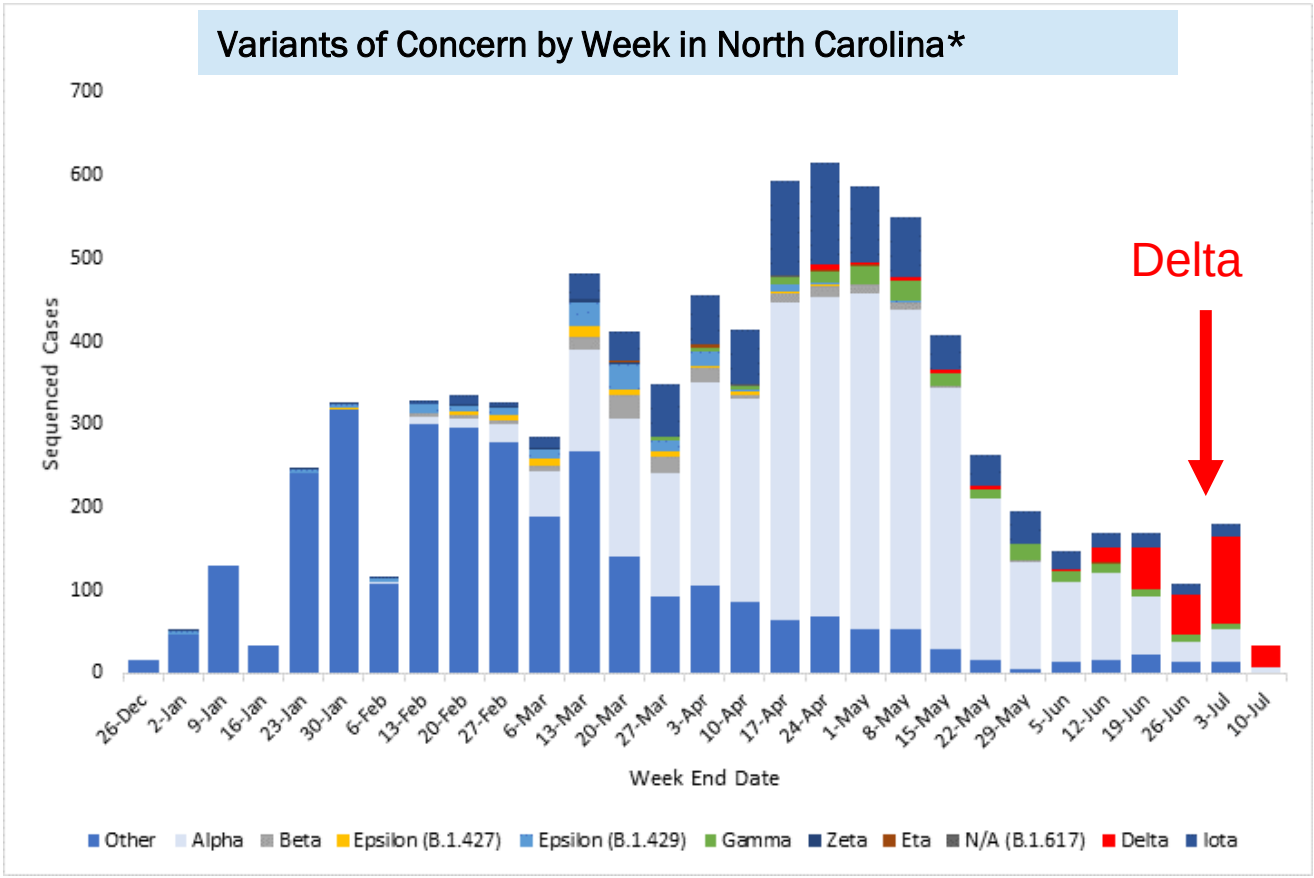
Ethnicity Disparities Persists Between Hispanic and Non-Hispanic Populations but reduced



Delta Variant Increasing

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

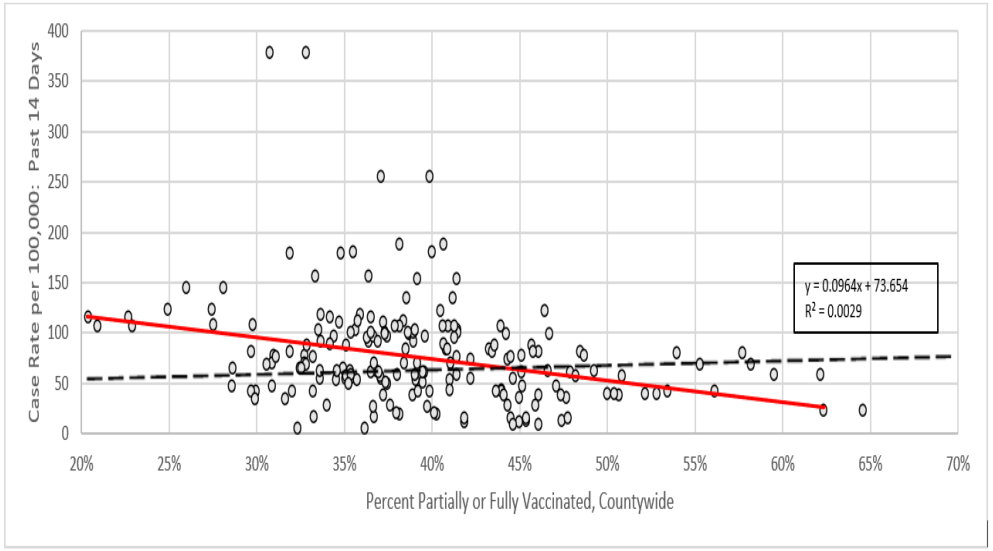
Almost All Recent COVID-19 Cases Are Among Unvaccinated People

Virus transmission is higher in counties with lower vaccination rates.

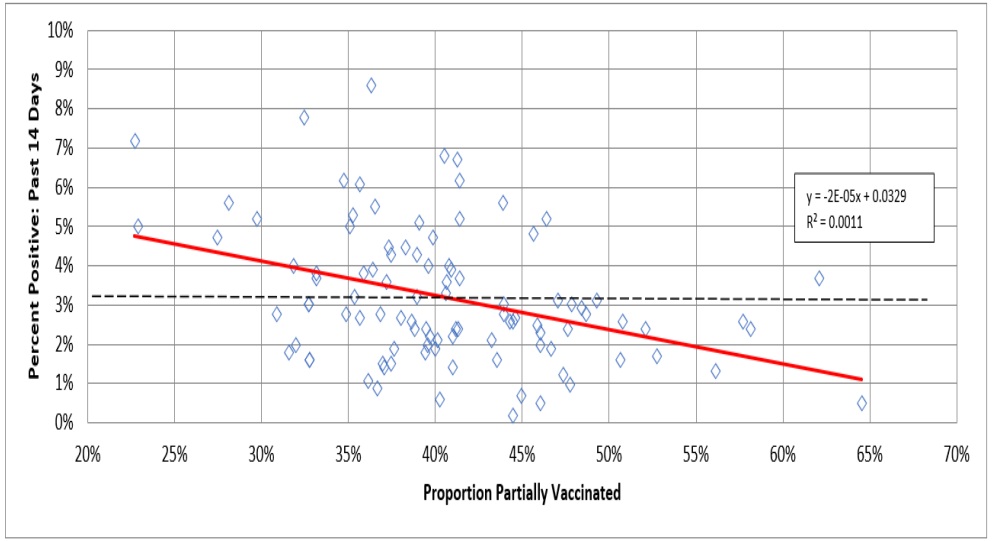
From May 6th – June 28th, unvaccinated individuals accounted for: †

- **99.2%* of cases**
- **98.7%* of hospitalizations**
- **98.9%** of deaths**

Case rate and percent of population vaccinated by county ‡



PCR test percent positivity and percent of population vaccinated by county ‡



† Preliminary analysis based on vaccine data pulled from the COVID Vaccine Management System on 6/24 and case data pulled from database of reported COVID-19 cases on 6/28. Does not include vaccines given by the Department of Defense, Veteran's Administration, or Indian Health Service; Hospitalization data are missing for many reported COVID cases; Hospitalization numbers include those identified by screening during admission for reasons other than COVID * Based on date of report to public health ** Based on date of death

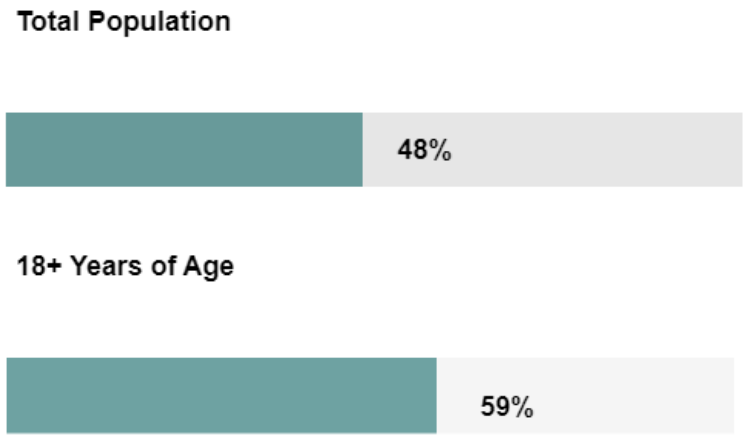
‡ Case rates and positivity are from June 6–June 19

FAST - VACCINATION STATUS

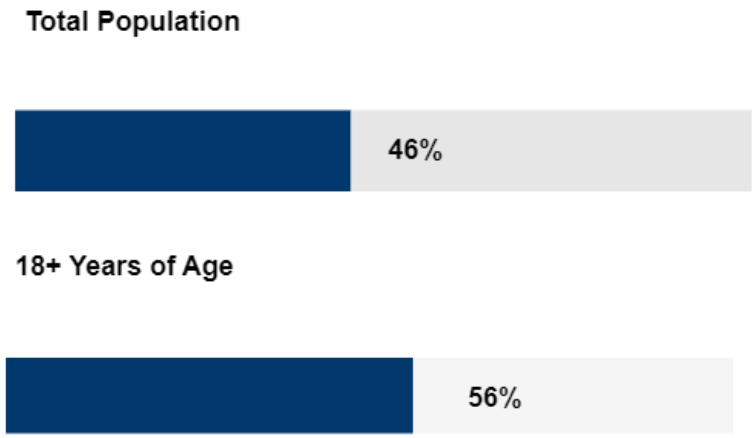
Data: December 14, 2020 – July 16, 2021 at 4.00 a.m.
Vaccinations Data will be updated Monday - Friday

First of 2 Doses Administered	Second of 2 Doses Administered	Single Shot Doses Administered	Total Doses Administered
4,726,110	4,427,752	350,932	9,504,794

Percent of Population Vaccinated with at Least One Dose



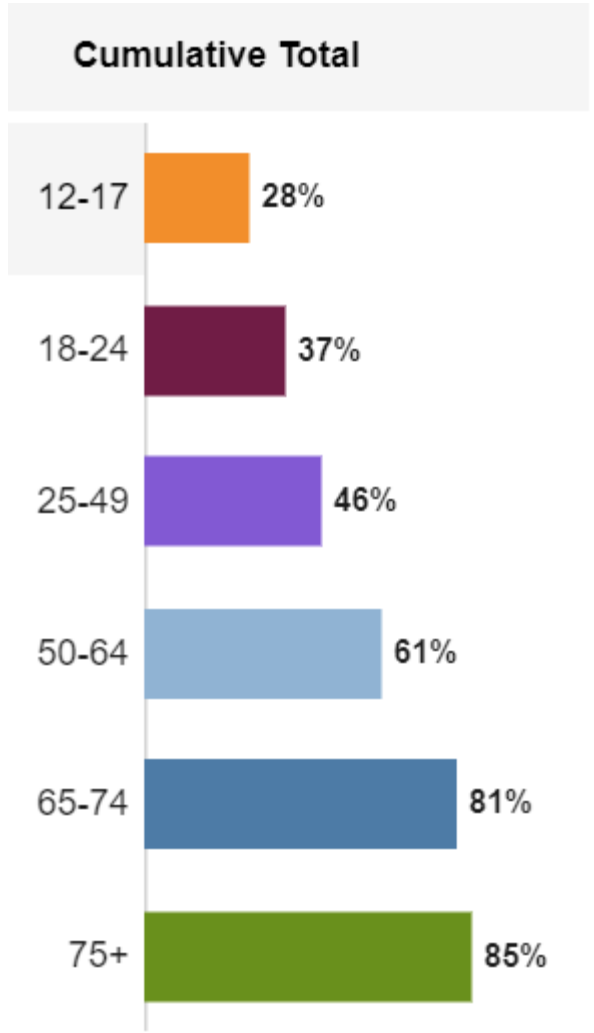
Percent of Population Fully Vaccinated



https://covid19.ncdhhs.gov/dashboard/vaccinations

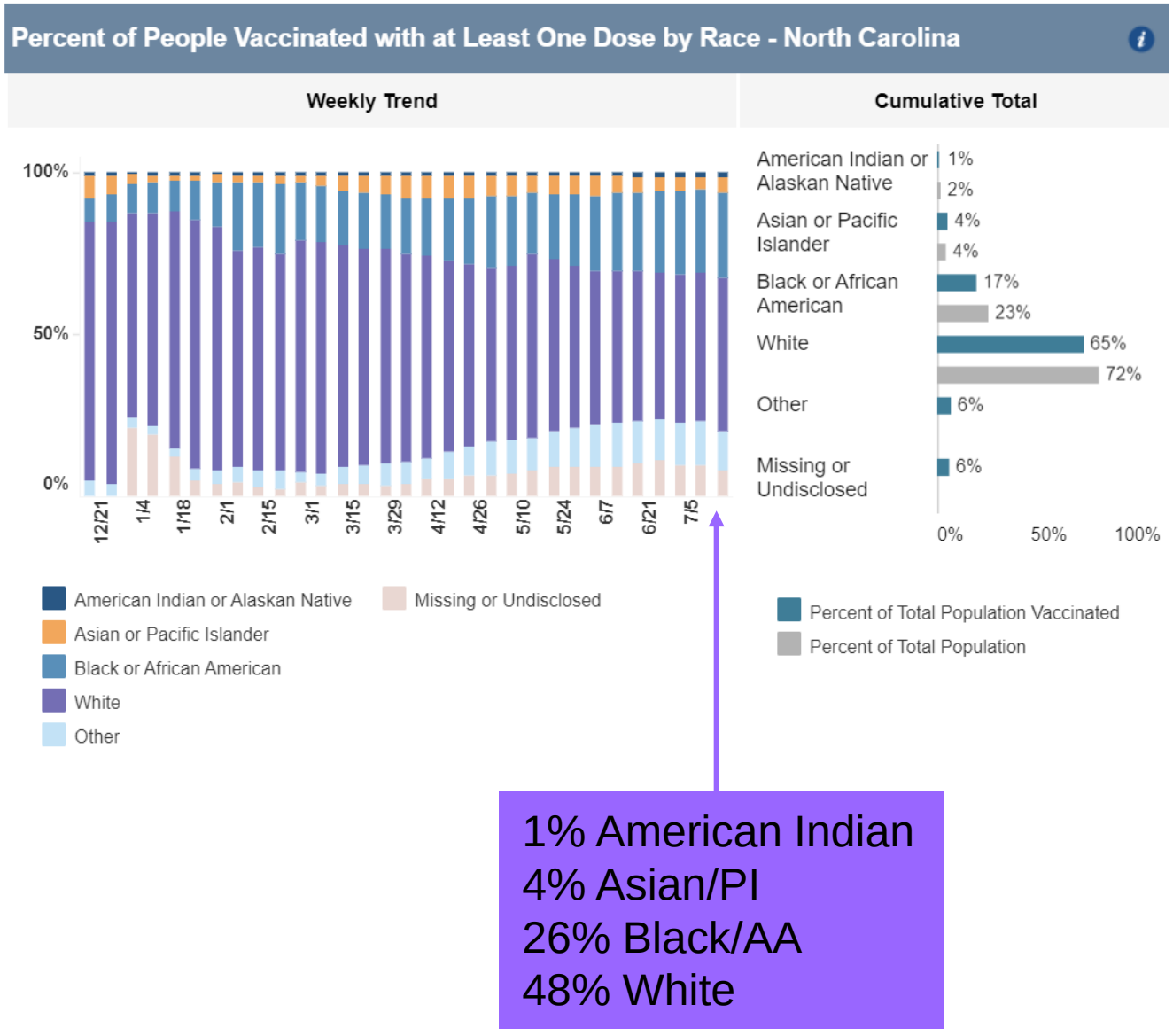
0-12 years – 0%

Not currently eligible for vaccination



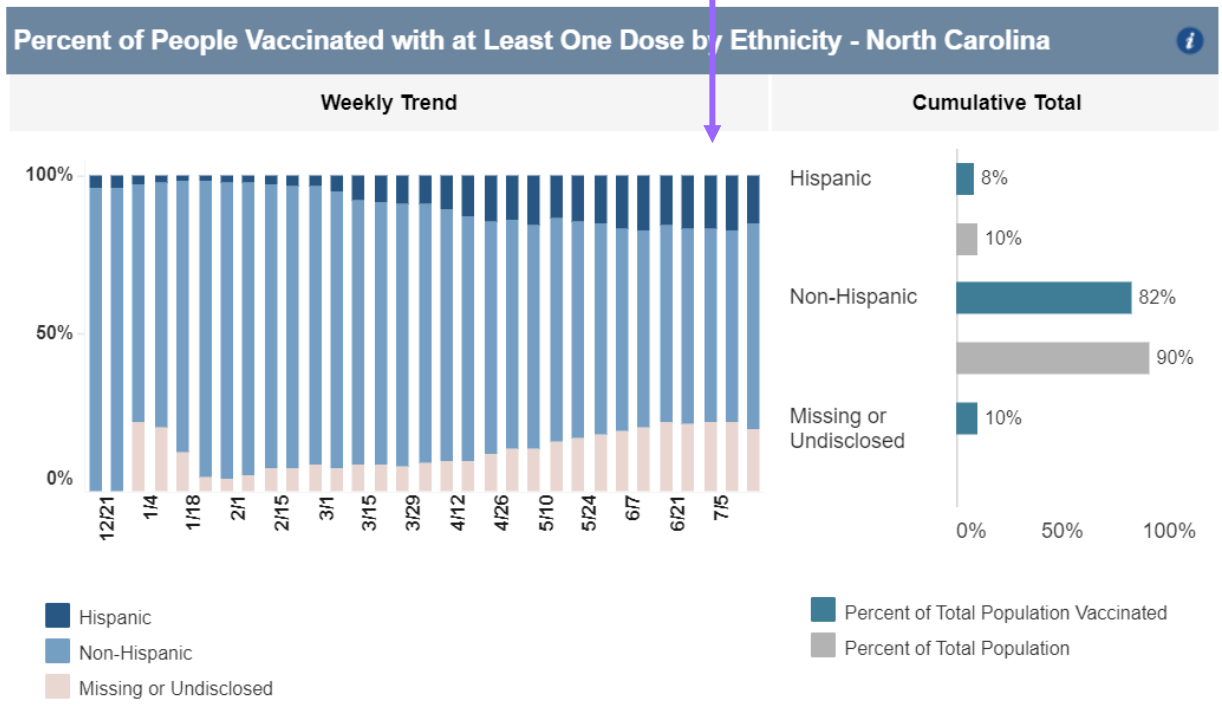
FAIR - EQUITABLE DISTRIBUTION

MORE TO DO, BUT MAKING PROGRESS



1% American Indian
4% Asian/PI
26% Black/AA
48% White

15-18% LatinX



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Pillars of NC's COVID-19 Response- Capabilities Built

Mitigation/Prevention	Response			
Public education/messaging (3Ws) Phased approach to re-opening Guidance Enforcement PPE purchase and distribution Vaccines (policy, IT infrastructure, operations)	Case-based containment			Surge Capacity
	Testing Infrastructure (CHAMP)	Enhanced Case Investigation & Contact Tracing infrastructure, Slow COVID NC App	Isolation & Quarantine, Non-congregate shelter, Wrap around social services support	Data and Planning, Provider infrastructure support

Data – Data driven approach; Reporting for hospitals, labs, public health; Public dashboards; Robust race and ethnicity data

Communications - Public Communications Campaigns

Health equity & historically marginalized populations - HMP workgroup, NCIOM Vaccine Advisory Group

Partnerships- Local Health Departments, Local EMS, Health Systems, Primary Care/FQHCs, Professional Associations, AHEC, CCNC, CBOs, Faith Communities, and more!

VACCINES: EASY AND EVERYWHERE

Key initiatives and adjustments to further enhance access and promote uptake.

Initial Risk based prioritization, Universal Eligibility asap

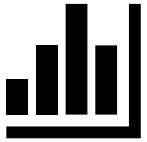
All North Carolinians 12+ eligible for vaccination

Allocations

Allocation method prioritization based on HMP, Provider expectation that vaccinations should match local demographics.

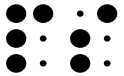
Provider Guidance

Provider guidance, tool kits with information on onboarding, billing and coding, filling appointments, etc



Data

Data transparency / dashboard, micro-focused community outreach, census tract of high Social Vulnerability, low vaccination rate among HMP, no/few providers

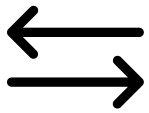


Increasing Access Points

Adding new providers, primary care, pharmacies, transfers of small amounts (hub/spoke), change in policies to align with primary care workflow, vendors/FEMA sites to fill gaps, focus on locations with high HMP, lowest % vaccinated and no/few providers

Communications Strategies

Trusted messengers, researched based messages, Vaccine 101 for stakeholders, video PSAs, adolescent messages, expanding digital, traditional media, paid media partnership with CBOs, misinformation toolkit

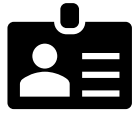


Navigation for Specific Vaccines

Call center, scheduling tool, accessible appointments, vaccine finder for 12+ to get Pfizer OR recipients with a preference

Special Population Outreach

Childcare, K-12, Homebound, Migrant Farm Workers, People Experiencing homelessness, LTC, Older adults (AARP), etc



Matchmaking Employers

Economic Development Partnership of NC Liaisons, Occupational Health

CHWs/ CBOs Outreach

Promote vaccine outreach and accessibility, toolkit for and database of CBOs interested in hosting vaccine events , $2.5M to local transportation agencies for vaccine rides

Healthier Together

Regional infrastructure to engage and support CBOs and local partnerships

Incentives

Suite of state-sponsored, and private incentive programs to address access and motivation. Cash cards for recipients and drivers, Cash and educational scholarship drawings

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Morbidity and Mortality Weekly Report (*MMWR*)

CDC

COVID-19 Vaccine Administration, by Race and Ethnicity — North Carolina, December 14, 2020–April 6, 2021

Weekly / July 16, 2021 / 70(28);991–996

Charlene A. Wong, MD[1]; Shannon Dowler, MD[1]; Amanda Fuller Moore, PharmD[1]; Erin Fry Sosne, MPH[1]; Hayley Young, MPH[1]; Jessica D. Tenenbaum, PhD[1]; Cardra E. Burns, DBA[1]; Sydney Jones, PhD[2]; Marina Smelyanskaya, MPH[2]; Kody H. Kinsley, MPP[1] (View author affiliations)

View suggested citation

Summary

What is already known about this topic?

COVID-19 has disproportionately affected Black or African American and Hispanic communities.

What is added by this report?

Among persons vaccinated during March 29–April 6, 2021, compared with December 14, 2020–January 3, 2021, in North Carolina, the proportion who were Black nearly doubled, and the share of vaccine doses administered to Hispanic persons doubled during this period, approaching the proportion of the state population for these groups aged ≥16 years.

What are the implications for public health practice?

To promote equitable vaccination coverage, public health officials could consider using U.S. Census tract-level mapping to guide vaccine allocation, promote shared accountability for equitable distribution of vaccines with providers through data sharing, and facilitate community partnerships to support vaccine access.

Going Forward - Work in Progress: North Carolina COVID-19 Surveillance and Response Playbook

The purpose of the Response Playbook is to define the process and steps by which NC DHHS will identify, elevate, and respond to areas with evidence of increasing COVID-19 activity throughout NC.

Step 1

Monitor and Review Surveillance Data

Step 2

Assess Concern Based on Criteria

Step 3

Engage and Notify Relevant Stakeholders

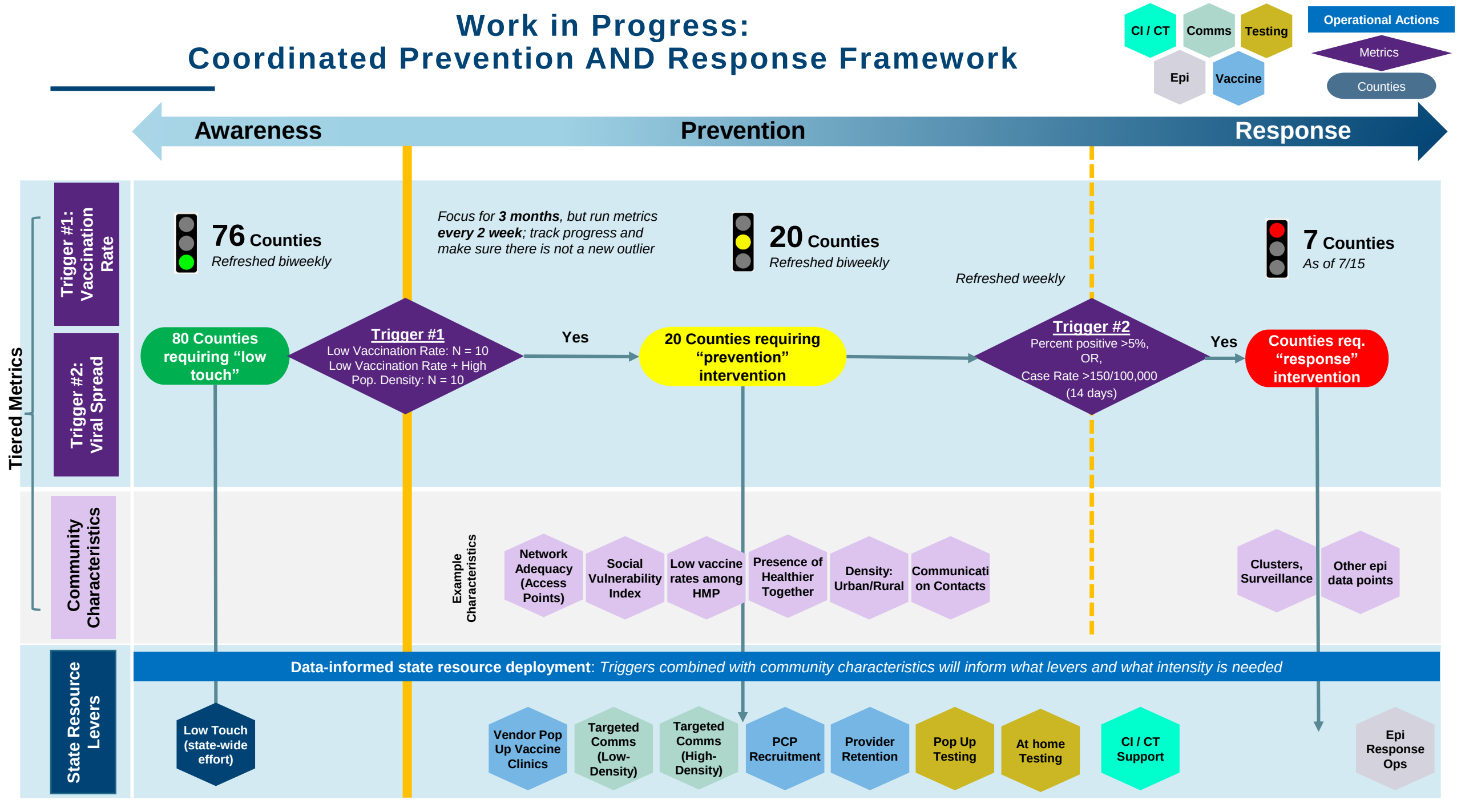
Step 4

Evaluate and Deploy Appropriate Response

Step 5

Continuously Monitor Areas with Concerning Trends

Work in Progress:
Coordinated Prevention AND Response Framework



Pre-pandemic context

Healthy Opportunities Initiatives

Prior work on statewide infrastructure and strategy to address social drivers of health and bridge health care and human services helped inform and accelerate COVID response

"Hot Spot" Map — Predecessor of Census Tract Map; inform focused interventions and investments

Screening Questions — Increased standardized screening across multiple sites, increased need identified

NCCARE360 — Accelerated statewide rollout; infrastructure for coordinated network across health and human services and connect people to resources

Medicaid Transformation & Healthy Opportunities Pilots — Served as basis for wrap around social services initiative

Workforce — Accelerated work on Community Health Workers

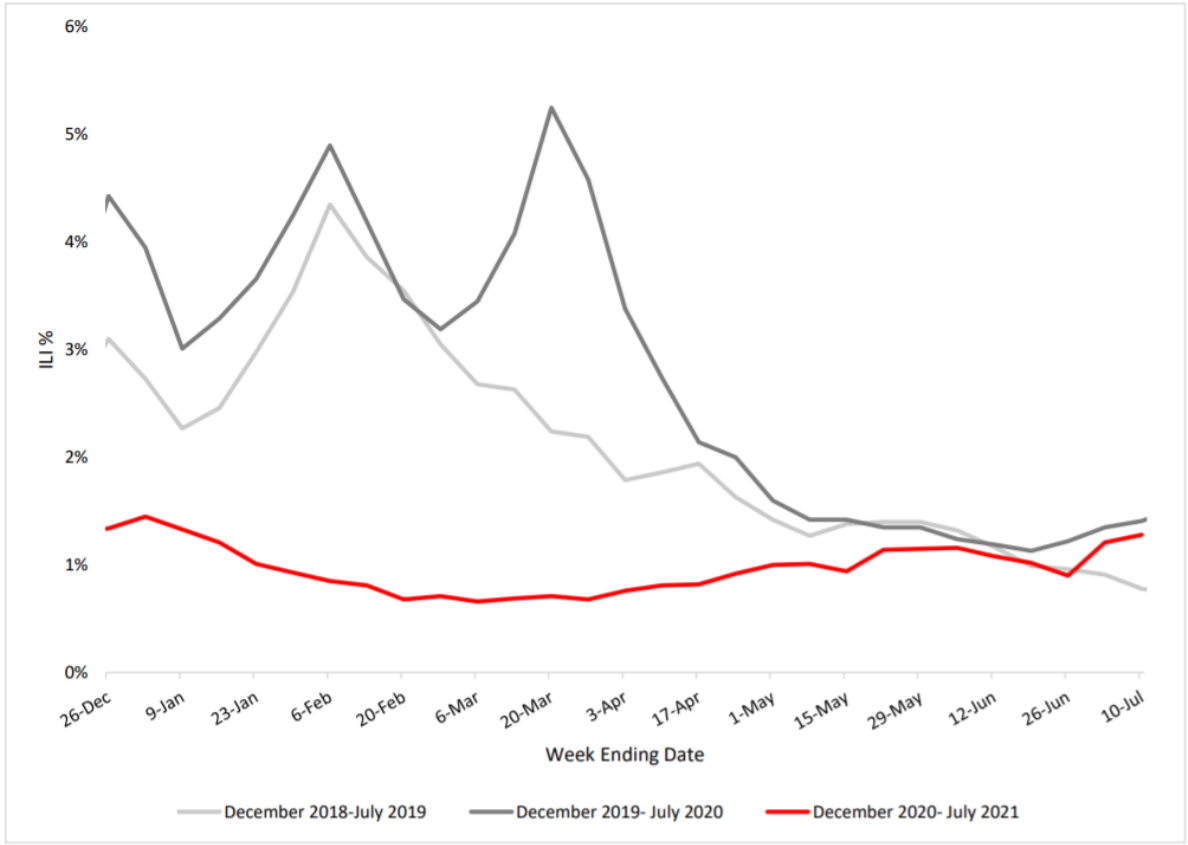
Integrating data — Business Intelligence Data Platform

Other Lessons Learned

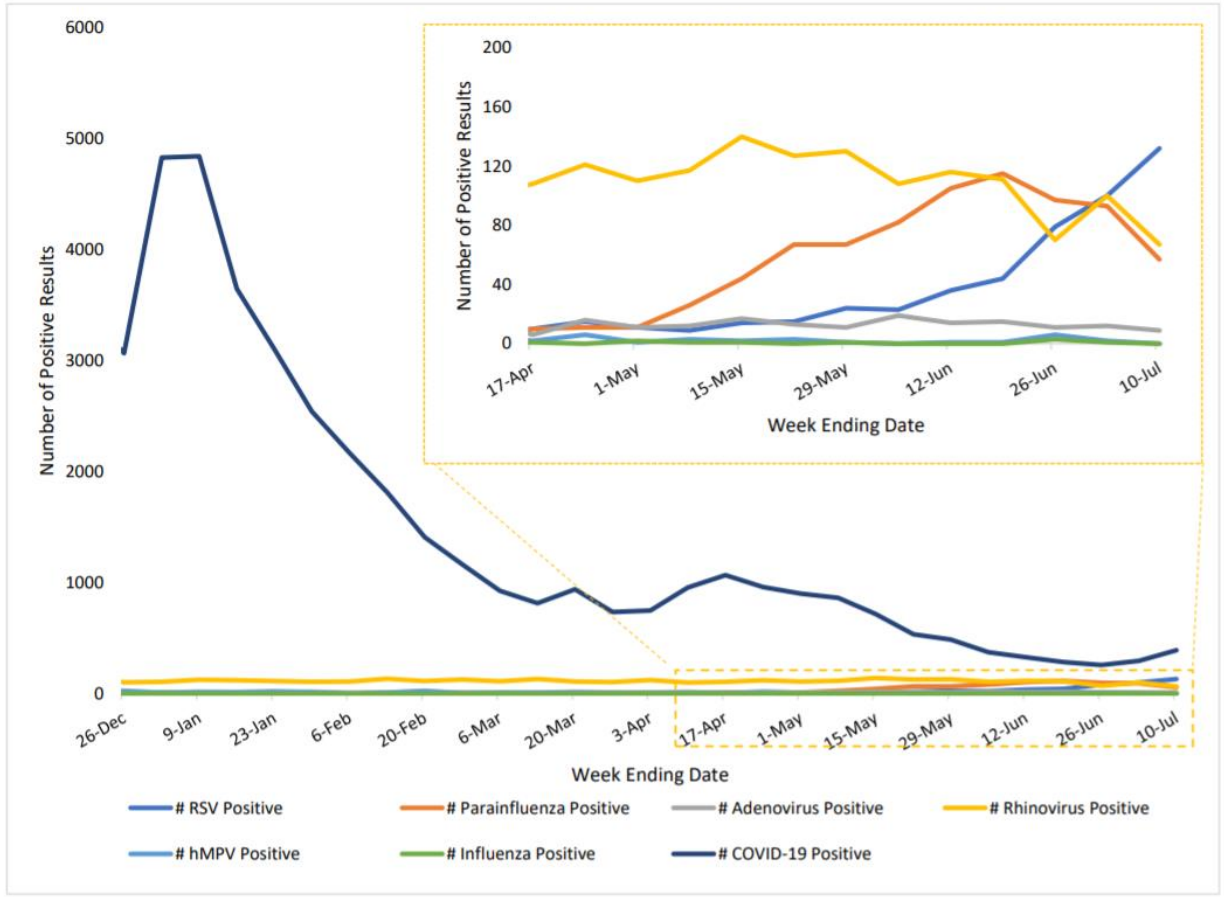
17

3 W's Work

What percent of ED visits this season are for influenza-like illness compared to previous seasons?



What respiratory viruses are being found in patients tested at hospitals in the PHE network?



Influenza-Associated Deaths Reported in North Carolina (10/3/20-7/10/21)

Flu Deaths Reported Week Ending in 07/10	Total Flu Deaths
0	7

Prior 4 years ranged from 186-391 influenza deaths per year

Simplicity is important

VACCINE DISTRIBUTION PRIORITIZATION FRAMEWORK

Risk-based prioritization based on National Academy of Medicine Framework for Equitable Allocation of COVID-19 and CDC Advisory Committee Immunization Practice. Refined by input by North Carolina Institute of Medicine Vaccine Advisory Committee. May be revised based on Phase III clinical trial safety and efficacy data and further federal guidance

Phase 1	Phase 2	Phase 3	Phase 4

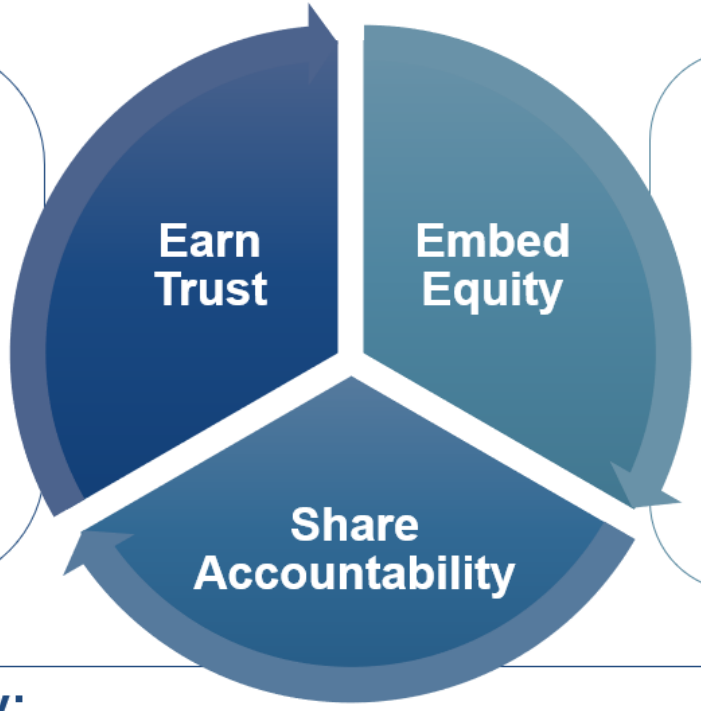
Phase 1a:
• Health care workers and COVID responders at high risk for exposure based on work duties or vital to the initial COVID vaccine response
  ○ High risk of exposure is defined as those caring for COVID-19 patients, cleaning areas where COVID-19 patients are admitted, performing procedures at high risk of aerosolization (e.g., intubation, bronchoscopy, suctioning, invasive dental procedures, invasive specimen collection, CPR), handling decedents with COVID, administering vaccine in initial closed or targeted vaccination clinics.
  ○ Population includes: nurses, physicians, respiratory techs, dentists, hygienists, nursing assistants, environmental services staff, EMT/paramedics, home health workers, personal care aides, community health workers, health care trainees(e.g., medical students, pharmacy students, nursing students, etc.), morticians/funeral home staff, pharmacists, public health nurses, public health and emergency preparedness workers who meet the above definition of "high risk of exposure."
• Long Term Care staff (e.g., staff in Skilled Nursing Facilities, adult care homes, family care homes, and group homes; workers directly providing home and community-based services)
Phase 1b:
• Long Term Care residents (e.g., individuals in Skilled Nursing Facilities, adult care homes, family care homes, and group homes; individuals with intellectual and developmental disabilities who receive home and community-based services in private homes)
• Adults with high risk of complications per CDC and staff of congregate living settings
Operationally prioritize settings based on risk of exposure
• Migrant farm and fisheries workers in congregate housing with 2+ Chronic Conditions* or ≥ age 65
• Incarcerated individuals with 2+ Chronic Conditions* or ≥ age 65 and jail and prison staff
• Homeless shelter residents with 2+ Chronic Conditions* ≥ 65 and homeless shelter staff
• Health care workers not included in Phase 1A with 2+ Chronic Conditions
• Frontline workers with 2+ Chronic Conditions at high risk of exposure (e.g., firefighters, police, workers in meat packing plants, seafood and poultry not in congregate housing, food processing, preparation workers and servers, manufacturing, construction, funeral attendants and undertakers not included in Phase 1A, transportation workers, retail workers (including grocery store workers), membership associations/org staff (e.g., religious orgs), education staff (e.g., child care, K-12 or IHE) and workers in government, public health, emergency management and public safety whose functioning is imperative to the COVID-19 response)
	• Migrant Farm/fishery workers in congregate living without 2+ Chronic Conditions
	• Incarcerated individuals without 2+ Chronic Conditions
	• Homeless shelter residents without 2+ Chronic Conditions
	• Frontline workers at high or moderate risk of exposure without 2+ Chronic Conditions
	• All other Health Care Workers not included in Phase 1A or 1B
	• Education staff (Child Care, K-12, IHE) without 2+ Chronic Conditions
	• Other adults age 18-64 with one chronic condition*
	• 65+ year olds with one or no chronic conditions*
		• Workers in industries critical to the functioning of society and at increased risk of exposure who are not included in Phase 1 or Phase 2
		• K-12, college students
			• Remaining population

Need Partnerships to improve Equity

- **Governmental Public Health needs Community**

Healthier Together

Earn trust:
Honest communication with accurate information
Partnerships that build relationships
Co-create solutions with communities
Research-driven outreach



Embed equity in vaccine operations:
Allocations that facilitate and reward equity & access
Vaccine providers with clear expectations and guidance
Support access by minimizing barriers

Share accountability:
Complete and consistent data collected and reported statewide and by county
Data-driven decision making to better identify and serve our communities
Narrative sharing to amplify the stories of equity promotion and successes in NC

Decisions with incomplete data

- Hard and uncomfortable
- Make a call with the best information you have, even though you know it is incomplete
- Be transparent about your decision- making process and rationale
- Be clear that learning more may/will likely mean making different decisions in the future

Need to care about your workforce

53% reported symptoms of at least one mental health condition in the preceding 2 weeks

Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Early Release / Vol. 70
June 25, 2021

Symptoms of Depression, Anxiety, Post-Traumatic Stress Disorder, and Suicidal Ideation Among State, Tribal, Local, and Territorial Public Health Workers During the COVID-19 Pandemic — United States, March–April 2021

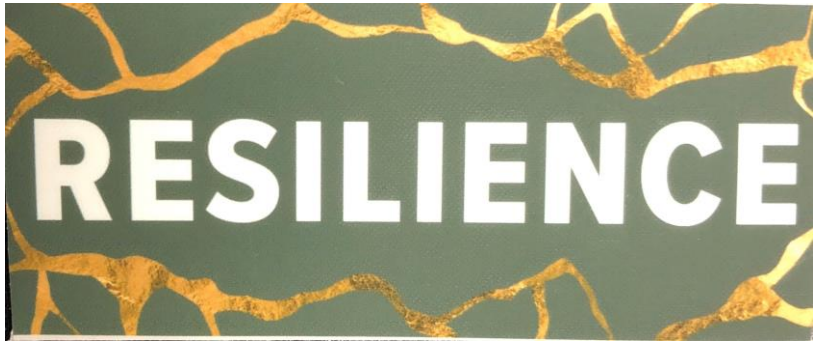
Jonathan Bryant-Genevier, PhD[1,2]; Carol Y. Rao, ScD[2]; Barbara Lopes-Cardozo, MD[2]; Ahoua Kone, MPH[2]; Charles Rose, PhD[2]; Isabel Thomas, MPH[2]; Diana Orquiola, MPH[2]; Ruth Lynfield, MD[3]; Dhara Shah, MPH[4]; Lori Freeman, MBA[5]; Scott Becker, MS[6]; Amber Williams, MS[7]; Deborah W. Gould, PhD[2]; Hope Tiesman, PhD[2]; Geremy Lloyd, MPH[2]; Laura Hill, MSN[2]; Ramona Byrkit, MPH[2]

Increases in mental health conditions have been documented among the general population and health care workers since the start of the COVID-19 pandemic (*1*–*3*). Public health workers might be at similar risk for negative mental health consequences because of the prolonged demand for responding to the pandemic and for implementing an unprecedented vaccination campaign. The extent of mental health conditions

A nonprobability–based convenience sample of public health workers was invited to complete a self-administered, online, anonymous survey during March 29–April 16, 2021. All persons who worked at a state, tribal, local, or territorial health department for any length of time in 2020 were eligible to participate.* National public health membership associations† emailed a link to the survey to all members

In Crises – especially sustained – people and relationships matter

- Values matter more than ever
- Trauma is real; Resiliency takes work and intentionality



- Care (self), compassion, connection

S	**Stay connected to family and friends.**	Social connections build resiliency.
C	**Compassion for yourself and others.**	Self-compassion decreases trauma symptoms and stress.
O	**Observe your use of substances.**	Early intervention can prevent problems.
O	**Ok to ask for help.**	Struggling is normal. Asking for help is empowering.
P	**Physical activity to improve your mood.**	Exercise boosts mood and lowers anxiety.