

# NC DHHS K-12 COVID-19 Response Updates

**DPI/NC DHHS Monthly Meeting**  
December 7, 2021



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**



# Agenda

---

- **Statewide COVID-19 Updates and Data Trends**
- **Vaccination Update**
- **K-12 Covid Testing Updates**
- **StrongSchoolsNC Toolkit Updates**



NC DEPARTMENT OF  
**HEALTH AND HUMAN SERVICES**

# Statewide COVID-19 Updates & Data Trends

Dr. Betsey Tilson

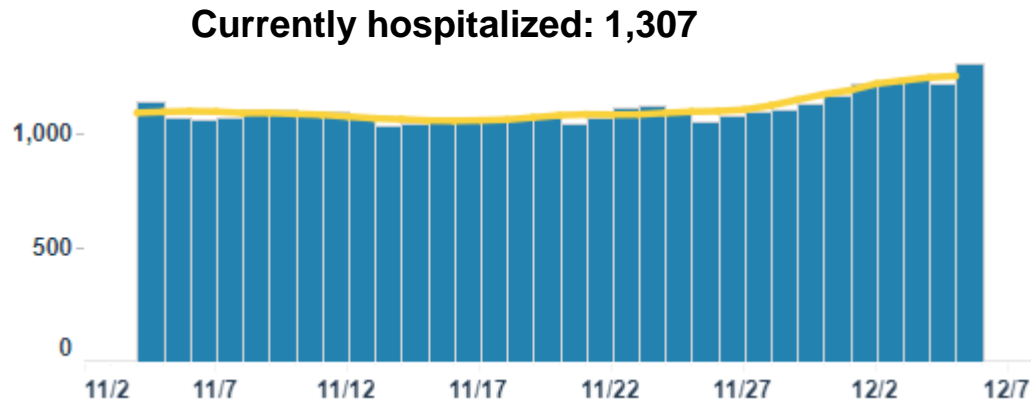
State Health Director & Chief Medical Officer  
NCDHHS

**NC DHHS- DPI Monthly Webinar**

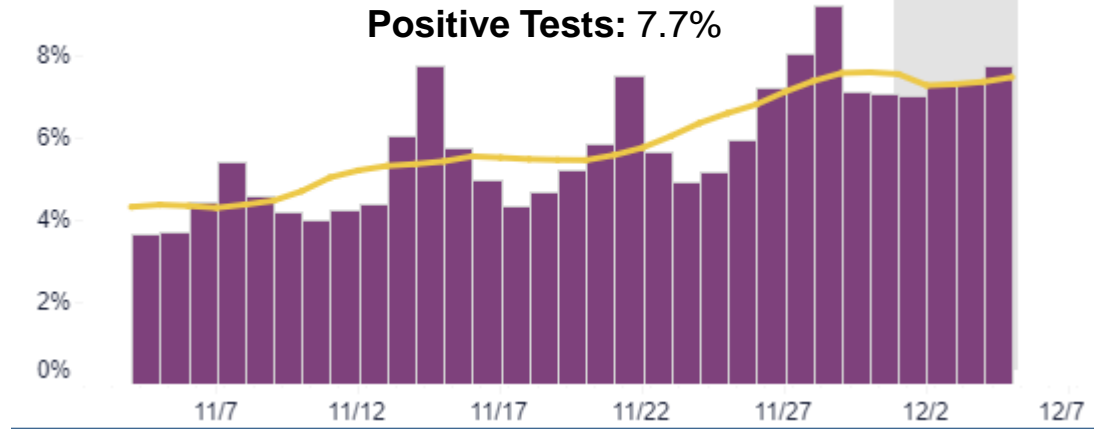
December 7, 2021

# Four Key Metrics- Beginning to rise again

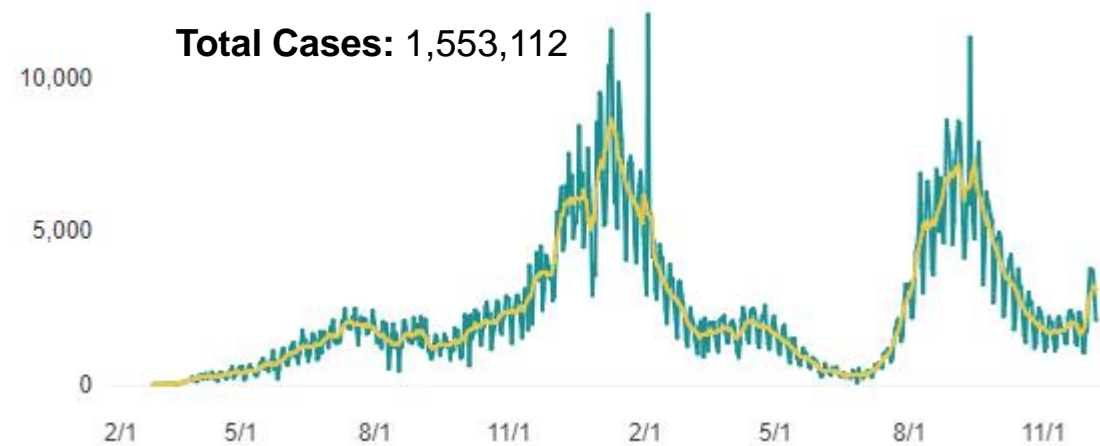
## Daily Number of People Currently Hospitalized



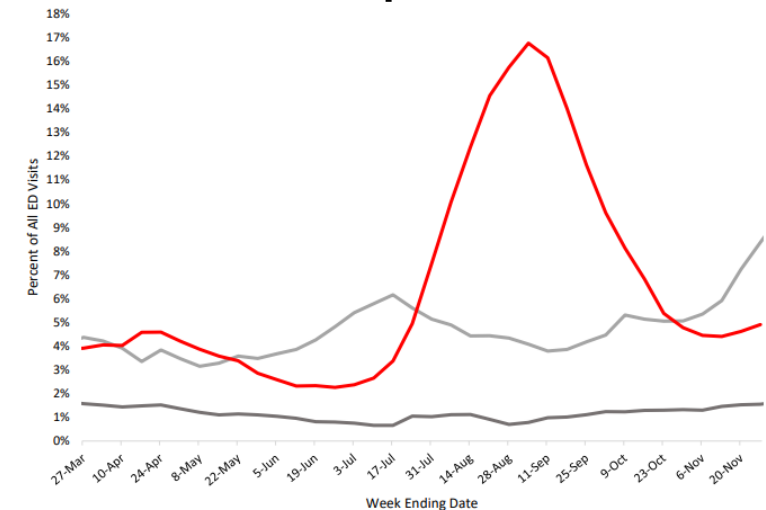
## Positive Tests as a Percent of Total Tests



## Daily Cases by Date Reported



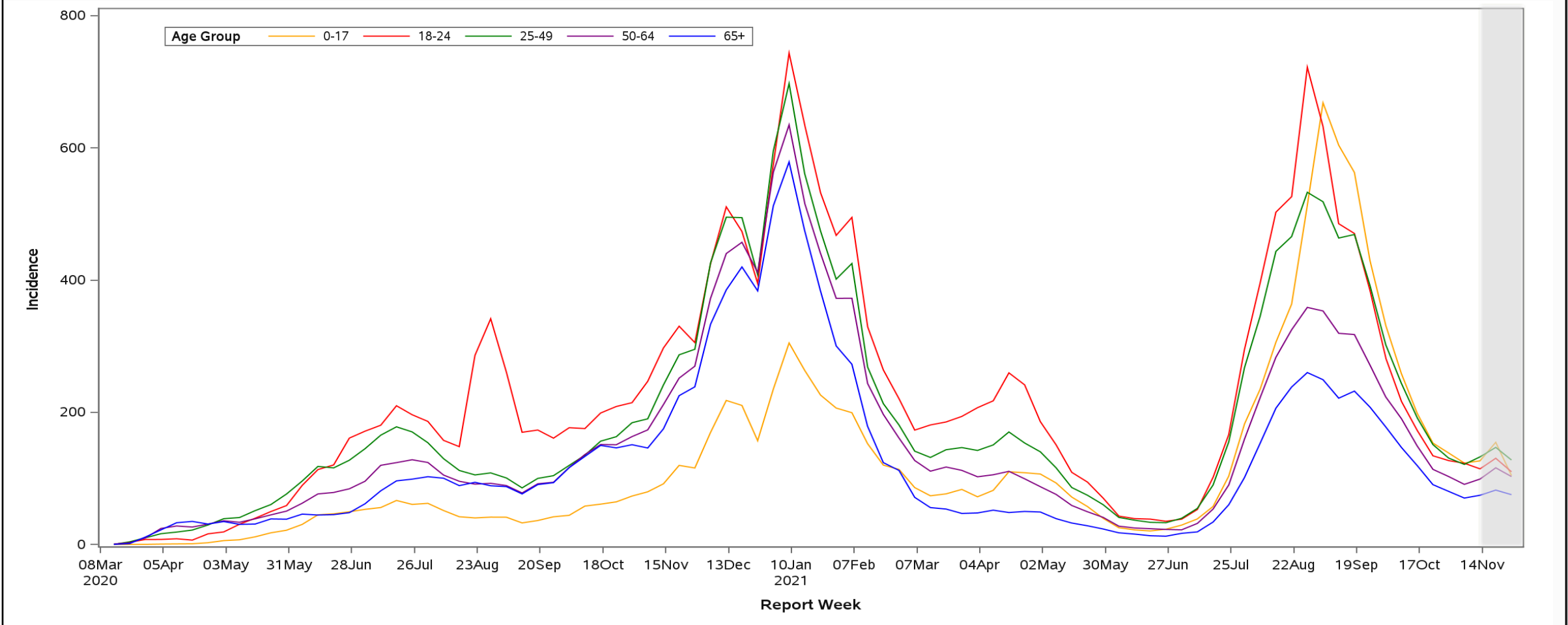
## What Percentage of ED Visits this Season are for COVID-like Illness Compared to Previous Seasons?



# Case Rates Plateauing Across All Age Groups

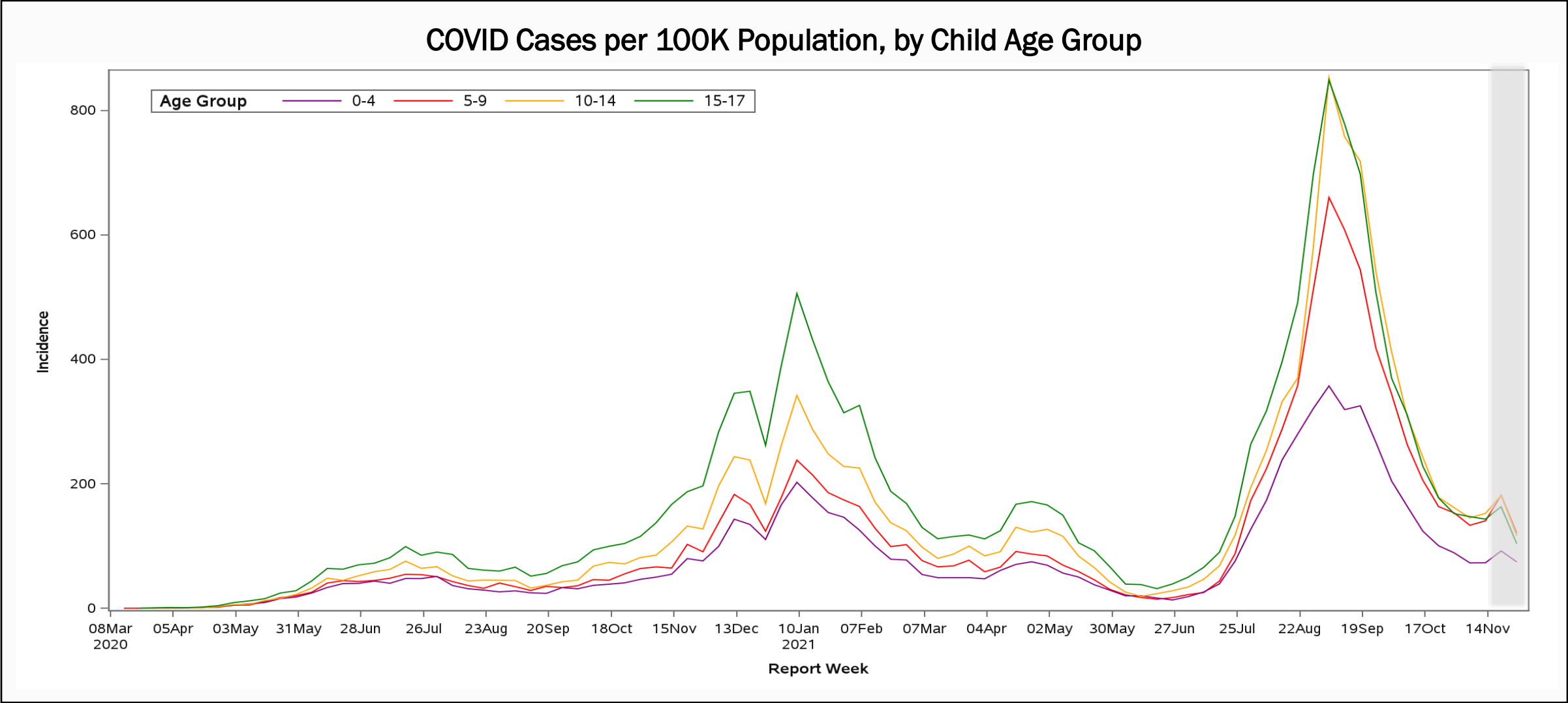
Case rates across age groups have begun to converge;  
rates among the 0–49-year-old age groups remain the highest.

COVID Cases per 100K Population by Age Group



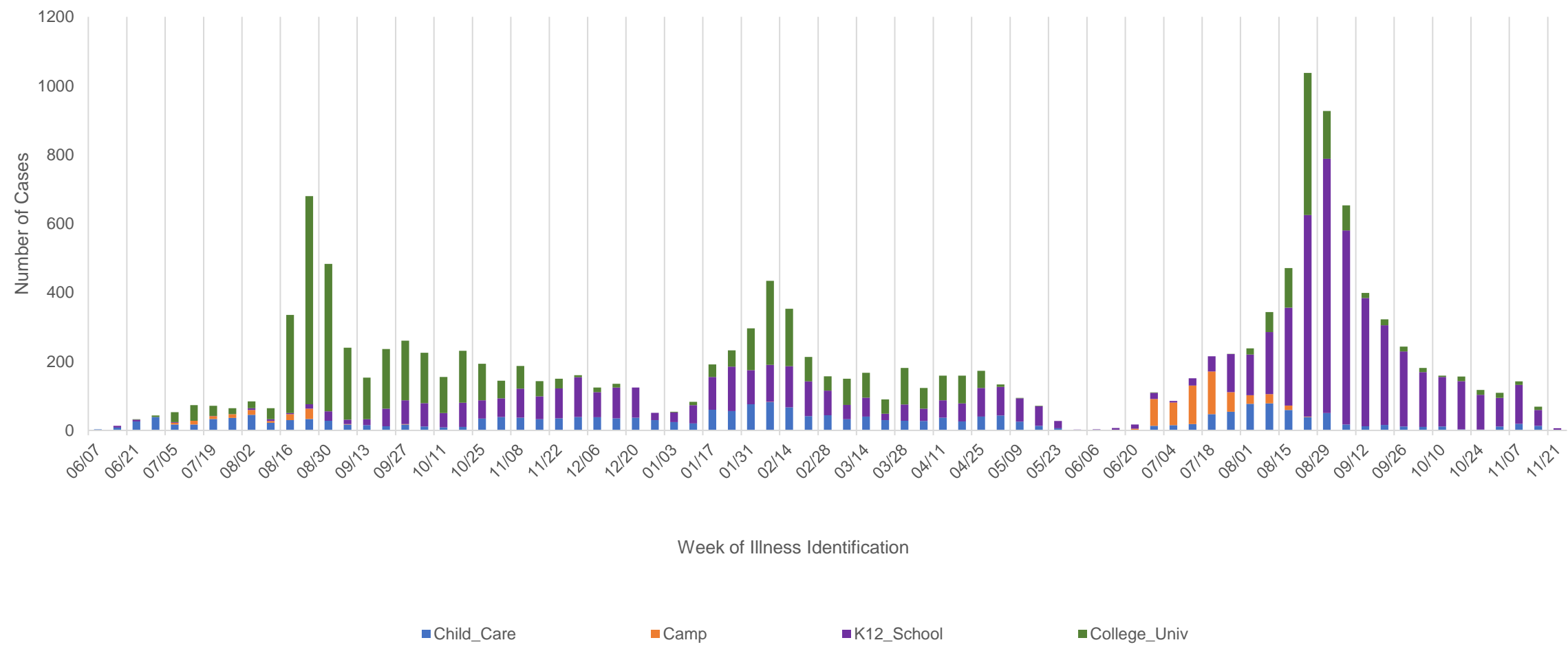
# Case Rates Plateauing Among Children

Case rates remain higher among school-aged group (as compared to 0–4-year-olds).



# Plateauing Cases in Educational Clusters

Child Care, Schools, & Higher Education





# Omicron Variant Spreading; Implication Uncertain



The Omicron variant has been detected in 20 countries in North American, Africa, Asia, Australia and Europe, and the variant appears to be spreading rapidly. The potential impact of the variant is still unknown.

## Impact on Infection and Clinical Illness

- There is still a lot to learn about Omicron, including about the transmissibility and the symptoms and severity of disease it causes
- To date, the variant has been detected in 17 states in the US – it has not been detected in NC yet.
- Despite the detection of this new variant, Delta remains the dominant variant and represents more than 99% of circulating strains.

## Impact on Vaccines and Therapeutics

- **Currently we do not have enough data to determine potential impacts on immunity from vaccination or past infection.** Scientists are concerned about mutations in the virus that suggest *possible* immune evasion
- The Omicron variant has infected fully vaccinated people and people who have recovered from the Delta variant<sup>1</sup>
- **Vaccines:** possible decrease in effect from vaccine-induced antibodies, but effects on cellular immunity unknown. Current vaccines expected to remain effective against severe illness and death
- **Monoclonal antibodies:** no virus-specific data currently
- **Antivirals:** impact on effect of Remdesivir, molnupiravir, and PAXLOVID™ is unknown

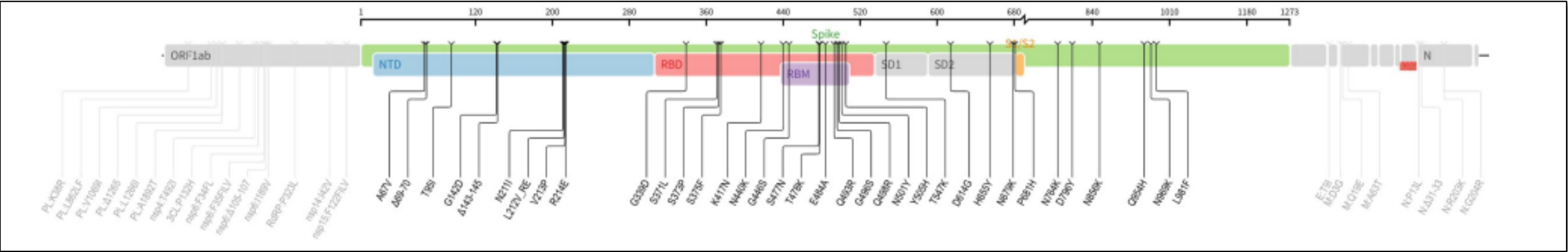
**Notes:** <sup>1</sup> No information on whether people who have received a booster shot have been infected with the Omicron variant. **Source:** BNO News, [https://newsnodes.com/nu\\_tracker](https://newsnodes.com/nu_tracker); CDC



# Omicron Mutations Differ from Previous Variants



The Omicron variant contains multiple mutations, including 30+ mutations in the spike protein, many of which are rarely observed. As such, the full significance of the mutations is uncertain.

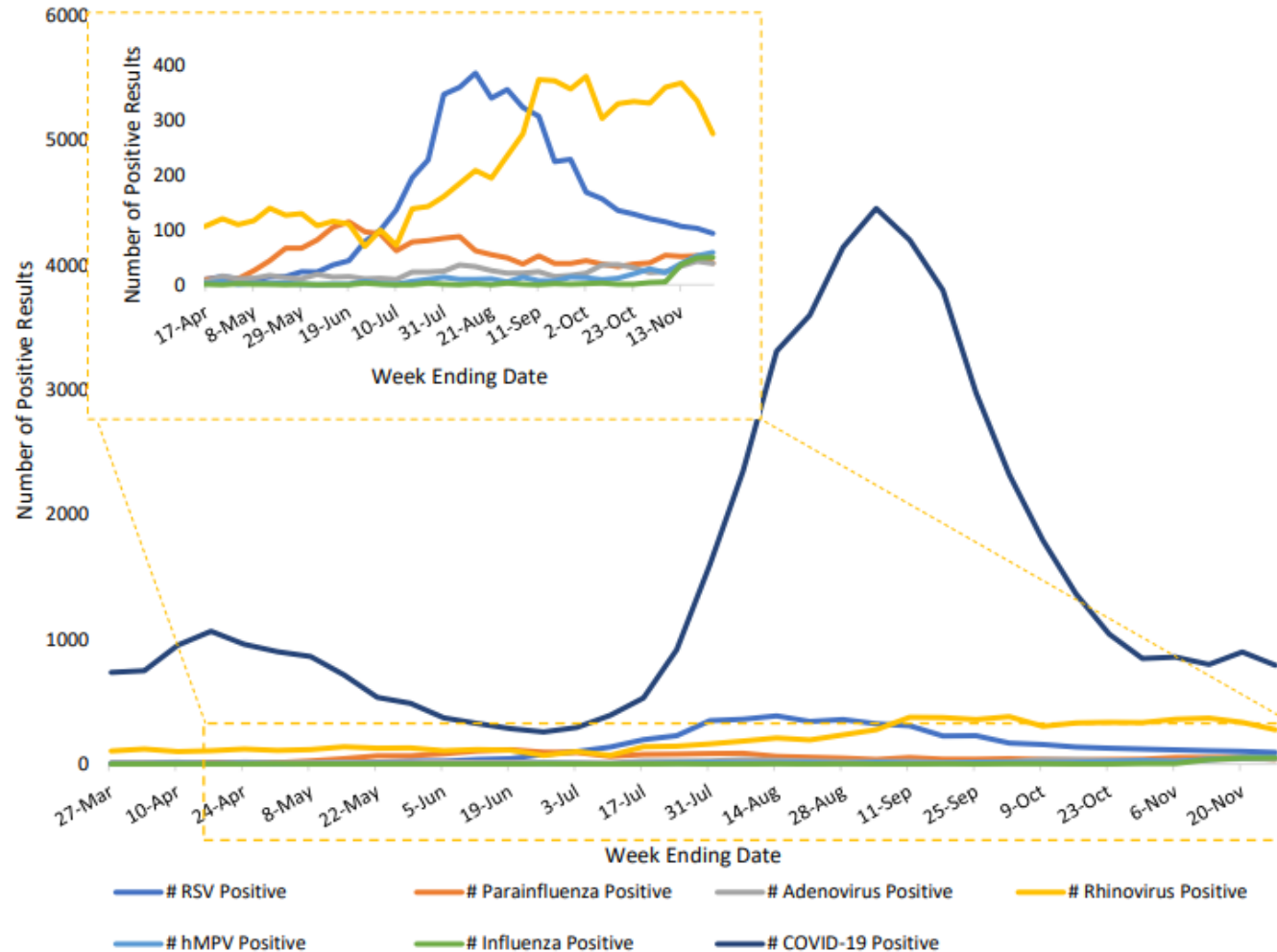


Mutation	Implication
Multiple RBD and NTD mutations	Associated with resistance to neutralizing antibodies and therapeutic monoclonal antibodies
Cluster of mutations (H655Y + N679K + P681H) adjacent to S1/S2 furin cleavage site	Associated with more efficient cell entry, leading to enhanced transmissibility
nsp6 deletion ( $\Delta$ 105-107) – similar to deletion to Alpha, Beta, Gamma, Lambda	May be associated with evasion of innate immunity (i.e., interferon antagonism), which could enhance transmissibility
R203K + G204R mutations in nucleocapsid – seen in Alpha, Gamma, Lambda	Associated with increased infectivity

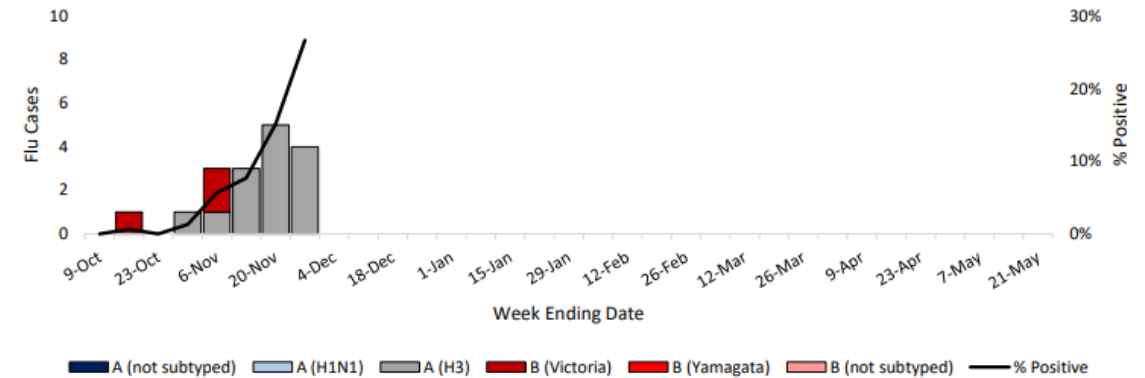
# Starting to see Influenza

## Importance to encourage flu vaccine

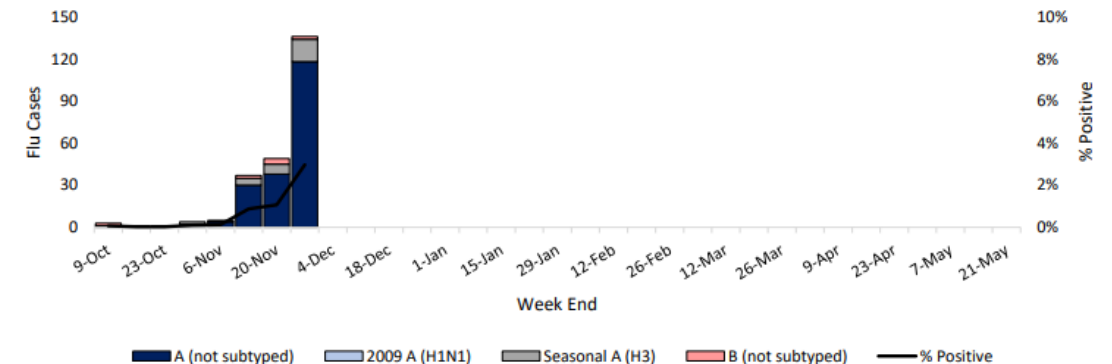
What respiratory viruses are being found in patients tested at hospitals in the PHE network?

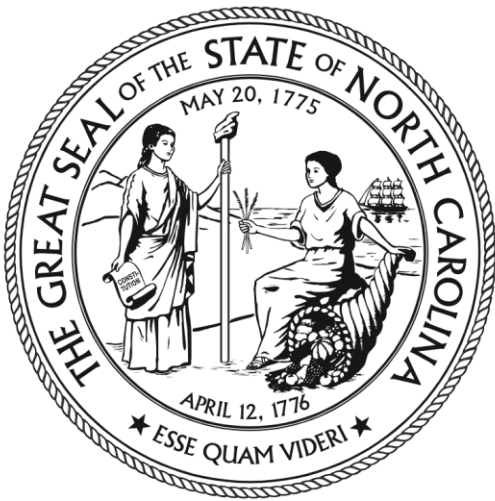


Influenza Positive Tests Reported by SLPH



Influenza Positive Tests Reported by PHE Facilities





NC DEPARTMENT OF  
**HEALTH AND HUMAN SERVICES**

## **Vaccination Update**

Dr. Betsey Tilson

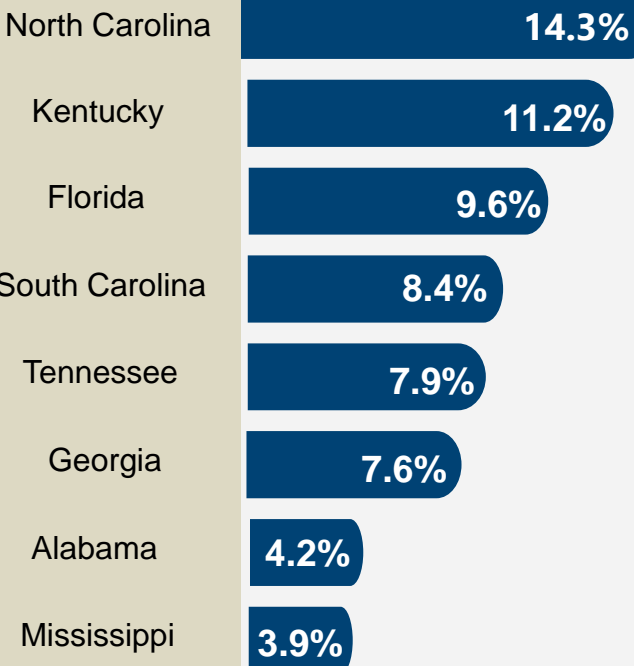
State Health Director & Chief Medical Officer  
NCDHHS

**NC DHHS- DPI Monthly Webinar**

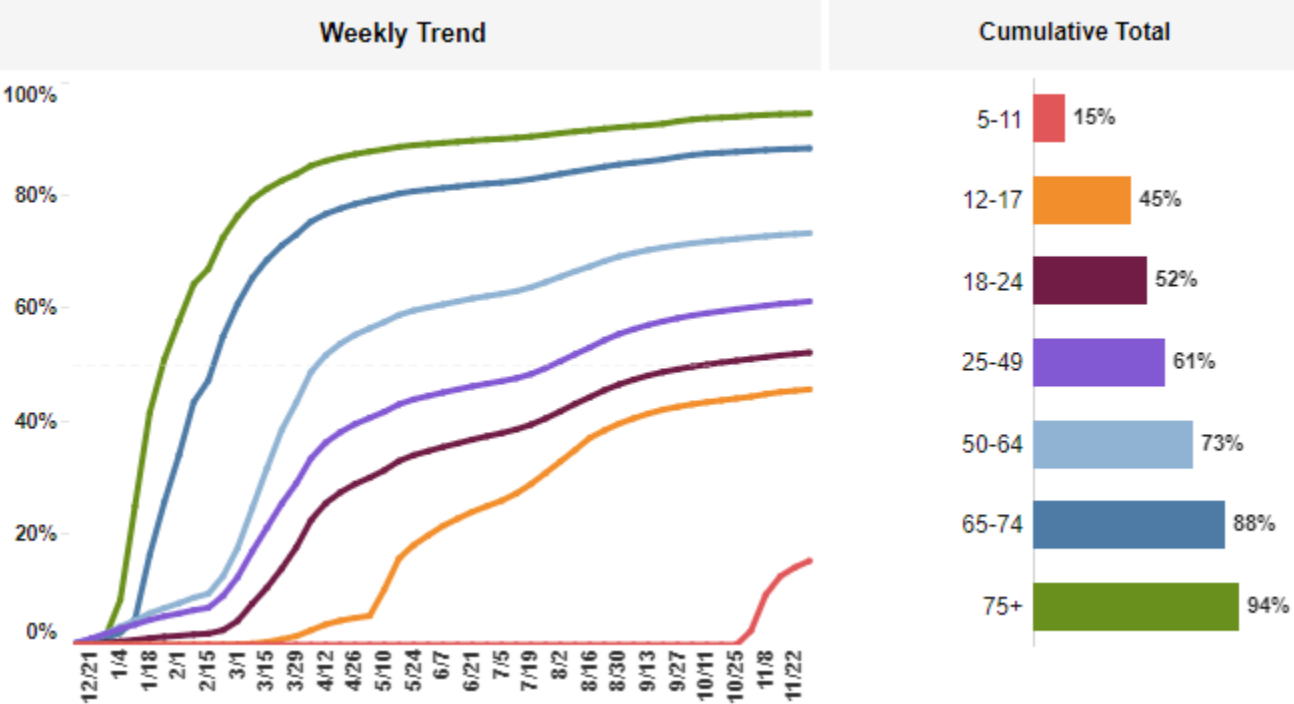
November 7, 2021

# PEDIATRIC VACCINATION RATES

North Carolina has the highest pediatric vaccination rate of the Southeastern States



## % of Population Vaccinated with at Least One Dose by Age



- **There is plenty of supply in state.**
- As of 11/29 28.4% of pediatric doses administered were at primary care practices.



# Family Vaccination Centers – Program highlights

## Program Highlights:

- **1,360 total doses administered** at Family Vaccination Sites as of 12/1/21\*
  - 536 Peds
  - 419 Primary Series (12+)
  - 386 Boosters
- **Gang Free Inc (a small Healthier Together CBO in Vance County) drew in between 50-80 5-11 year-olds daily** for the first week of operation – vast majority HMP
- **ECSU site administered 47% of all 5-11 doses in Pasquotank County as of 11/17**

*\*Data from CVMS with unique pop-up site identifier as of 12/1/2021 at 2pm (EST)*

Counties	Site Location	Registration Link
Buncombe	Arthur R. Edington Career and Education Center	<a href="#">Edington Center</a>
Burke	St. Charles Catholic Church	<a href="#">St. Charles</a>
Forsyth	St. Peter's Church and World Outreach Center	<a href="#">St. Peters</a>
Lenoir	Grainger Stadium	<a href="#">Grainger Stadium</a>
Pasquotank	Elizabeth City State University	<a href="#">ECSU</a>
Robeson	Lumbee Tribal Council, Boys and Girls Club	N/A – Walk-Ins
Sampson	Sampson Community College	Site closed - 11/20
Vance	Gang Free Inc.	<a href="#">Gang Free Inc.</a>
Wilson	Total Impact Outreach Ministry	<a href="#">Total Impact</a>

For more information on the Family Vaccination Centers including clinic addresses, dates/hours of operation, and registration links or call center numbers, please refer to the website linked here ([Family Vaccination Centers](#)).

*Kids* HAVE A  
**SPOT**  
TO TAKE THEIR  
**SHOT.**



**KIDS on getting the shot**



NC DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES



# MATERIALS | OVERVIEW OF KIDS RESOURCES

Logo

Web Page

- [English](#)
- [Spanish](#)

Clinical Trials Flyer

Social Graphics

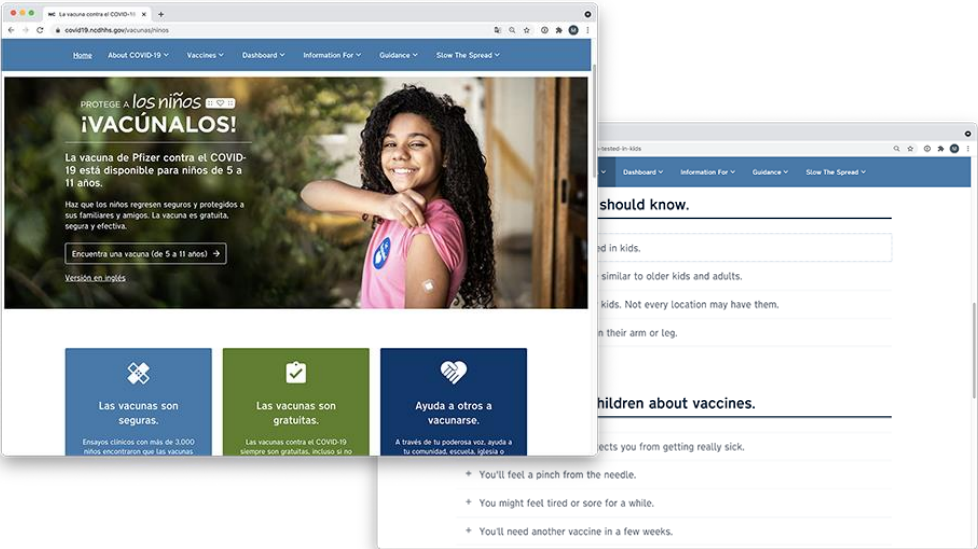
Upcoming:

- "What to expect" safety flyer & FAQ/Discussion guide flyer

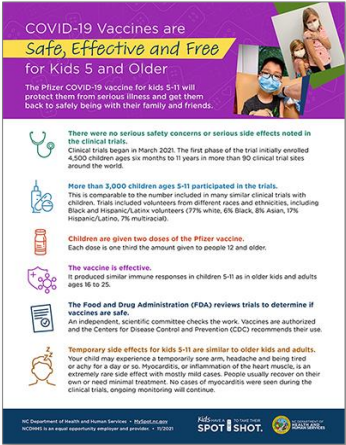
Logo



Web Page



Clinical Trials Flyer



Social Graphics







# Boosters

**To strengthen and extend protections against COVID-19, boosters are now available to all North Carolinians 18 and older.**

**If you are eligible, you should get a booster now.**



**You should get a booster if:**

- You are 18 or older, and
- You received your second/final dose of the Pfizer or Moderna vaccines more than SIX months ago, or
- You received your Johnson & Johnson vaccine more than TWO months ago.

# Holiday Messaging

## Holiday safety PSA



### Guidance for Winter Holiday Gatherings



#### WINTER-RELATED TRAVEL

To protect yourself and others, delay your travel plans and stay home until you are fully vaccinated.

- If you do travel and are NOT fully vaccinated, get tested 1-3 days before and 3-5 days after travel AND stay home and self-quarantine for a full **7 days** after travel, even **if you test negative** at 3-5 days.

#### HOLIDAY AND SOCIAL GATHERINGS

Your safest option continues to be attending events virtually or celebrating outdoors or with small groups of people.

If you do gather:

- Get your COVID-19 vaccine and encourage everyone else to get vaccinated.
- Have all guests who are not fully vaccinated wear a face covering and maintain 6 feet physical distance from others, especially when they are indoors.
- It is recommended that everyone, regardless of vaccine status, wear a mask in indoor settings and crowded outdoor gatherings in counties of high or substantial levels of transmission, as defined by the CDC.
- If you are sick or have symptoms, do not host, or attend a gathering.

For safer holiday celebrations consider:

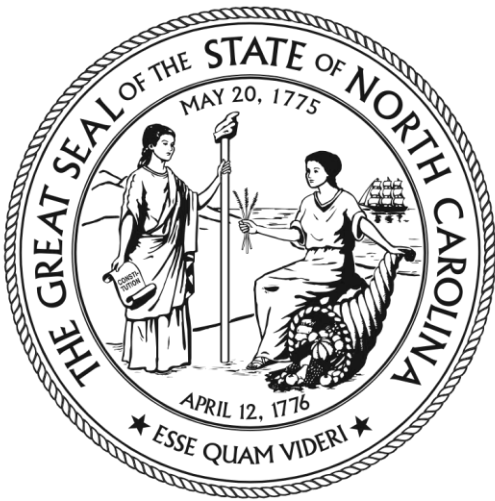
- Enjoying meals with individuals in your household only.
- Practicing religious holiday customs at home.
- Preparing and delivering a meal to a neighbor.
- Watching religious and cultural performances virtually or outdoors.
- Attending religious ceremonies or holiday events virtually or outdoors.



NC DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES

[www.ncdhhs.gov](http://www.ncdhhs.gov) • NCDHHS is an equal  
opportunity employer and provider. • 11/2021





NC DEPARTMENT OF  
**HEALTH AND HUMAN SERVICES**

## **K-12 COVID-19 Testing Updates**

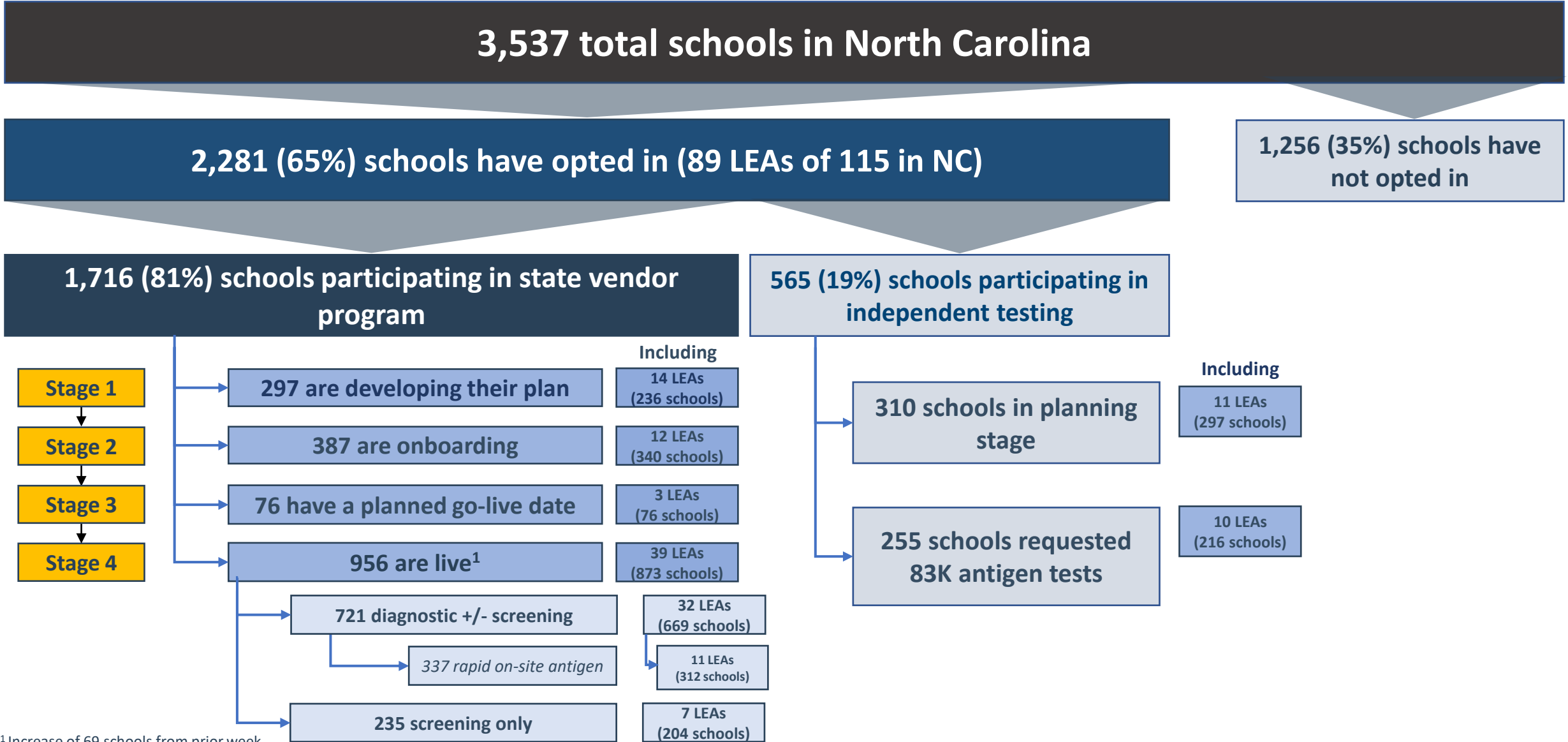
Deborah Porterfield, MD, MPH

K12 Testing Lead

**NC DHHS- DPI Monthly Webinar**

December 7, 2021

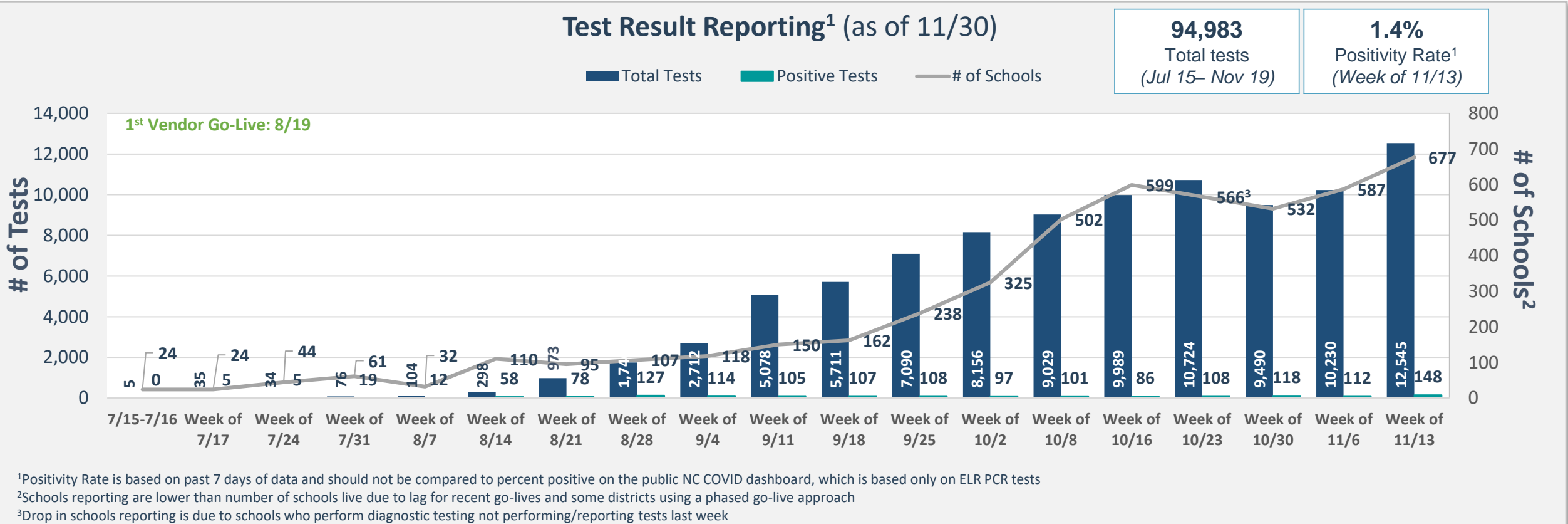
# Program Current State – Testing Status as of November 30<sup>th</sup>



<sup>1</sup> Increase of 69 schools from prior week



# StrongSchoolsNC K-12 COVID-19 Testing Program: 2021-22 Testing Reporting



## Key Reporting Statistics

- 44% (416 of 956 schools who have gone live) are performing tests on an as-needed basis (i.e., diagnostic testing), reporting only symptomatic and close-contact cases among students and staff. These schools **may not perform and report tests on a weekly basis**
- 32% (305 schools of 956 schools who have gone live) are performing both diagnostic and screening testing
- 24% (235 schools of 956 schools who have gone live) are only performing weekly screening testing
  - We continue to follow up with these schools to encourage them to implement diagnostic testing

# NCDHHS COVID-19 K12 Testing Standing Order Update

As we move into planning the state's endemic COVID response, and the potential expiration of the state of emergency and the statewide standing order, it will be necessary to move standing orders back to the local level.

## What is a Standing Order?

- A standing order provides written authorization by a NC licensed healthcare provider for school staff (RNs, Nurse Extenders and UAPs) to perform COVID-19 testing and describes the parameters for testing.
- During the state of emergency, most schools have done testing under the NCDHHS statewide standing order, which may soon expire.

## Why does it matter?

- Without an active standing order for COVID-19 testing, schools will no longer be able to perform tests on students and staff who wish to be tested unless they have a doctor's authorization for each patient.

## What do we need to do?

- The statewide standing orders may be extended beyond January 5th. However, it is important to begin to plan for the statewide standing order expiring.
- Assess need for a standing order. Your school may be covered by the testing vendor's standing order or you may already have a separate standing order in place. See email from our program (12/2) with details on who is affected.
- If needed, request a standing order from 1) your school's medical advisor or 2) your local health department.



# Both Screening and Diagnostic testing are important

	Screening	Diagnostic
<b>Populations in Scope</b>	<ul style="list-style-type: none"><li>• Students</li><li>• Staff</li><li>• Teachers</li><li>• Athletics and Special Populations</li></ul>	<ul style="list-style-type: none"><li>• Students</li><li>• Staff</li><li>• Teachers</li><li>• Athletics and Special Populations</li></ul>
<b>Frequency</b>	<ul style="list-style-type: none"><li>• Students and Teachers: 1x / week</li><li>• Athletics and other special populations: 1x / week*</li></ul>	<ul style="list-style-type: none"><li>• As needed with presentation of symptoms or known exposure (i.e., close contact)</li></ul>
<b>Modality</b>	<ul style="list-style-type: none"><li>• Pooled PCR testing with Abbott BinaxNOW as the reflex test**</li></ul>	<ul style="list-style-type: none"><li>• Lab-run PCR</li><li>• Abbott BinaxNOW Antigen <i>tests for schools with CLIA waiver and full-time RN oversight</i></li></ul>

*Benefits of Routine screening:* it is a proactive approach to identify asymptomatic cases; it minimizes disruption, and it can be scheduled.

Routine screening, with *supplemental* diagnostic testing, helps **get ahead of transmission** and **be responsive** to daily needs.

**Providing diagnostic tests in-school is a key part of any plan because it helps keep students in school through quick testing results.**

\*Frequency will vary based on current CDC guidance and the level of community spread. As a baseline, NC DHHS recommends the following, though this can be adjusted over time

\*\*Modality will be based on size of population being tested per school per day

**Both types of testing are important and require parental/guardian consent.**

# Diagnostic Testing Capacity May be Even More Important in Winter Months



Diagnostic testing helps **keep our students in the classroom**

1. Peace of mind and actionable information to know if a student has COVID-19. (This is especially helpful during cold and flu season and as families travel and gather for the holidays.)
2. Can reduce the number of students needing to quarantine through earlier detection
3. Antigen testing is quick (15 min for results) and reliable

## NCDHHS is here to help!



DHHS goal to have antigen tests for diagnostic testing in every NC school



Staff available to assist with your CLIA Waiver questions



Contact tracing staff support and dedicated staff member to help navigate district and LHD partnerships



Office hours for both testing and contact tracing



Funding to hire additional school nursing support staff



Resources to help schools when seeking to hire additional nursing support staff

# Resources for School Health Team Hiring

The NCDHHS School Health Nurse Consultant team has created a comprehensive [resource page](#) to help schools navigate the hiring and onboarding process for nursing support staff. The resources emphasize a flexible approach to building a school health team.

## Resources include:

Components of a Job Description

Component	Registered Nurse (RN) School Nurse	Registered Nurse (RN) Assistant School Nurse	Licensed Practical Nurse (LPN)	Unlicensed Assistive Personnel (UAP)
Job Title/Description	Only an RN may be a school nurse. The school nurse is responsible for planning, implementing, and evaluating school health services. The RN must function within the NC SDN RN scope of practice.	An RN may also serve as supporting health care staff to the school nurse. Supporting staff would have assigned duties. The RN must function within the NC SDN RN scope of practice.	Functions in a directed manner as a school nurse extender within the NC SDN LPN scope of practice.	May function as a school nurse extender within the school setting.
Accountability	The RN reports directly to the local health department or to the local education agency.	The RN supports and is supervised by the RN School Nurse or the nursing supervisor, if one is in place.	Supervised by the RN	Supervised by the RN or LPN as directed by the RN
Qualifications/Education and/or experience required	Must be registered and licensed within the state of NC. Good communication skills. Proficient with computer. Ability to collaborate with team members. BSN required? Experience required? National certification within three years of hire.	Must be registered and licensed within the state of NC. Good communication skills. Proficient with computer. Ability to collaborate with team members. BSN required? Experience required?	Must be registered and licensed within the state of NC. Good communication skills. Proficient with computer. Ability to collaborate with team members. Experience required?	Should demonstrate willingness and competence in assigned and delegated tasks. Good communication skills. Proficient with computer. Ability to collaborate with team members. Experience required?
Major Responsibilities	Promotes population health by either being the school nurse or providing support to the school nurse that reflects the district's strategic plan. What schools will be served? Only an RN can assess students.	May have specific tasks assigned if not functioning as the school nurse. For example, the RN could be the COVID-19 first responder and provide contact tracing. They could also be assigned routine screenings such as vision or hearing. What schools will be served? Only an RN can assess students.	May have specific tasks assigned. What school will be served?	Tasks/procedures that they have been trained and assessed as being competent to perform. What school/student will be served?

Staffing Healthcare in Schools

School Health Activity	Registered Nurse (RN) (Bolded activities may only be completed by the RN)	School Nurse Extender (Require ongoing practice supervision and direction from RN)	
		Licensed Practical Nurse (LPN)*	Unlicensed Assistive Personnel (UAP)*
Health Care Plans (IHP/EAP/504/IEP)	Develop, implement and evaluate health plans. Update with changes.	Implement health plans under RN direction/supervision. Report student progress to RN.	Complete assigned tasks per training and protocol under supervision of school nurse.
Medication	Review orders and assess for clarity and need at school. Monitor expected student response and side effects. Manage medication administration process in the school setting. Provide training and assure competence of staff.	Administer ordered medications as assigned by RN per local policy. Report student response and/or concerns to the school nurse. May teach medication administration but may not determine competence.	Administer ordered medications as directed by RN per local policy. Report student response and/or concerns to the school nurse.
Health Room Visits	Assess student needs and ability to remain in school. Provide care to students with illness or injury. Train staff and assure competence to provide basic care and/or first aid.	Follow structured guidelines and protocol to care for students with illness or injury. Notify school nurse of visits and follow up needs.	Provide help in a limited manner for students with illness or injury (Call parent, call 911, bandage). Notify school nurse of visits and follow up needs.
Special Health	Assess student needs and	Complete ordered procedures	Complete assigned ordered

Responsibilities of Hiring Agency When Contracting ELC Funded Healthcare Staff

Hiring Agency and/or Registered School Nurse (RN)	Contracted ELC employee (RN, LPN, or UAP)	Staffing Agency
Ensure current policy and procedures are in place for use of contracted staff.	Become familiar with policies and procedures in assigned school.	Provide the following information as indicated to the school for contracted staff: <ul style="list-style-type: none"><li>Credentials</li><li>Licensure</li><li>Certifications (i.e., CPR, first aid, etc.)</li><li>Liability Insurance Coverage</li><li>Criminal Background Check</li><li>Professional ID</li><li>TB test/immunizations</li></ul> Sign Contract Agreement. Obtain contact information for ongoing communication.
When contracted by the LEA, school administration should coordinate/manage written contract agreements between school and contracted agency. When contracted by LHO, need to abide by school policy for staff hiring. Obtain contact information for staffing agency point of contact.	Understand scope of practice as it correlates to licensure or certification as well as contracted duties, adhere to scope of practice, job description and local policy/procedure.	
Assure that a backup plan is in place in case of contracted staff absence.	Notify agency and school contact if unable to report to work and initiate the backup plan.	Assure coverage, per contract agreement, in the event contract health care staff must be absent.
RN school nurse will provide training and orientation for contracted staff on school policy/procedures and expected job related duties. Provide copies of policy/procedure/written guidelines.	Attend training and orientation, review and understand all job duties and seek clarification as needed.	Assure that contract staff have the needed knowledge, skills, and abilities to perform expected job duties and that the duties are appropriate to the level of licensure or certification.
RN school nurse will provide access to documentation and needed forms. School nurse will be available for consultation on follow up needs and ensure care has been obtained.	Document care provided and any follow up as needed. Ensure that parental consent process has been followed prior to COVID testing. Communicate daily updates to the RN school nurse.	
RN school nurse will observe care provided by contracted staff and communicate with agency supervisor on a regular basis and provide feedback to address any identified issues or concerns.	Seek clarification from RN school nurse as needed.	Supervise contracted staff, asking for input from the RN school nurse.

## Job Descriptions

## Hiring Processes

For contract vs direct hires

## Job Duties

Based on scope and licensure

## NC DHHS COVID – 19 Response

### School Nurse Trainings

**Communicable Disease Management**

This two-part training series addresses the role of school nurses in managing communicable diseases. It includes understanding disease spread, identifying cases, and implementing control measures.

**School Nurse Extenders**

These trainings support school nurses in building and managing a school health team. They include a series of trainings for school nurses, including training for staff and support staff and training for school health team members.

**The Virtual School Nurse**

This three-part training series is designed to help school nurses who may not work in a school setting. It includes a series of trainings for school nurses who are working remotely, including training for staff and support staff and training for school health team members.

## Training Resources

# Links to Key Resources

Check back often as files are regularly updated (links stay the same):

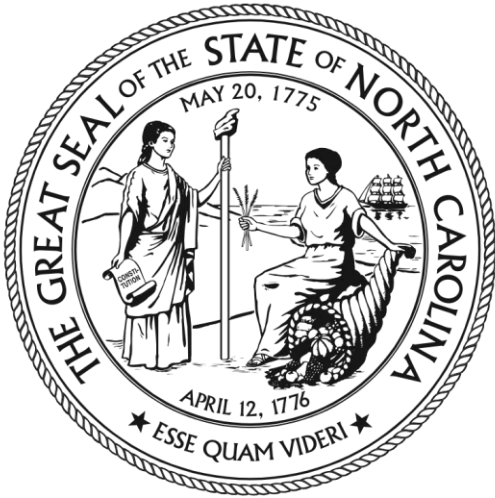
<https://covid19.ncdhhs.gov/guidance#schools>

For a summary of all key K12 updates, please see the link below:

<https://covid19.ncdhhs.gov/k-12-public-health-guidance-key-updates/download>

- [Strong Schools NC K-12 Public Health Toolkit](#)
- [NCDHHS Find My Testing Site](#) (for PCR testing)
- [CDC Guidance for Expanded Screening Testing](#)
- [StrongSchoolsNC FAQ](#)
- [Reference Guide for Suspected, Presumptive, or Confirmed Cases of COVID-19 \(K-12\)](#)
- [K12 Communications Toolkit](#)
- [Abbott BinaxNOW training modules](#)
- K12 Office Hours TBD, 9:30-10:30am

**Questions? Email** [K12COVIDTesting@dhhs.nc.gov](mailto:K12COVIDTesting@dhhs.nc.gov)



NC DEPARTMENT OF  
**HEALTH AND HUMAN SERVICES**

## **StrongSchoolsNC Toolkit**

Karen Wade  
Senior Policy Advisor  
NCDHHS

**NC DHHS- DPI Monthly Webinar**

December 7, 2021

# StrongSchools Toolkit Updates

- Updated language to reflect the children ages 5-11 are eligible to get vaccinated.
  - Also updated our [K-12 Vaccine Operational guidance](#). This resource supports school leaders with sharing vaccine information with their students and families and partnering with LHDs and other providers to host vaccination events on campus.
- Clarified that physical distancing recommendations only apply to inside the school building. Students should not be expected to remain physical distant when they are outside for recess or other outdoor activities.
- Exemption from quarantine for individuals who have tested antibody positive in the last 3 months has been updated.
  - Previously to qualify for this exemption, individuals would need to also have limited or no contact with high-risk individuals. This language has been removed. Now exemption from quarantine can be considered, at the discretion of the LHD, for any person who has tested antibody positive within 3 months before or immediately following a close contact. See pages 16-17 for more information. We also added this in our [StrongSchoolsNC FAQ](#).





## SAFETY AND EFFECTIVENESS FROM CLINICAL TRIALS

---

- Participants
  - 1500 children initial group; additional 1500 in supplemental group
  - Median age 8; 52% male; 79% white, 6.5% Black/AA, 6% Asian, 7% multi-racial, 21% Latino/Hispanic
  - Obese (12%), Asthma (8%), neurological problems (1.3%), heart disease (1%)
  - 9% evidence of previous infection
- Dose - 10 ug – 1/3 of dose for adolescents and adults, 2 doses 21 days apart
- Safety
  - Temporary side effects similar or less than for older people (most common pain/redness at site, other side effects fatigue, headache, muscle pain, fever)
  - No life-threatening adverse events; no cases of myocarditis; no severe allergic reactions; no deaths
- Effectiveness
  - Robust immune response, similar to adolescents with higher dose
  - 90.7 percent efficacy rate in preventing symptomatic Covid-19

## **RISK BENEFIT ANALYSIS FOR CHILDREN AGE 5-11 BY FDA ADVISORS**

---

- 1.8 million infected, 8,300 hospitalized, a third of those hospitalized have needed intensive care, 5213 with MIS-C, 146 deaths over the course of the pandemic.
- Hospitalization rates in the 5 to 11 age group three times as high for Black, Hispanic and Native American children as for white children
- Those with underlying medical conditions are at higher risks, but 30% of hospitalizations do not have underlying medical conditions
- Known unknown - Long COVID

**The Food and Drug Administration advisory committee voted to recommend a pediatric dose of the Pfizer-BioNTech coronavirus vaccine for children between the ages of 5 and 11.**

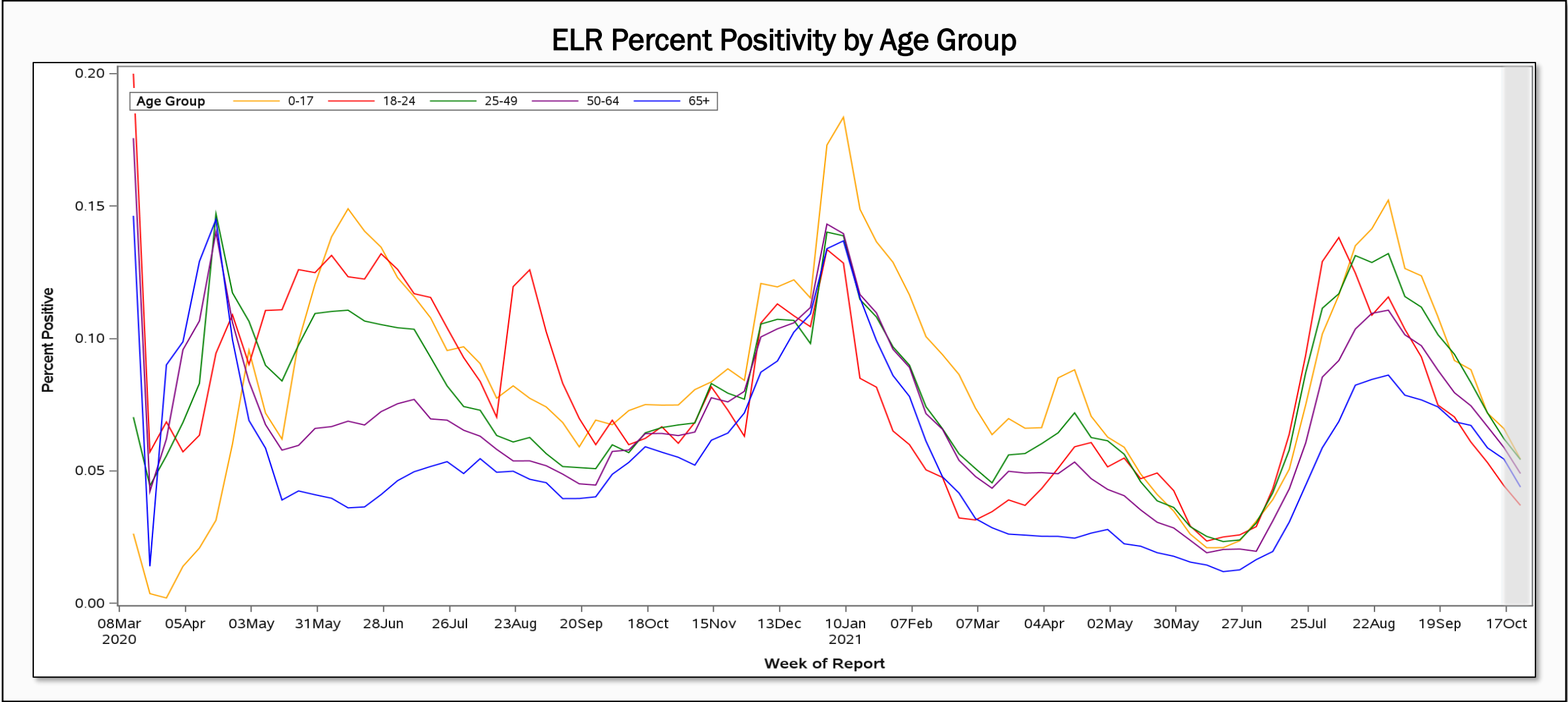
- “Based on the totality of scientific evidence available, do the benefits of the Pfizer-BioNTech Covid-19 vaccine when administered as a two-dose series, 10 micrograms each dose three weeks apart, outweigh its risks for use in children 5 to 11 years of age?” “This concludes the vote: Out of 18 voting members, 17 voted yes and we had one abstain.”
- Covid-19 is “the eighth-highest killer of kids in this age group over the past year,” said Dr. Amanda Cohn, a top C.D.C. vaccine official. “Use of this vaccine will prevent deaths, will prevent I.C.U. admissions and will prevent significant long-term adverse outcomes in children.”

---

•EXTRA

# ELR Percent Positivity Declines Across All Age Groups

Percent positivity trends mirror case rates trends.

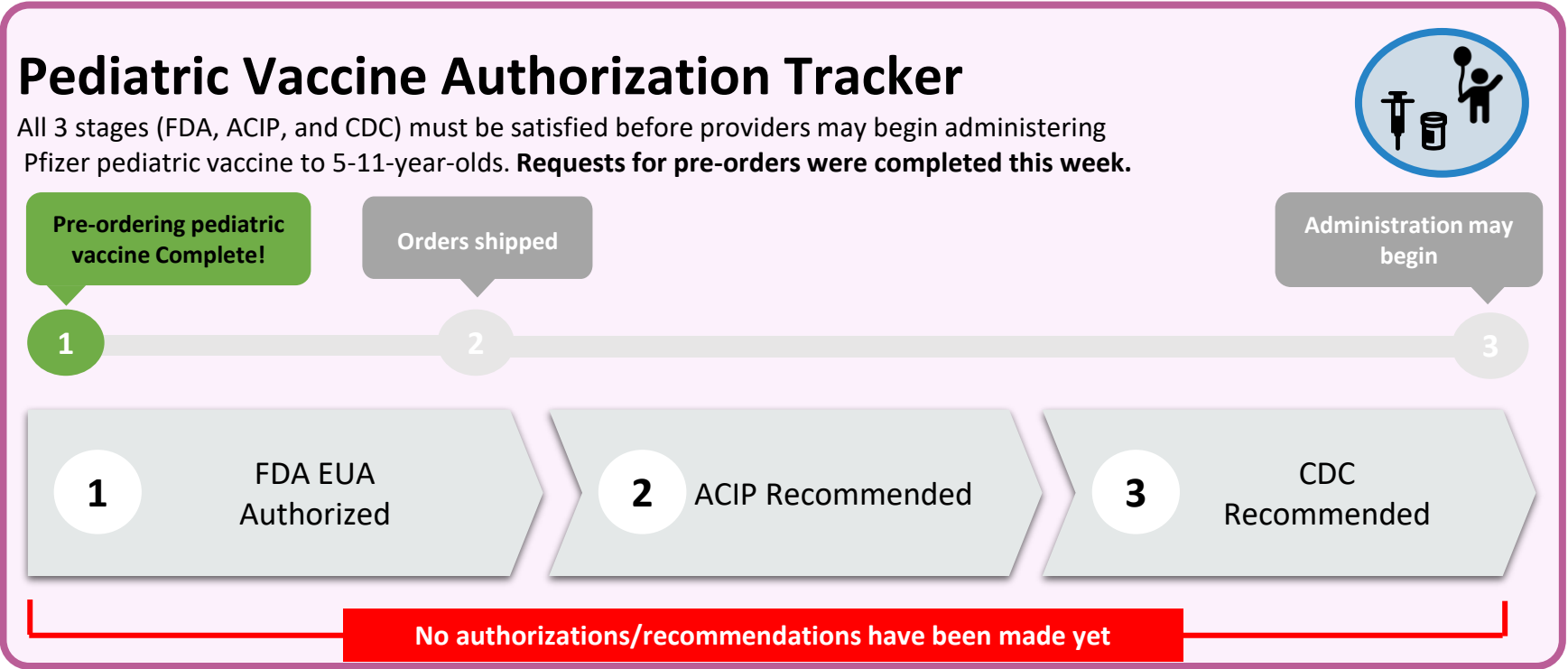


# PFIZER PEDIATRIC VACCINE ALLOCATION AND DECISION AND DELIVERY TIMELINE

NCDHHS was allotted Pfizer pediatric vaccine across three waves of rollout and allocated to providers based on equity and geographic considerations. **This initial vaccine will ship after EUA is issued.**

NCDHHS will share information when the ability to request Pfizer pediatric vaccine re-opens.

## Planning Timeline for 5-11 Decisions & Vaccine Deliveries:



10/26: FDA VRBPAC Meeting

11/1: Planning Date for Wave 1 Orders Arrival

11/3: Planning Date for Wave 2 Orders Arrival

11/5: Planning date the state of North Carolina would begin to vaccinate 5-11 year olds

10/29: Planning Date for an FDA EUA\*

11/2 - 11/3: ACIP Meetings

11/4: Planning Date for CDC Recommendation\*



## Here's what's next for COVID-19 vaccines for kids 5-11:

**Oct. 26, 2021** - The FDA is reviewing the safety and effectiveness data on vaccines for children ages 5-11. Using scientific evidence, they will make a recommendation about Pfizer's application for an Emergency Use Authorization.

**Nov. 3, 2021** – The Advisory Committee on Immunization Practices (ACIP) will do another independent and thorough review of the safety and effectiveness data. They will then make a recommendation to the CDC on the use of COVID-19 vaccines in younger children. The FDA must issue an Emergency Use Authorization and the ACIP must issue guidance before any vaccines are given in the state.

**Nov. 5, 2021** – This is the earliest date the state of North Carolina would begin to administer the COVID-19 vaccines with the appropriate dosage for children.

- Among those who would advise getting a 12 to 15 year old vaccinated, top reasons are protecting the child from serious illness or complications from getting COVID-19 and to protect the community from further COVID-19 spread.

Yes  
47%

### Reasons Child Age 12-15 Should Get COVID-19 Vaccine as Soon as Possible

*Important reasons given are consistent across Urban/Suburban/Rural,*

	■ Important Reason	% Most Important Reason	More likely an important reason:
Protect from serious illness, complications from getting COVID-19	82%	31%	Older
Protect community from further COVID-19 spread	77%	23%	Democrat, Females, White
Protect family members, i.e., young siblings not vaccinated from COVID-19	75%	12%	Females
Kids will be able to safely see elderly, vulnerable family members	71%	6%	Some College (no degree), Younger
Get kids back to normal activities, i.e., sports, performances, clubs, etc.	71%	6%	LatinX, Older
Get kids back to in-person learning	71%	9%	College Graduate, Older, Higher Income
Kids can be with other kids, friends again without masks	62%	3%	LatinX, White, Older
Comply with school requirements	54%	3%	Younger, No Child, Democrat, HS or < Ed., Lower Inc., UnVAX.
Families can travel and take vacations	52%	2%	LatinX
Kids can stop wearing masks	49%	2%	Unvaccinated
Kids can attend summer camp	41%	1%	Democrat, Lower Income



## VACCINES FOR KIDS 5 – 11 ENGAGEMENT PLAN

---

**Goal:** Reassure parents of the safety and effectiveness of COVID-19 vaccines through education and information including an emphasis on clinical trials.

**Need:** Anticipate there may be an initial 4-6 week surge—focus on assisting with wayfinding, helping parents find nearby locations and promote surge sites across the state.

### Prioritized Materials & Website

- Provider toolkit
- Mommy Blogger/Community Partner toolkit
- Presentation Deck (added to COVID 101)
- Website page
- Fact Sheets
  - General Safety
  - Clinical Trials
  - Flyer for elementary schools
  - Social media
- Partner materials like Sesame Street in Communities Materials

### Fireside Chats & Cafecito

- **11/9:** Sec. Cohen, Pediatrician & Mommy Blogger
- **11/6:** Spanish-language Pediatrician and Parent Cafecito
- **TBD:** Sec. Cohen Caregiver Roundtable

### Outreach & Engagement (continued)

#### Video PSAs

- Pediatrician on why children should get their shot
- Parent on choice to get kid vaccinated (including doctors whose kids participated in trials)
- Child on why he/she is excited to get vaccinated
- Health care clinicians and public health leaders and their kids on why they got their shot
- **Available 11/5:**
  - :30/:15 with pediatricians encouraging families to vaccinate their kids
  - :30/15 with families and kids who participated in clinical trials
  - :30 with pediatricians talking about clinical trials process

#### Social Media

- Initial campaign slogan promotion
- Parent approval required
- Benefits posts
- Friday facts
- Comic strip

# BOOSTERS



Search...

NCDHHS NC.GOV/COVID19 NC.GOV 1

[Home](#) [About COVID-19](#) [Vaccines](#) [Dashboard](#) [Information For](#) [Guidance](#) [Slow The Spread](#)



ALERT: COVID-19 VACCINE BOOSTER SHOTS NOW AVAILABLE FOR MORE NORTH CAROLINIANS · Some people fully vaccinated with Pfizer or Moderna for 6 months or more and anyone 18+ who received the Johnson & Johnson vaccine at least 2 months ago can get a booster shot. [See if you're eligible with our booster eligibility tool.](#)



NC COVID-19 » Vaccines » COVID-19 Vaccine Boosters

## COVID-19 Vaccine Boosters

### Can you get a COVID-19 booster?

Answer these questions to find out if you're eligible.

This information is not recorded or stored. This is a helpful guide but is not medical advice. Please talk to a health care provider if you have questions or concerns.

Last updated October 22

Get started



Versión en español →

### Find a Booster Vaccine Location

Zip Code

Go →

You'll need to know the dates of your vaccination and confirm what brand you got originally. Your paper vaccination card is helpful but may not be necessary. [At-home vaccination](#) and [free transportation](#) may be available.

If you have more questions, we encourage you to [read our FAQs](#), call the NC COVID-19 Vaccine Help Center at 888-675-4567, or [send us a message](#).

### Vaccines

- [COVID-19 Vaccine Information](#)
- [En Español](#)
- [Find a Vaccine Provider](#)
- [COVID-19 Vaccine Boosters](#)
- [Your Vaccine Record](#)
- [Frequently Asked Questions](#)
- [Info For Health Care Providers](#)
- [Communications Toolkit](#)



YOU HAVE A  
**SPOT.**

TAKE YOUR  
**SHOT.**

Information is also provided in Spanish below. (Información en español a continuación.)

To strengthen and extend protections against severe illness, North Carolinians who have been fully vaccinated with the **Moderna and Johnson & Johnson vaccines** may now be eligible to receive a booster dose.

The Food and Drug Administration (FDA) and Centers for Disease Control (CDC) have authorized and recommended ["booster" vaccine shots](#) to provide continued protection.

**Moderna:** If you were vaccinated more than 6 months ago with the Moderna COVID-19 shot, boosters are now available for people:

- 65 years or older,
- 18 years or older who:
  - live or work in a nursing home or long-term care facility,
  - have underlying medical conditions; or,
  - who work in high-risk settings like healthcare workers, teachers and childcare providers or food workers.
  - live or work in a [place where many people live together](#) (for example, homeless shelters, correctional facilities, migrant farm housing, dormitories or other group living settings in colleges or universities).


The Moderna booster is a smaller dose than what is given in the first two shots. Be sure to let your provider know you want the booster.

**Johnson & Johnson:** It is recommended that anyone 18 or older who was vaccinated more than 2 months ago with the Johnson & Johnson vaccine should get a booster dose.

**Pfizer:** Pfizer-BioNTech (COMIRNATY) booster shots continue to be available to anyone at high risk for serious illness or exposure, and who received their second dose at least six months ago.

The North Carolina Department of Health and Human Services has now authorized the distribution of Moderna and Johnson & Johnson boosters in addition to Pfizer COVID-19 boosters. Not all vaccines may be available at every vaccine location.

To find a COVID-19 booster visit [MySpot.nc.gov](#) to search vaccine locations near you.

 NCDHHS @ncdhhs

VACCINE UPDATE: COVID-19 vaccine booster shots are now available for more North Carolinians.

The FDA has authorized, and the CDC now recommends, Moderna and Johnson & Johnson COVID-19 booster shots to help extend protection against COVID-19 infections.

Learn more

COVID-19 Vaccine Update

@NCDHHS

3:35 PM · Oct 22, 2021 · Sprinklr

16 Retweets 1 Quote Tweet 26 Likes

# Automated Reporting: Helpful Resources

- **Weekly eCATR PTR training sessions: Wednesdays at 1PM**
    - Sign up by emailing [CATR@dhhs.nc.gov](mailto:CATR@dhhs.nc.gov)
  - **View our downloadable user guides**
    - [eCATR PTR Registration Guide](#)
    - [eCATR PTR User Guide](#)
    - [Facilities Reporting Test Results | NC DHHS COVID-19](#)
  - **View our video guides**
    - [How to register for eCATR](#)
    - [How to Enter Patient Test Results for eCATR](#)
  - **Email support at [catr@dhhs.nc.gov](mailto:catr@dhhs.nc.gov)**
-

# STRONGSCHOOLSNC K-12 TESTING PROGRAM GOALS



Equitable



Accessible



Minimal disruption



Aligned with guidance

	Low <sup>1</sup> Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Students	Do not need to screen	Offer screening testing for students who are not fully vaccinated at least once per week.		
Teachers and staff	Offer screening testing for teachers and staff who are not fully vaccinated at least once per week.			
High risk sports and activities	Recommend screening testing for high-risk sports and extracurricular activities <sup>2</sup> at least once per week for participants who are not fully vaccinated.		Recommend screening 2x per week for participants who are not fully vaccinated.	Cancel or hold virtually to protect in-person learning, unless all participants are fully vaccinated.
Low-and intermediate-risk sports	Do not need to screen	Recommend screening testing at least 1x per week for participants who are not fully vaccinated.		