

# NC DHHS K-12 COVID-19 Response Updates

**DPI/NC DHHS Monthly Meeting**  
February 1, 2022



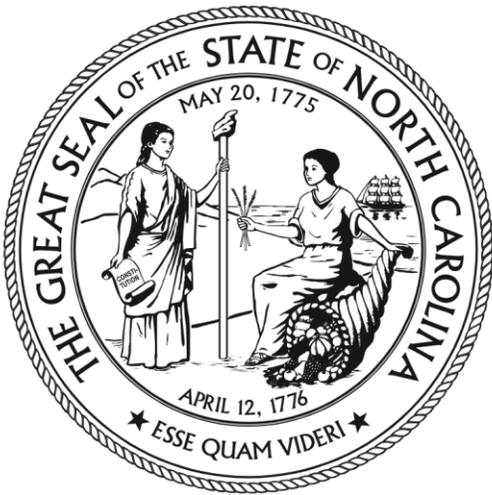
NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**



# Agenda

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- **Statewide COVID-19 Updates and Data Trends**
- **Vaccination**
- **K-12 Covid Testing Program**
- **N95 Mask Distribution**



NC DEPARTMENT OF  
**HEALTH AND HUMAN SERVICES**

# Statewide COVID-19 Updates & Data Trends

Dr. Betsey Tilson

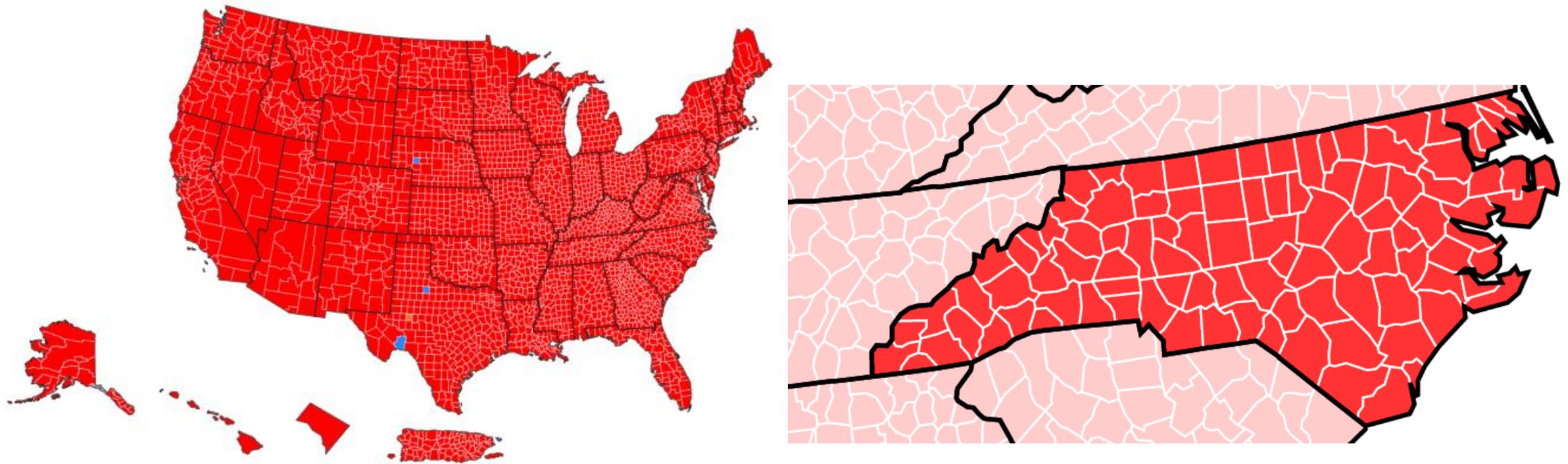
State Health Director & Chief Medical Officer  
NCDHHS

NC DHHS- DPI Monthly Webinar

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# High level of transmission across the country and state

North Carolina Case Rates (1152 cases/100,000 people) are more than 10 times higher than the threshold for high transmission as defined by the CDC (100 cases/100,000 people)

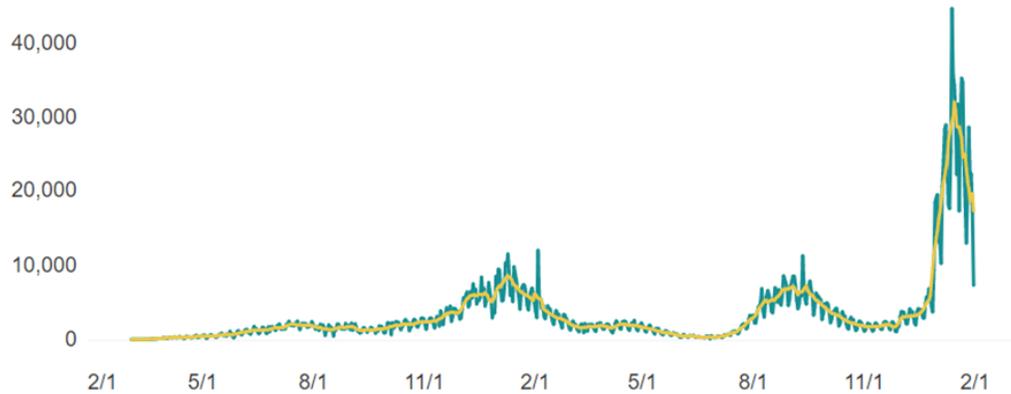


● High   ● Substantial   ● Moderate   ● Low   ● No Data

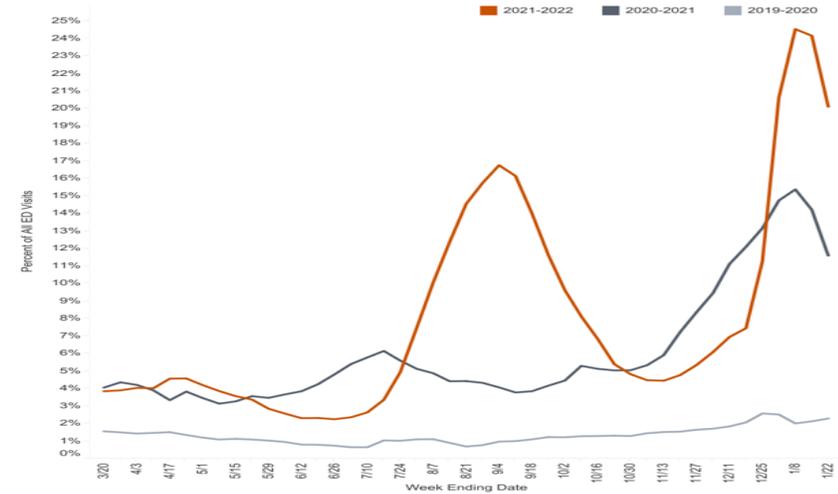
# Four Key Metrics – Starting to decrease

## Daily Cases by Date Reported

Total Cases: 2,421,799

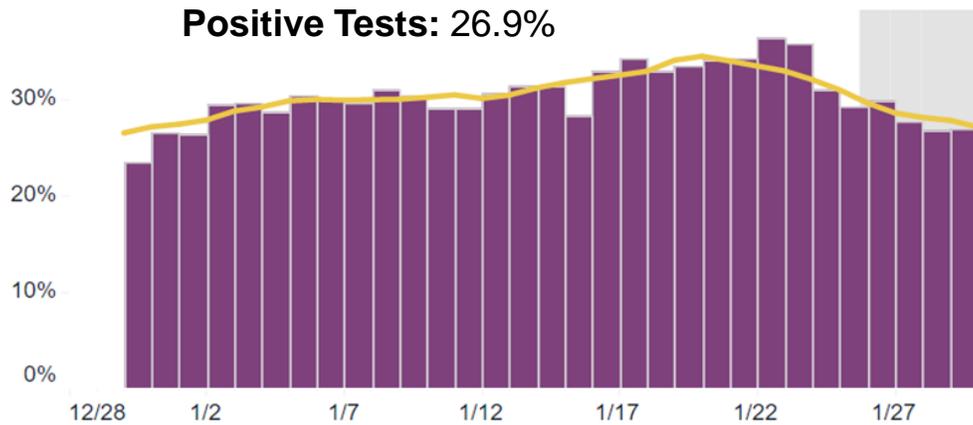


## What Percentage of ED Visits this Season are for COVID-like Illness Compared to Previous Seasons?



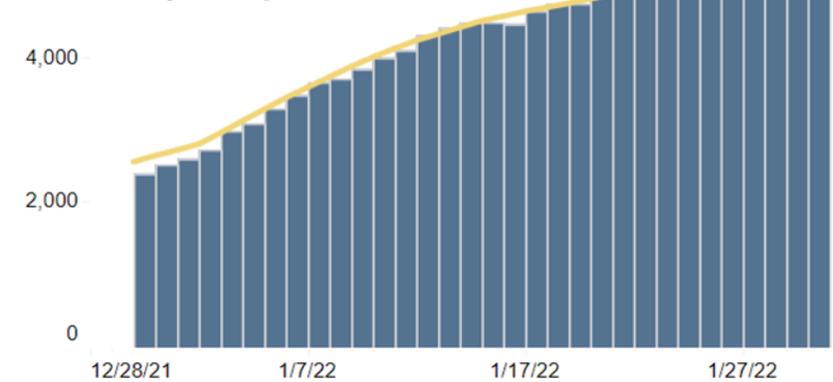
## Positive Tests as a Percent of Total Tests

Positive Tests: 26.9%



## Daily Number of People Currently Hospitalized

Currently hospitalized: 4,882

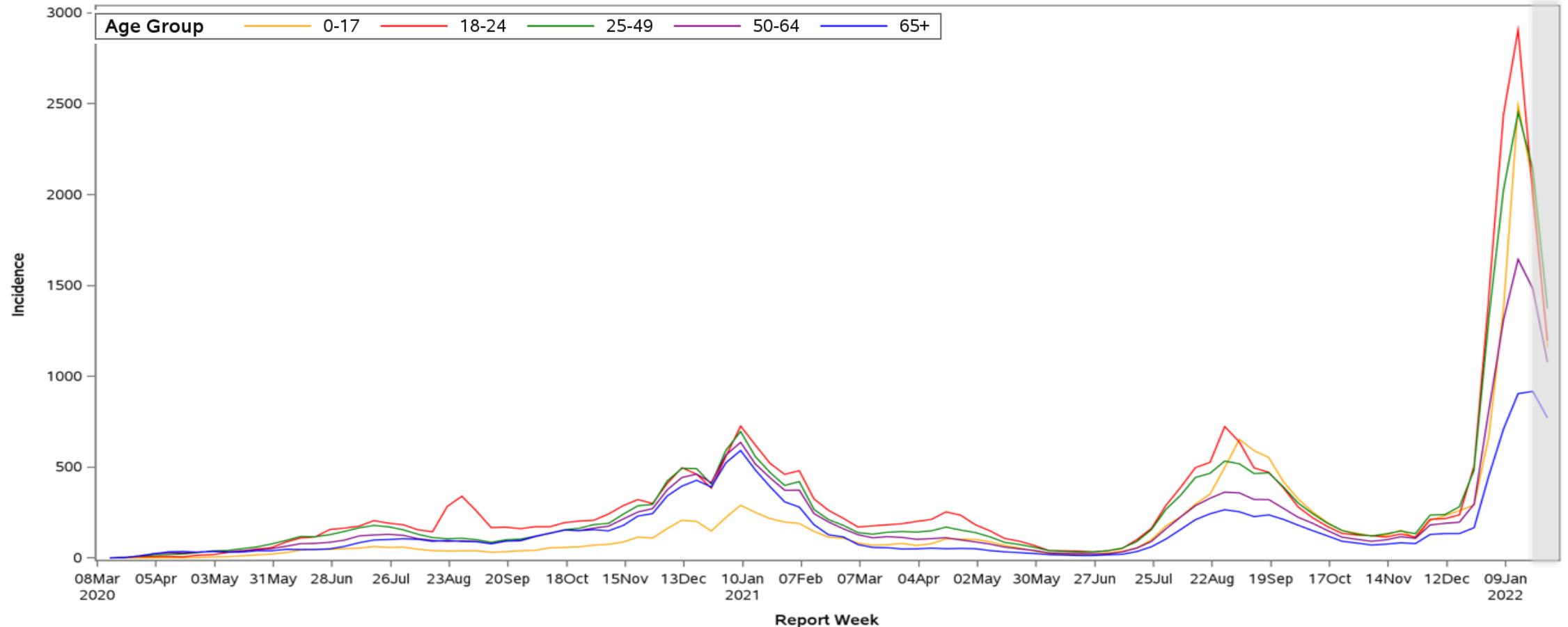


# CASE RATES DROPPING, STILL HIGHER THAN PREVIOUS PEAKS

Case rates are highest among younger age groups and lowest among older and more highly vaccinated groups.

## COVID Cases per 100K Population by Age Group and Report Date

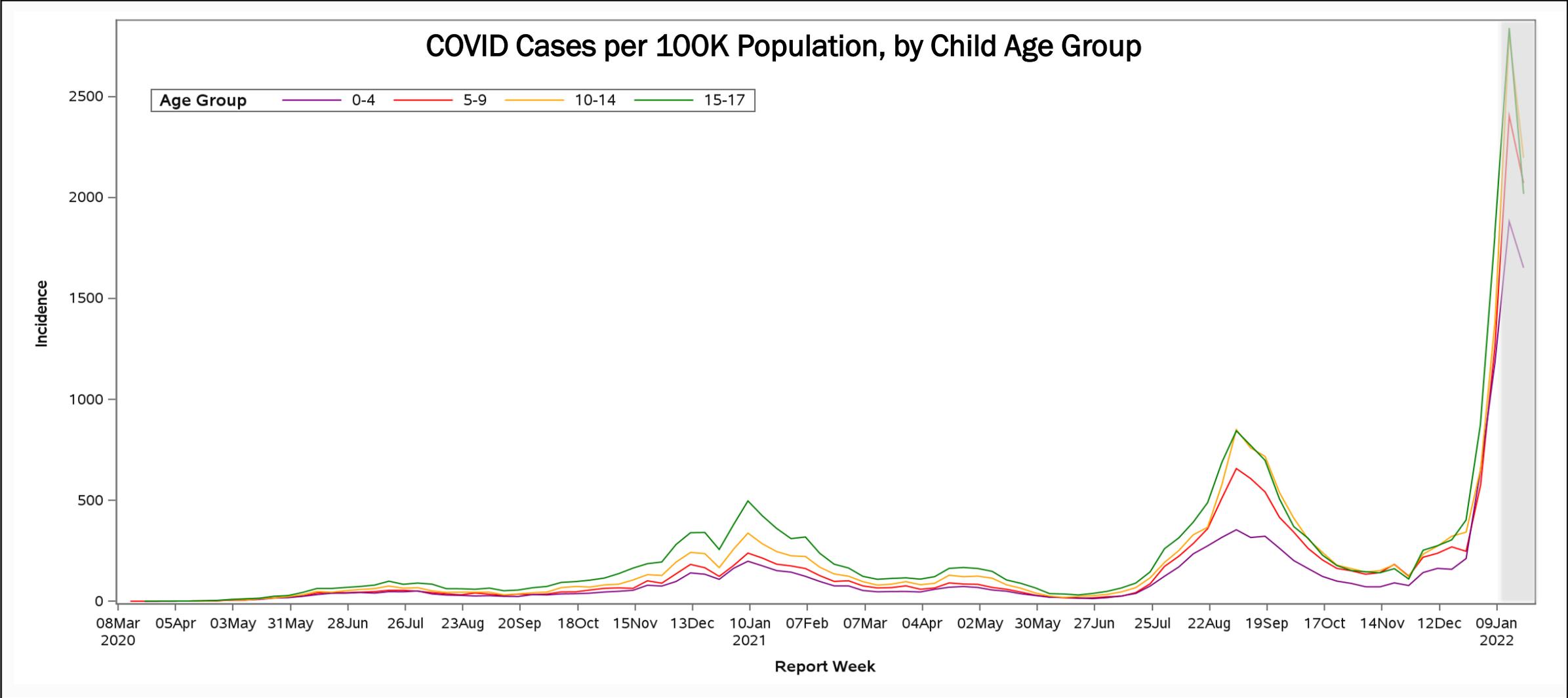
*Data through January 29, 2022*



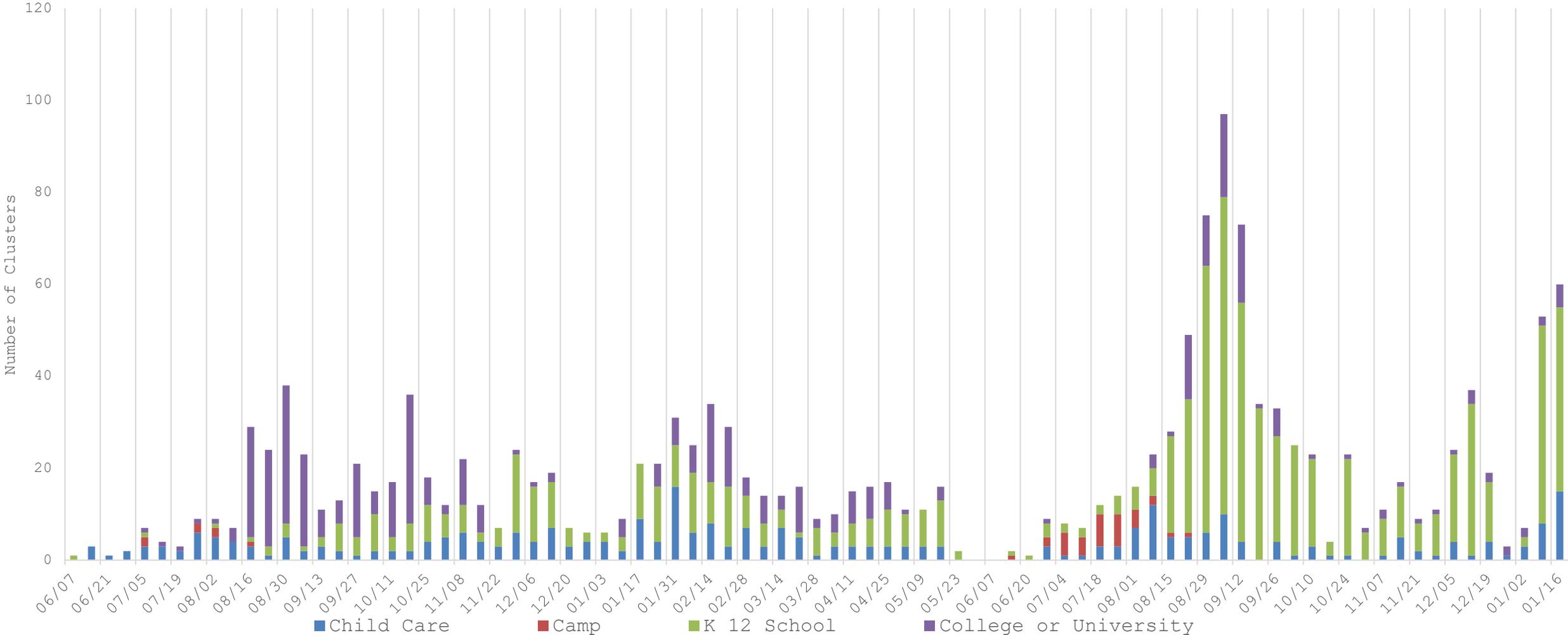
# Case Rates Beginning to Decrease Among Children



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

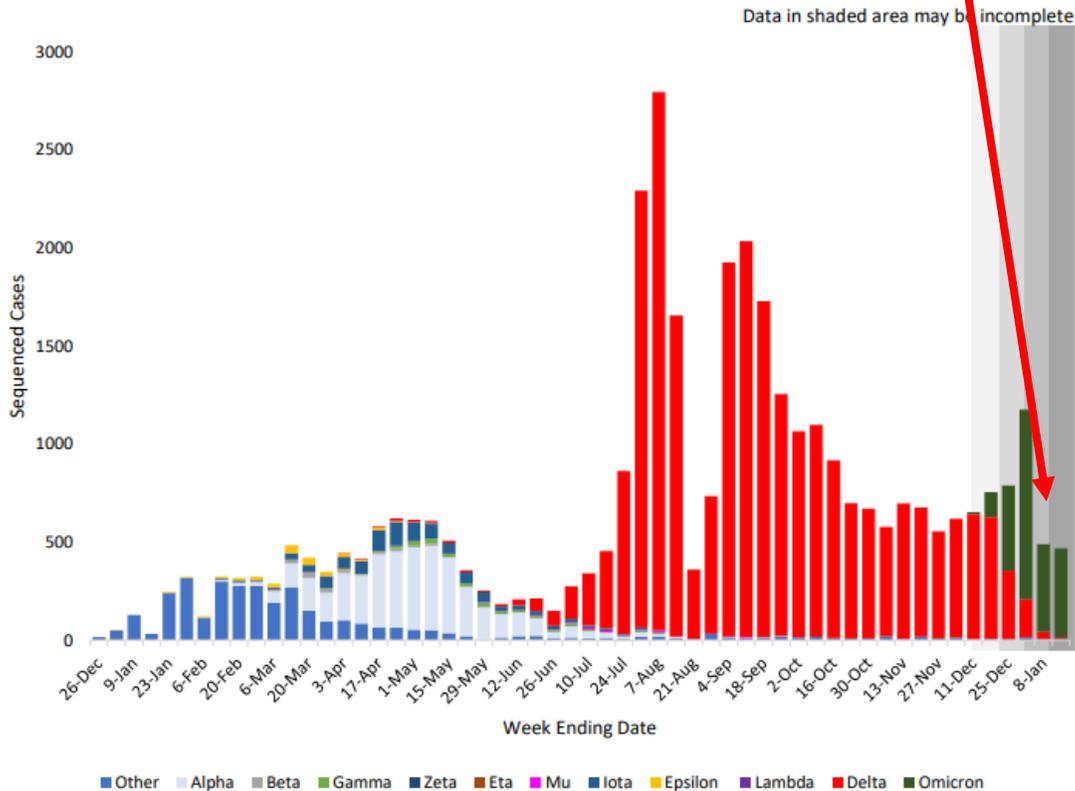


# Educational Clusters per Week by Type

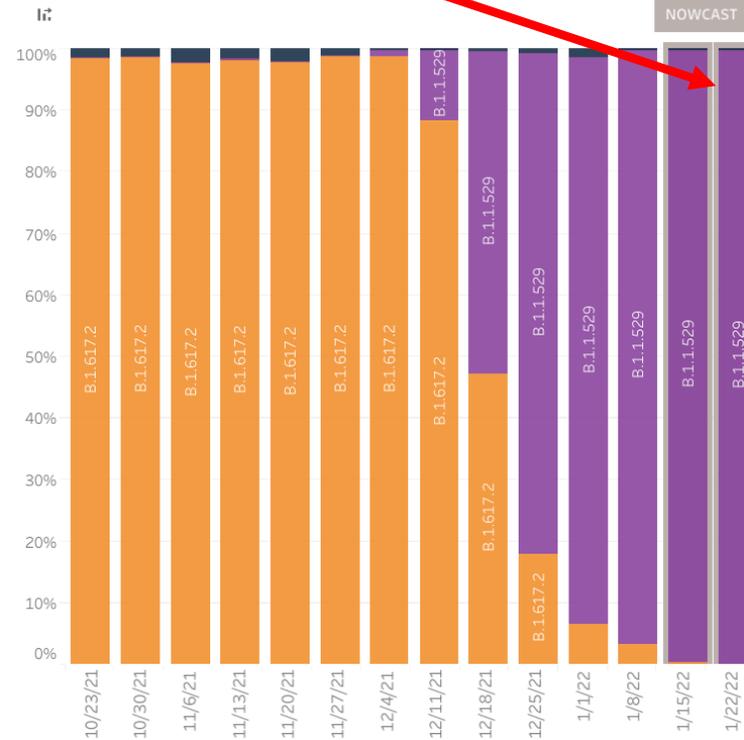


# RAPID EMERGENCE OF OMICRON

What COVID-19 variants are being detected in North Carolina?



HHS Region 4: 10/17/2021 – 1/22/2022



HHS Region 4: 1/16/2022 – 1/22/2022 NOWCAST

Region 4 - Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	B.1.1.529	VOC	99.9%	99.9-100.0%
Delta	B.1.617.2	VOC	0.1%	0.0-0.1%
Other	Other*		0.0%	0.0-0.0%

\* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

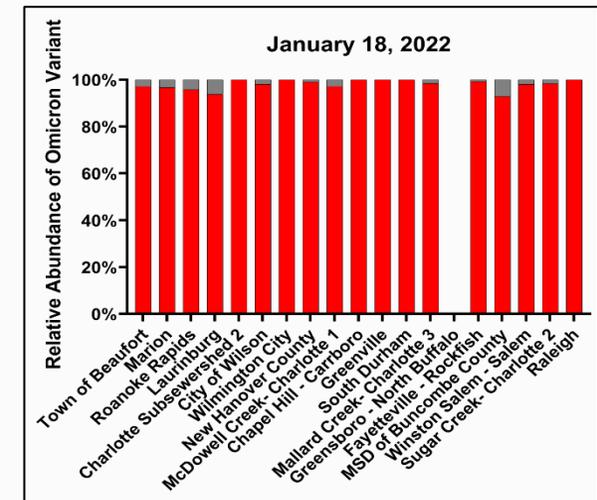
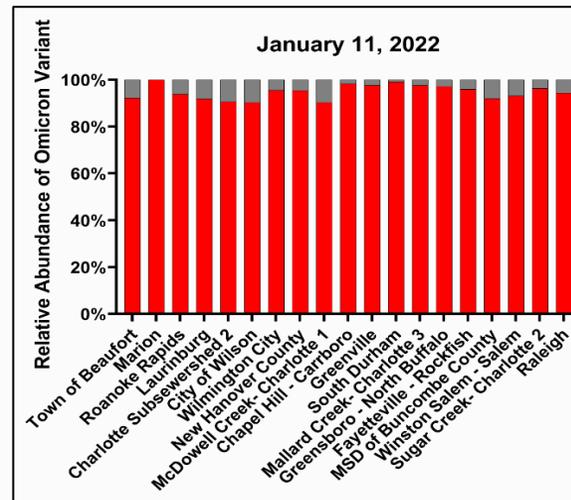
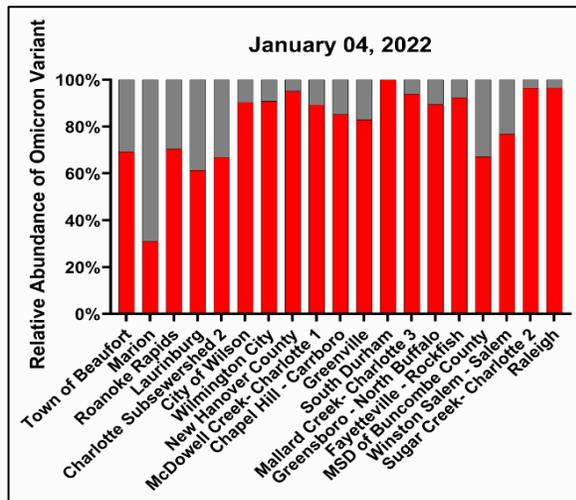
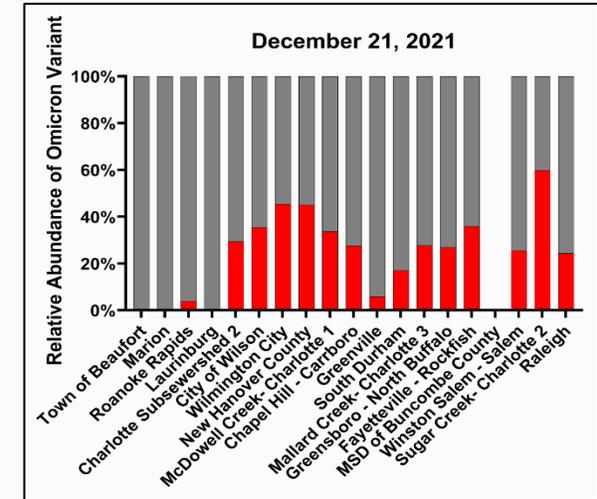
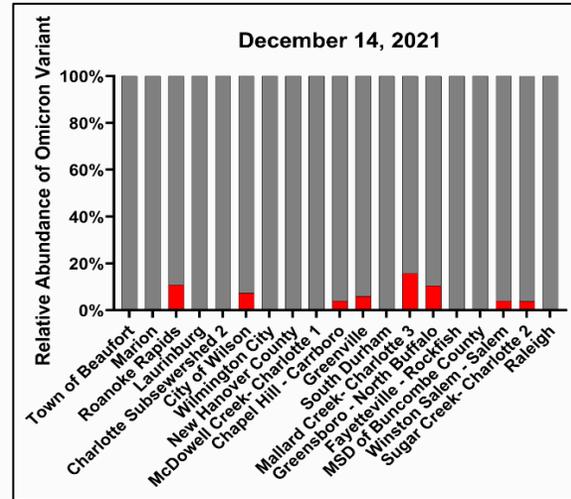
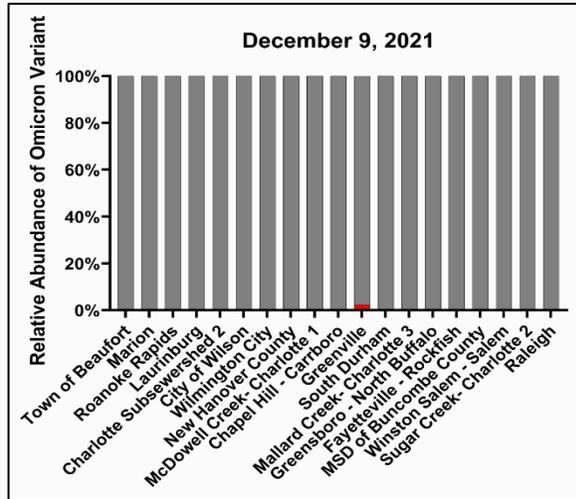
\*\* These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates  
# AY.1-AY.133 and their sublineages are aggregated with B.1.617.2  
BA.1, BA.2 and BA.3 are aggregated with B.1.1.529.

- Sequencing data from NC <https://covid19.ncdhhs.gov/media/380/open>
- NOWCAST modeling from CDC <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

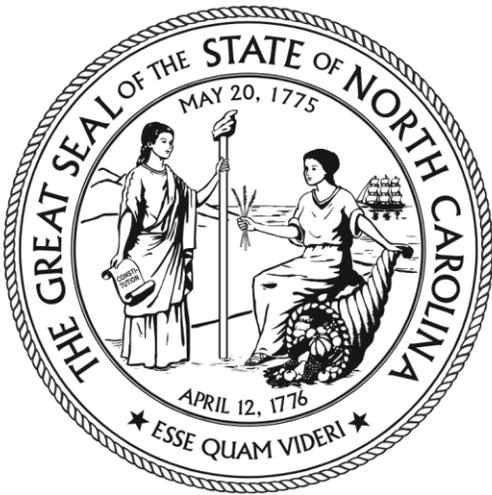
# Omicron Has Become Predominant Variant

DPH now has the capacity to identify COVID-19 variants through wastewater samples, which has provided more evidence that Omicron is now the predominant variant in North Carolina.

## Wastewater Variant Detection







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## **Vaccination Update**

Dr. Betsey Tilson

State Health Director & Chief Medical Officer  
NCDHHS

**NC DHHS- DPI Monthly Webinar**

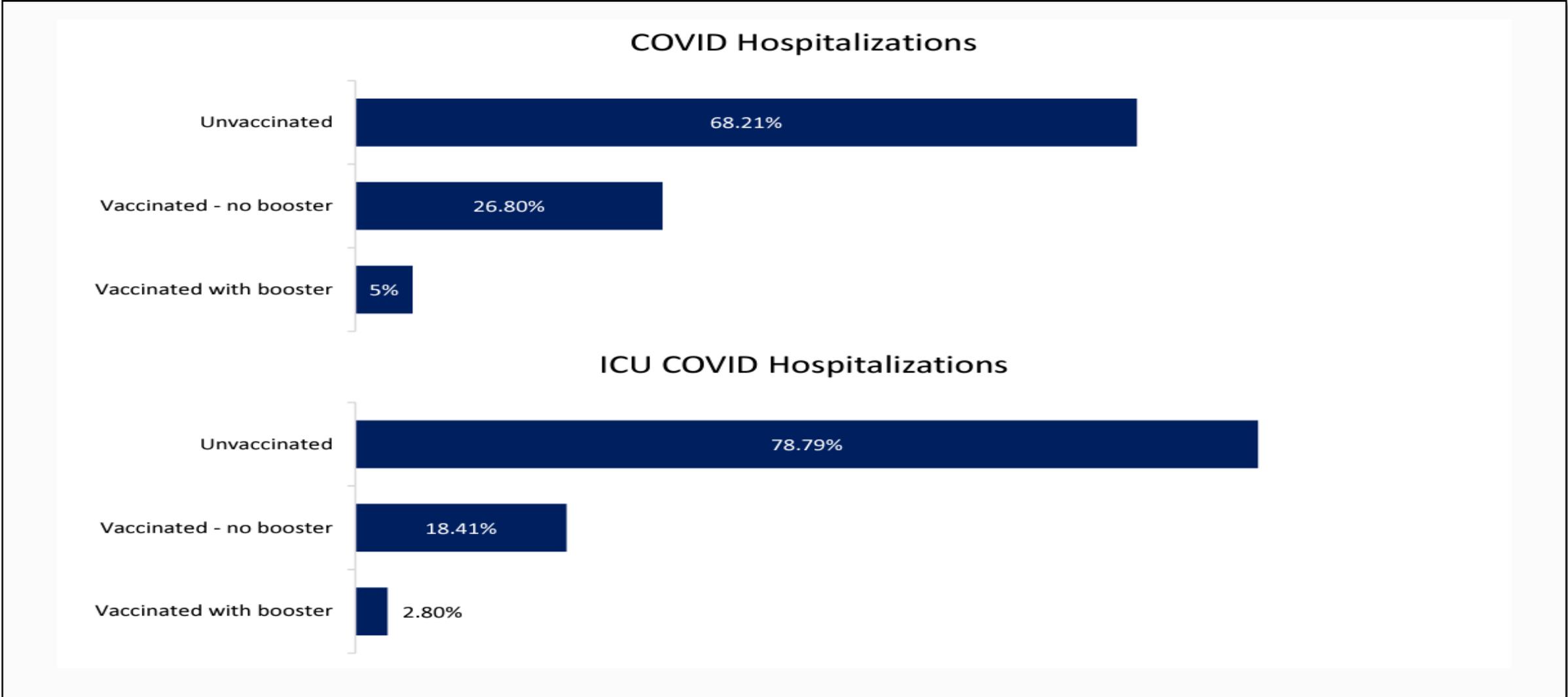
February 1, 2022

# NEW STUDIES ON VACCINE AND BOOSTER EFFECTIVENESS

- [COVID-19 Incidence and Death Rates Among Unvaccinated and Fully Vaccinated Adults with and Without Booster Doses During Periods of Delta and Omicron Variant Emergence — 25 U.S. Jurisdictions, April 4–December 25, 2021 - January 28, 2022 / 71\(4\);132–138](#)
  - When the Omicron variant emerged during December 2021, **adults who were unvaccinated were 5 times more likely to have a COVID infection** as compared to adults who were fully vaccinated with a booster
- [Association Between 3 Doses of mRNA COVID-19 Vaccine and Symptomatic Infection Caused by the SARS-CoV-2 Omicron and Delta Variants](#) - January 21, 2022. doi:10.1001/jama.2022.0470
  - During Omicron period, receipt of 3 doses of mRNA COVID-19 vaccine **reduced risk of having a symptomatic SARS-CoV-2 infection by 2/3** as compared to unvaccinated
- [Effectiveness of a Third Dose of Pfizer-BioNTech and Moderna Vaccines in Preventing COVID-19 Hospitalization Among Immunocompetent and Immunocompromised Adults — United States, August–December 2021 - January 28, 2022 / 71\(4\);118–124](#)
  - Receipt of third dose increased vaccine effectiveness against **hospitalization** among adults from 82% to **97% for adults without immunocompromise** and from 69% to **88% for adults with immunocompromise**
- [Effectiveness of a Third Dose of mRNA Vaccines Against COVID-19–Associated Emergency Department and Urgent Care Encounters and Hospitalizations Among Adults During Periods of Delta and Omicron Variant Predominance — VISION Network, 10 States, August 2021–January 2022](#) - January 28, 2022 / 71(4);139–145
  - During both Delta- and Omicron-predominant periods, receipt of a third vaccine dose was highly effective at **preventing COVID-19–associated emergency department and urgent care encounters (94% and 82%, respectively)** and preventing COVID-19–associated **hospitalizations (94% and 90%, respectively)**.

# NORTH CAROLINA COVID-19 ADMISSIONS AND VACCINATION STATUS

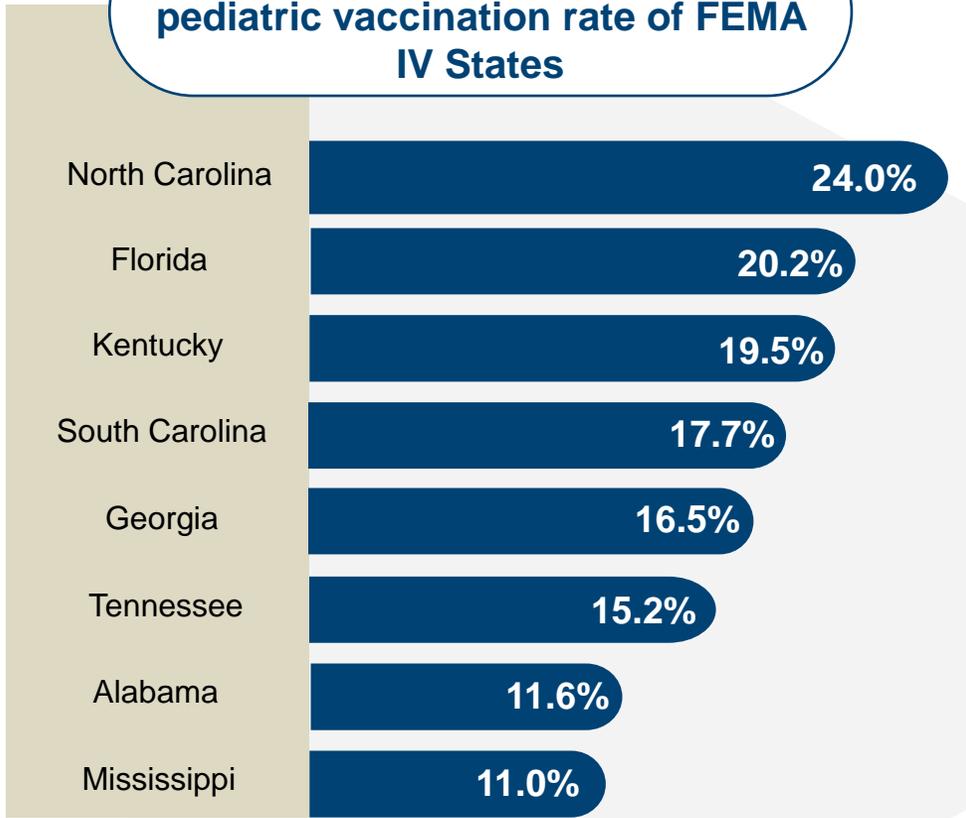
COVID-19 Admissions Mostly Among Unvaccinated (data for week ending January 22, 2022)



• Source: NC COVID-19 Data Dashboard: <https://covid19.ncdhhs.gov/dashboard/cli-surveillance>

# NORTH CAROLINA VACCINATION RATES

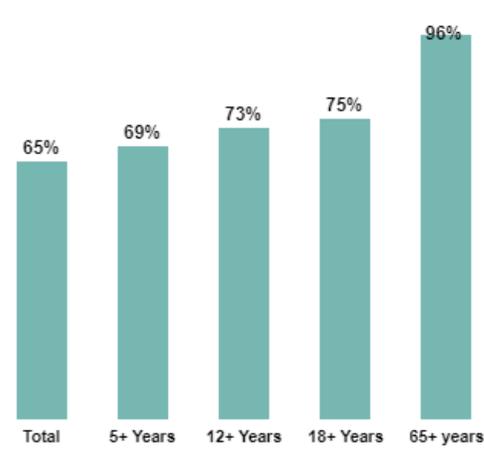
North Carolina has the highest pediatric vaccination rate of FEMA IV States



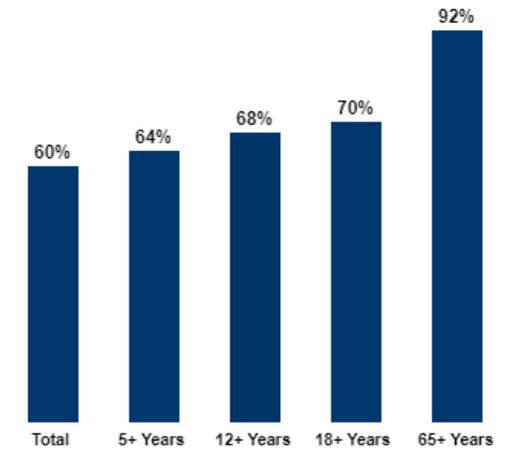
Source: All metrics are from 1/19/22 ASPR Report

Note: FEMA IV states shown are states with comparable vaccine programs.

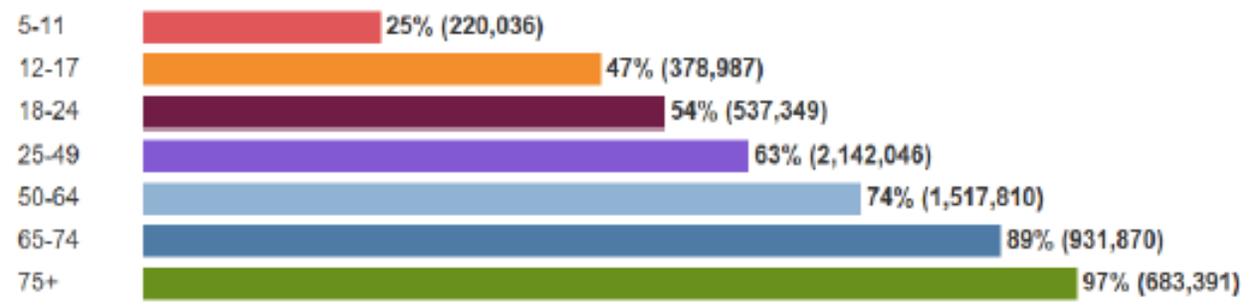
Percent of Population Vaccinated with at Least One Dose



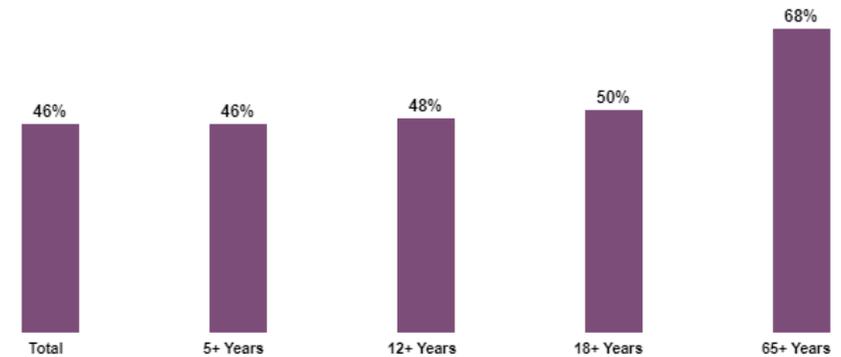
Percent of Population Vaccinated with Two Doses or One Dose J&J

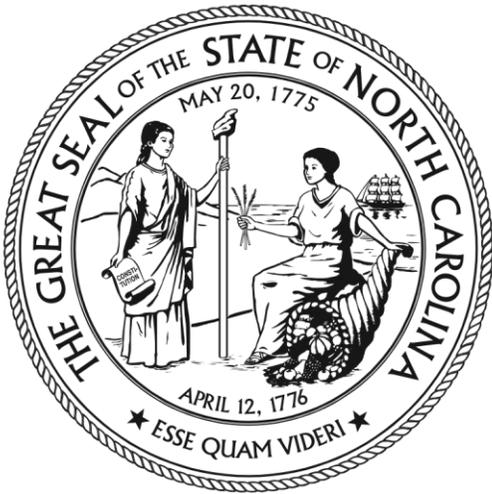


Percent of Population Vaccinated with at Least One Dose by Age Group



Percent of Vaccinated Population with at Least One Booster/Additional Dose





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

Sulianie Mertus, MPH, CHES

K12 Testing Lead

**NC DHHS- DPI Monthly Webinar**

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# Program Current State – Testing Status as of January 24<sup>th</sup>

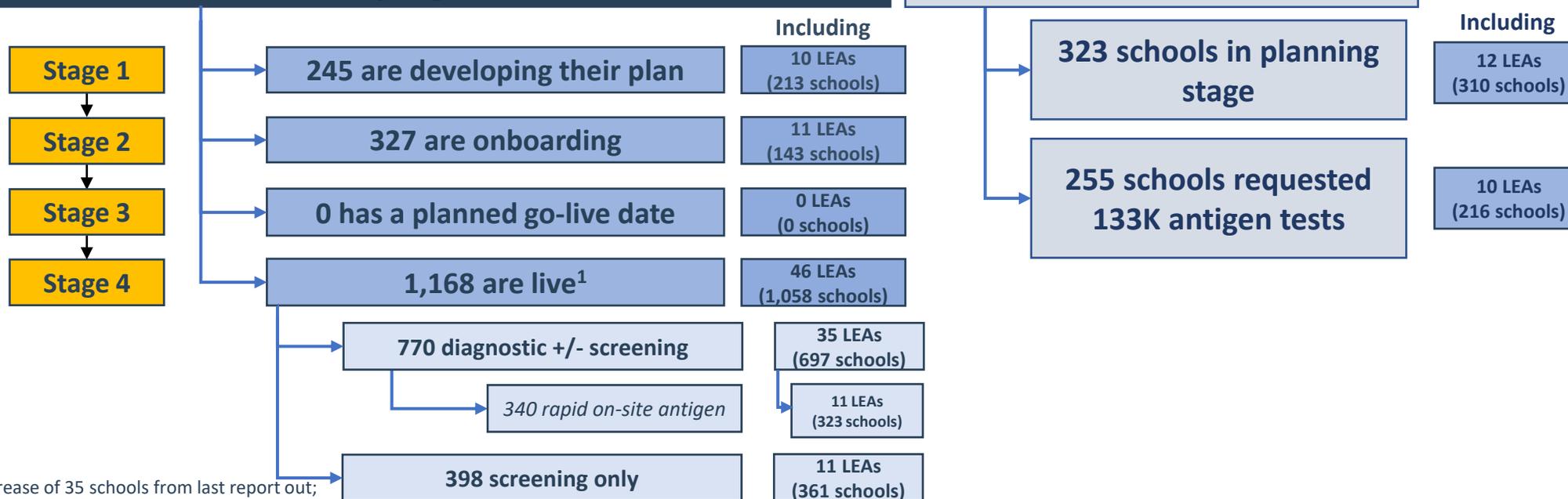
**3,537 total schools in North Carolina**

**2,283 (65%) schools have opted in (89 LEAs of 115 in NC)**

**1,254 (35%) schools have not opted in**

**1,705 (81%) schools participating in state vendor program**

**578 (19%) schools participating in independent testing**



<sup>1</sup> Increase of 35 schools from last report out; includes 65 Wake County schools

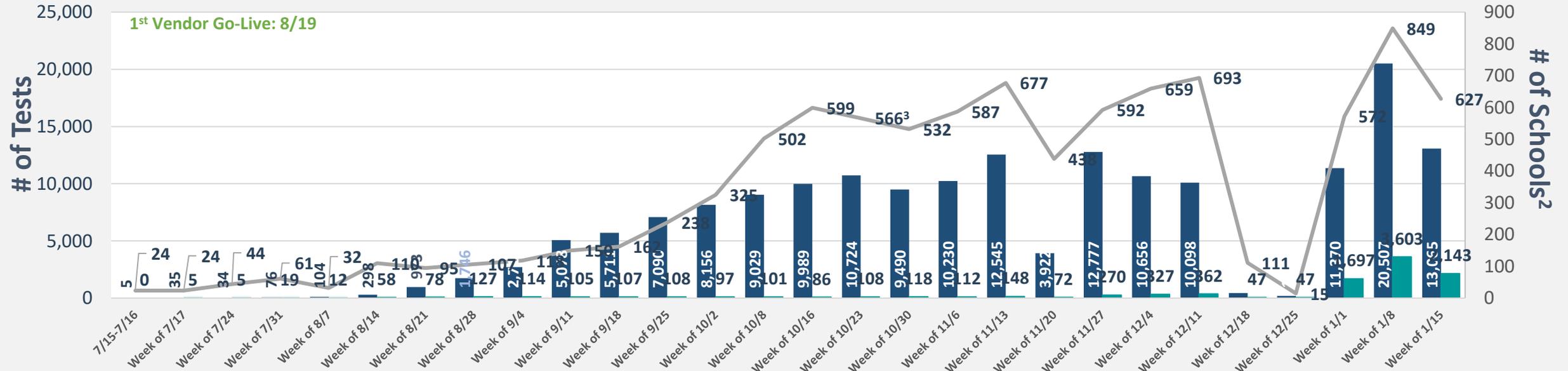
# StrongSchoolsNC K-12 COVID-19 Testing Program: 2021-22 Testing Reporting

## Test Result Reporting<sup>1</sup> (as of 1/18)

**195,047**  
Total tests  
(Jul 15– Jan 21)

**16.0%** (↓1.5%)  
Positivity Rate<sup>1</sup>  
(Week of 1/15)

■ Total Tests   ■ Positive Tests   — # of Schools



<sup>1</sup>Positivity Rate is based on past 7 days of data and should not be compared to percent positive on the public NC COVID dashboard, which is based only on ELR PCR tests

<sup>2</sup>Schools reporting are lower than number of schools live due to lag for recent go-lives and some districts using a phased go-live approach

<sup>3</sup>Drop in schools reporting is due to schools who perform diagnostic testing not performing/reporting tests last week

### Key Reporting Statistics

- 43% (500 of 1,168 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**
- 23% (270 schools of 1,168 schools who have gone live) are performing both diagnostic and screening testing
- 34% (398 schools of 1,168 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

# K12 Testing Program Supporting Schools through the Omicron Surge

## Testing in K12 schools remains a critical mitigation strategy

1. Schools can still opt-in to the StrongSchoolsNC Testing Program. Options include: vendor testing program and independent antigen diagnostic program (including Test-to-Stay).
2. To strengthen our testing supply during nationwide shortage, NCDHHS has identified additional suppliers of antigen tests, which began shipping on 1/10/22.
3. Antigen test “conservation” strategies may be warranted (e.g., Test-to-Stay option, prioritizing athletics).



All schools should consider onboarding to vendor PCR diagnostic to supplement current screening or antigen testing efforts



Schools will need to update CLIA waivers to use new types of tests (testing contacts were sent details)



For schools in the independent testing program, when supply is low and prioritization decisions must be made, NCDHHS recommends using antigen tests for diagnostic rather than screening



Schools should limit their ordering to ensure they are only ordering for more immediate needs of 2-3 weeks

# NCDHHS Continues to Provide Opportunities for Schools to Maintain BinaxNOW Supply

**As NCDHHS procures additional test types, we have been able to provide the opportunity to receive federal BinaxNOW to some of our schools participating in our independent testing program**

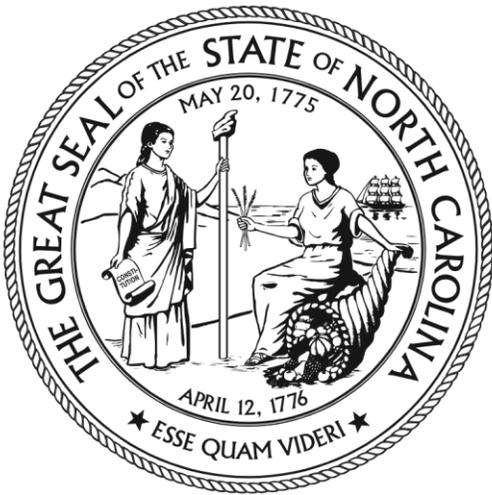
## **Federal distribution program process:**

1. NCDHHS may submit 5 school districts to the CDC each week; a school may only be submitted once every 2 weeks
2. CDC reviews submissions and will notify schools of their shipment
3. Schools will receive tracking information from Abbott (manufacturer of BinaxNOW)
4. Schools receive tests

**Note: NCDHHS currently has enough tests to supply all schools requesting tests. We are leveraging this federal opportunity to further strengthen the State testing supply and ensure schools have access to as many tests as possible to support their testing needs.**

## **Schools currently receiving (or will soon receive) federal distribution of BinaxNOW tests:**

- Buncombe County Schools
- Mount Airy City Schools
- Halifax County Schools
- Rutherford County Schools
- Catawba County Schools
- Gaston County Schools
- Cherokee County Schools
- Lincoln County Schools



NC DEPARTMENT OF  
**HEALTH AND HUMAN SERVICES**

## **N95 Mask Distribution**

Karen Wade  
Senior Policy Advisor

**NC DHHS- DPI Monthly Webinar**

February 1, 2022

# N95 Mask Distribution

NDHHS has 1 million N95 masks available for K12 schools.

Survey sent out to districts for orders.

## Action Steps for Districts:

- Determine shipment amount (maximum allocated or lesser amount)
- Identify a point of contact for the shipment
- Identify location for shipment
- Coordinate with schools in your district that may have requested masks directly from NCDHHS

Survey Response Due  
Friday 2/4

*The earlier submitted, the earlier  
the order will be shipped*

## [N95 MASK SURVEY LINK](#)

If you have additional questions about the N95 mask distribution, please contact  
[OEMSSupportCell@dhhs.nc.gov](mailto:OEMSSupportCell@dhhs.nc.gov).

# Tips for Wearing N95 Mask



**TIPS FOR WEARING YOUR N95 Mask**

Well-fitting, high-quality masks are critical public health tools for preventing the spread of COVID-19.

When it fits well and is worn consistently, an N95 offers the highest level of protection against the spread of COVID-19 as compared to other masks.

**Should I wear an N95 mask?**  
You should wear the most protective mask you can that fits well and that you will wear consistently. All masks provide protection and higher-grade masks like N95s provide the highest level.

**How do I know if my mask fits?**  
Your mask should cover your mouth and nose at all times. If your N95 fits well, it should create a snug seal and will not allow air to come out the sides. Be sure to press and adjust the nose wire to ensure a snug fit and check the seal of your mask before every use.

**How do I properly put my mask on and take it off after use?**

- Be sure to wash your hands with soap and water, or use an alcohol-based hand sanitizer, before putting on a mask and after removing it.
- When removing your mask, handle it only by the ear loops or ties.
- More information about properly putting on an N95 is available at this [CDC webpage \(https://www.cdc.gov/n95/\)](https://www.cdc.gov/n95/).

**How do I store my mask for reuse?**  
You can store your mask temporarily to reuse later. Be sure to store it in a dry, breathable bag (e.g., a paper or mesh fabric bag) to keep your mask clean between uses. When reusing your mask, keep the same side facing out.

**When should I replace my mask?**

- N95s are disposable masks and cannot be cleaned. N95s should be discarded when they are dirty, moist, damaged, or difficult to breathe through.
- Be sure to check your mask each time you put it on. Replace the mask if the facepiece or head straps show any signs of damage or deterioration.

**Is there anyone who shouldn't wear an N95?**  
Young children and individuals with a medical condition that could make it difficult to breathe should not wear an N95. For more information, please see <https://www.cdc.gov/n95/>.

When N95s are used voluntarily, fit testing is not required. This guidance does not apply to individuals working in positions that require fit-testing. Please adhere to employer guidance for wearing N95s in your workplace.

**Remember, the best mask to protect against the spread of COVID-19 is one that fits well and is worn consistently and properly.**

**If you are unable to successfully wear an N95, consider other mask options at <https://www.cdc.gov/n95/>**

NC Department of Health and Human Services | [www.ncdhhs.gov](https://www.ncdhhs.gov) | NCDHHS is an equal opportunity employer and provider. | 1/2022

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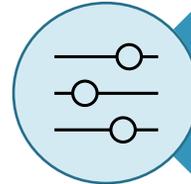


# UNDER 5 VACCINES: WHAT TO EXPECT FROM DHHS

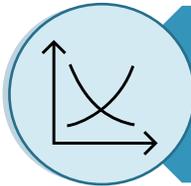
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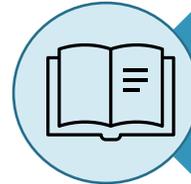
Forecasting Potential Provider Capacity



Guidance for future vaccine distribution/ordering



Anticipated County-specific <5 demand rates



Visual aid resources to prepare



Providing increased opportunities to connect and ask questions with DHHS



Vaccine distribution information by county



Resources to counsel vaccine-hesitant families



Offering provider support for NCIR/CVMS to ensure ease of documentation