

NC DHHS K-12 COVID-19 Response Updates

DPI/NC DHHS Monthly Meeting
March 1, 2022

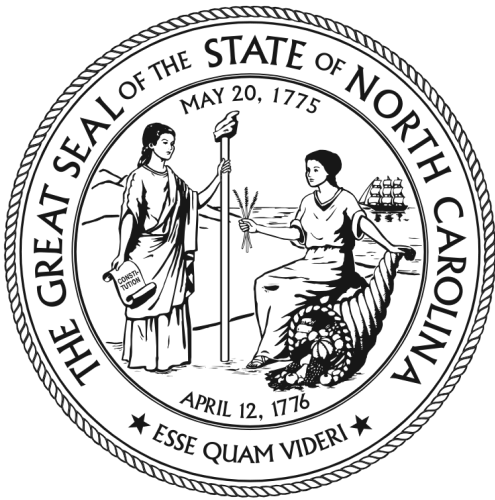


NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



Agenda

- **Statewide COVID-19 Updates and Data Trends**
- **Vaccination**
- **K-12 Covid Testing Program**
- **Policy Updates**



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Statewide COVID-19 Updates & Data Trends

Dr. Betsey Tilson

State Health Director & Chief Medical Officer
NCDHHS

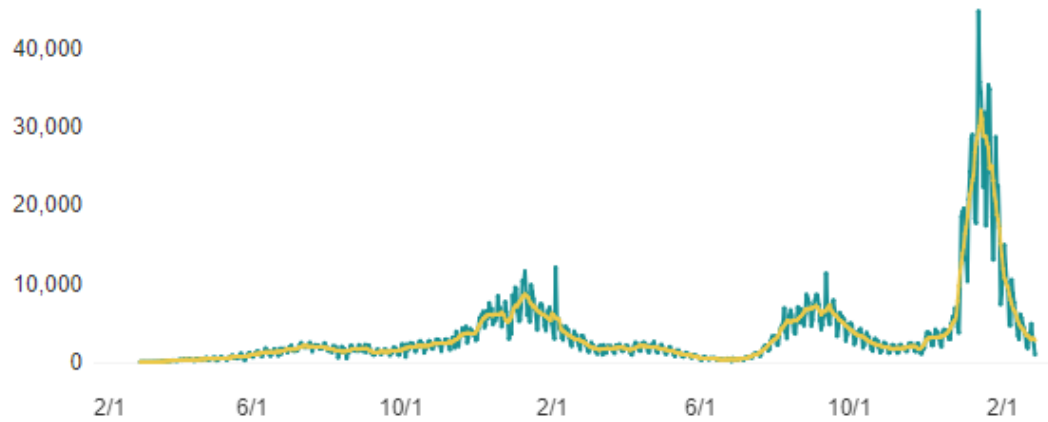
NC DHHS- DPI Monthly Webinar

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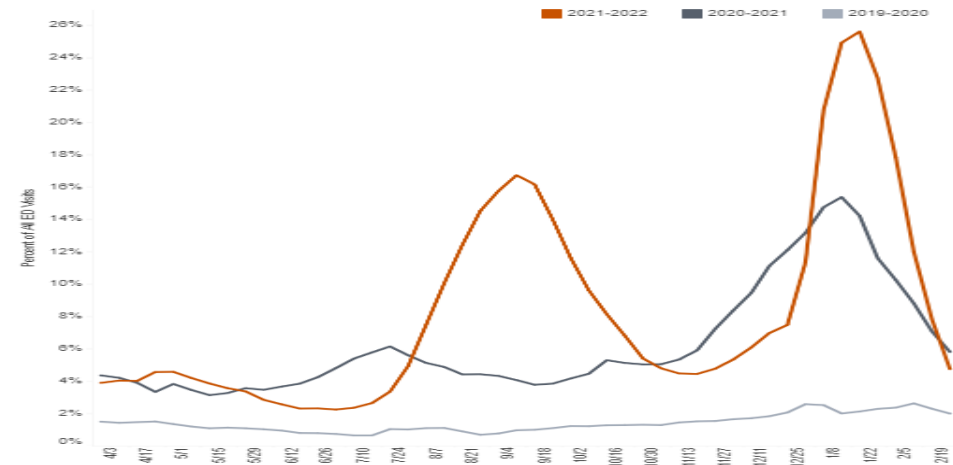
Four Key Metrics – Rapidly decreasing

Daily Cases by Date Reported

Total Cases: 2,589,517

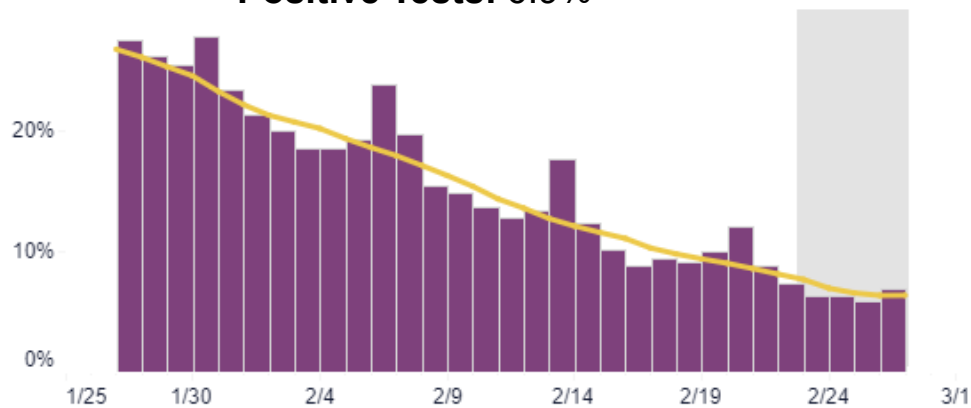


What Percentage of ED Visits this Season are for COVID-like Illness Compared to Previous Seasons?



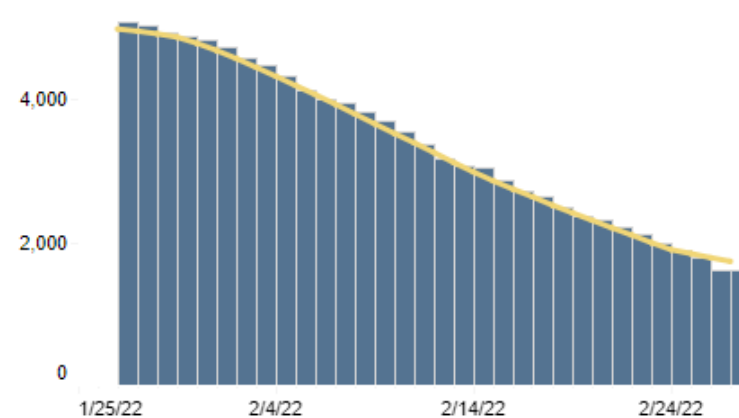
Positive Tests as a Percent of Total Tests

Positive Tests: 6.9%



Daily Number of People Currently Hospitalized

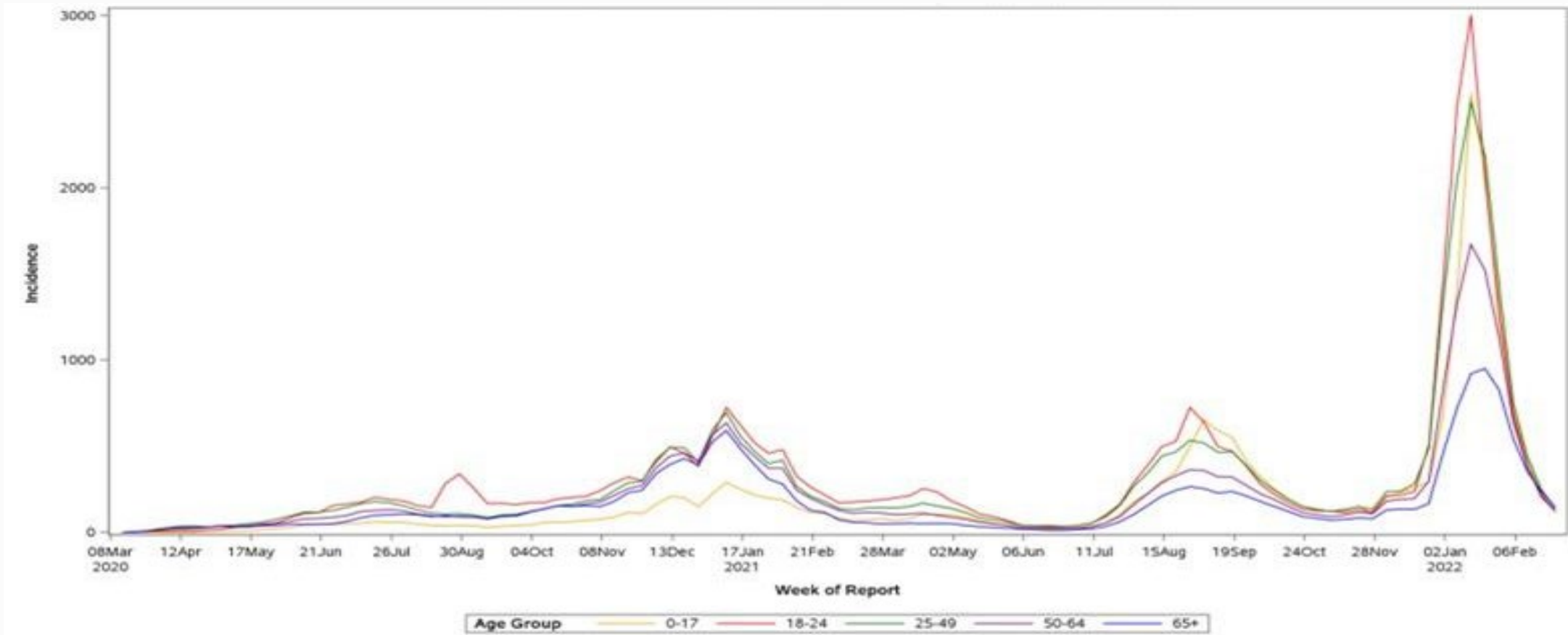
Currently hospitalized: 1,618



CASE RATES DROPPING, STILL HIGHER THAN PREVIOUS PEAKS

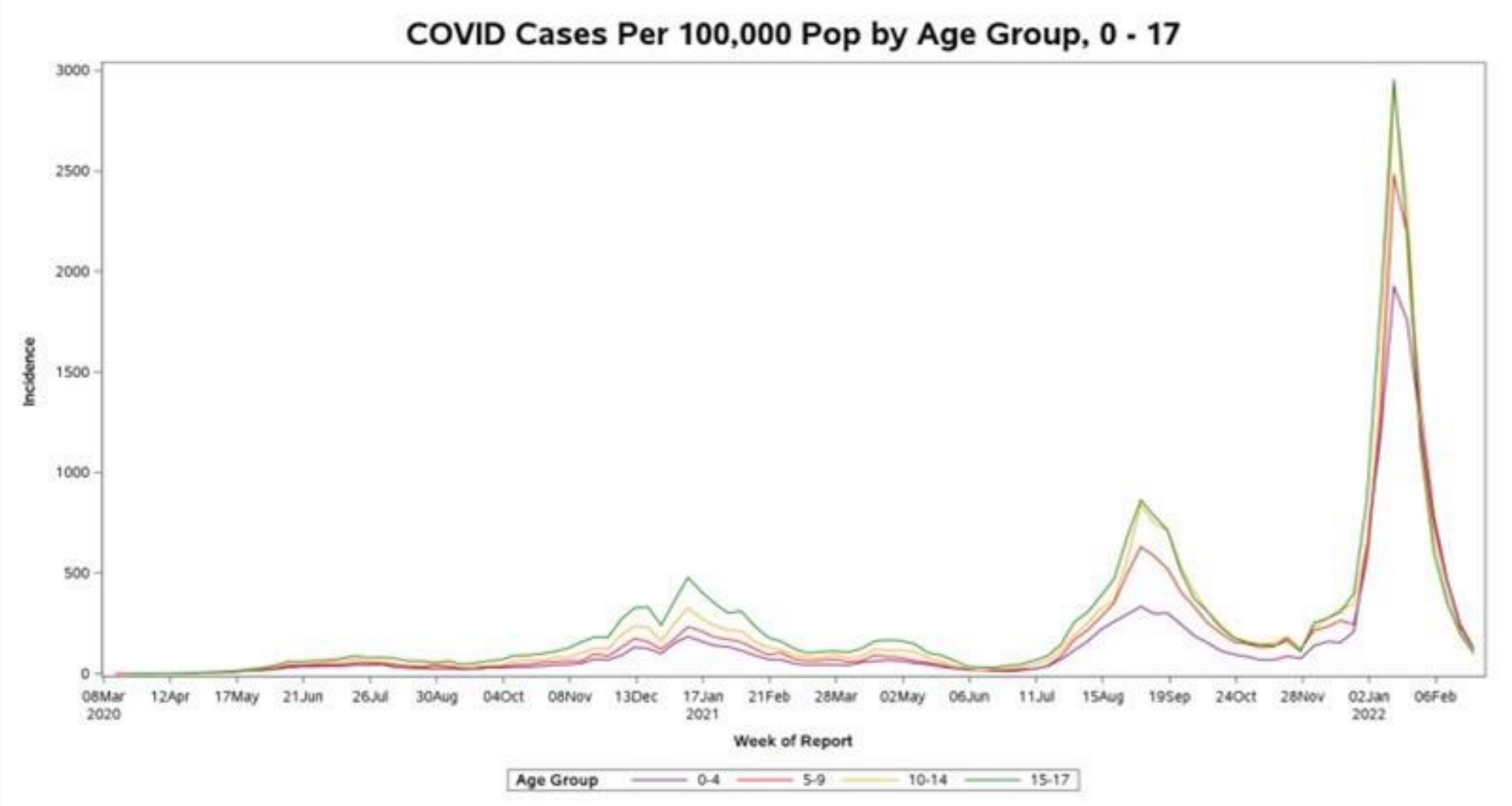
Case rates are highest among younger age groups and lowest among older and more highly vaccinated groups.

COVID Cases per 100K Population by Age Group and Report Date
Data through February 26, 2022

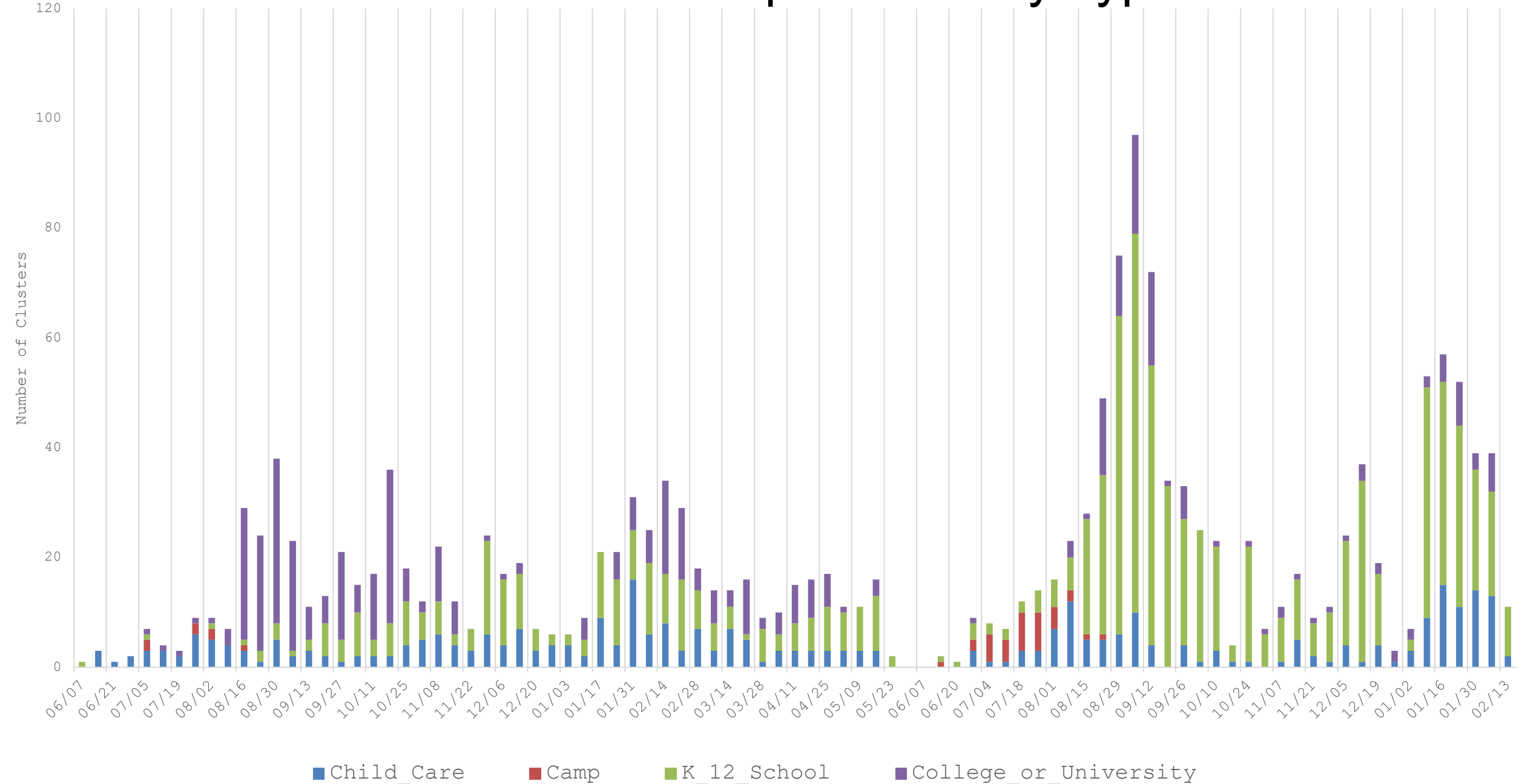


Case Rates Continuing to Decrease Among Children

Data through February 26, 2022

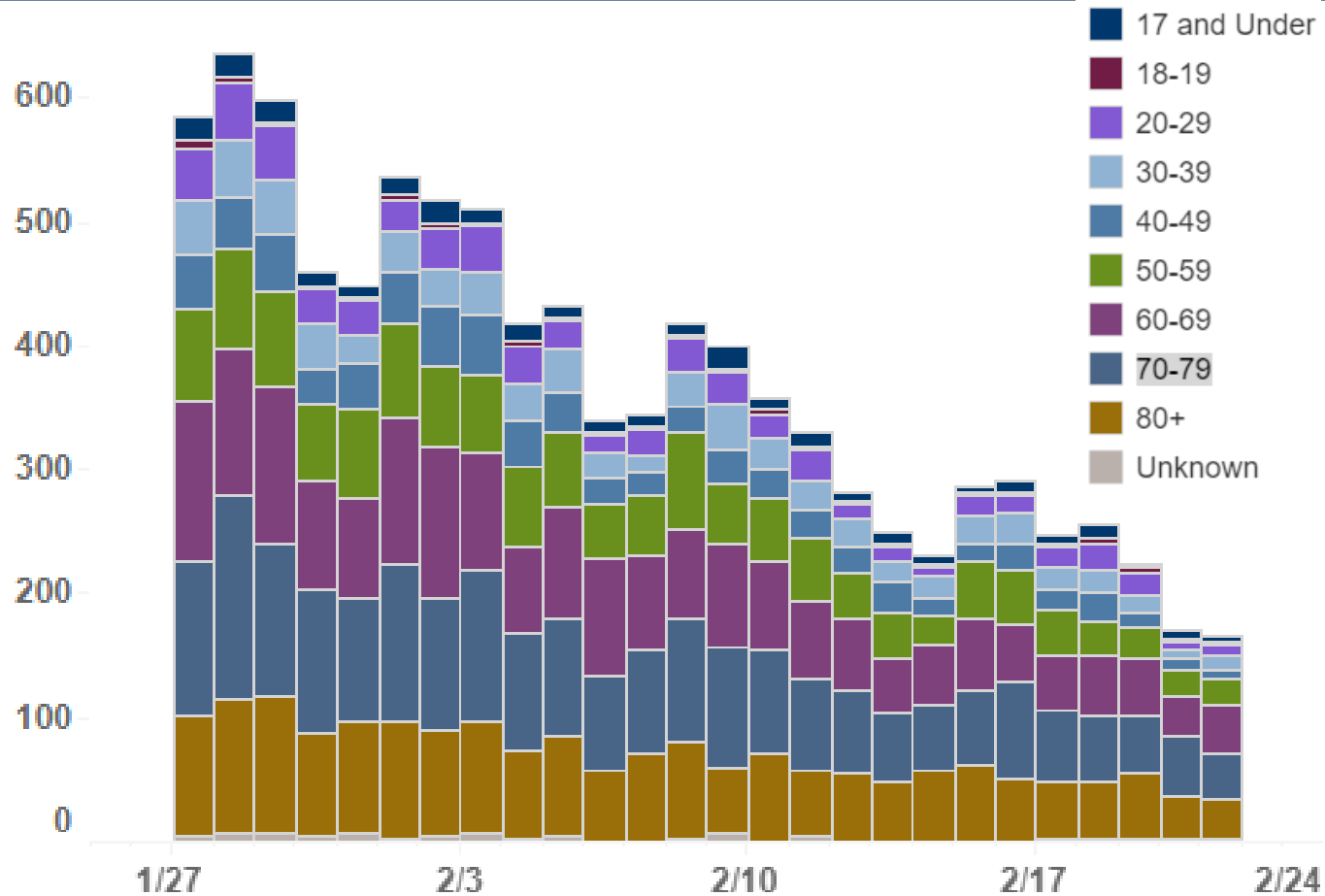


Educational Clusters per Week by Type 2/21



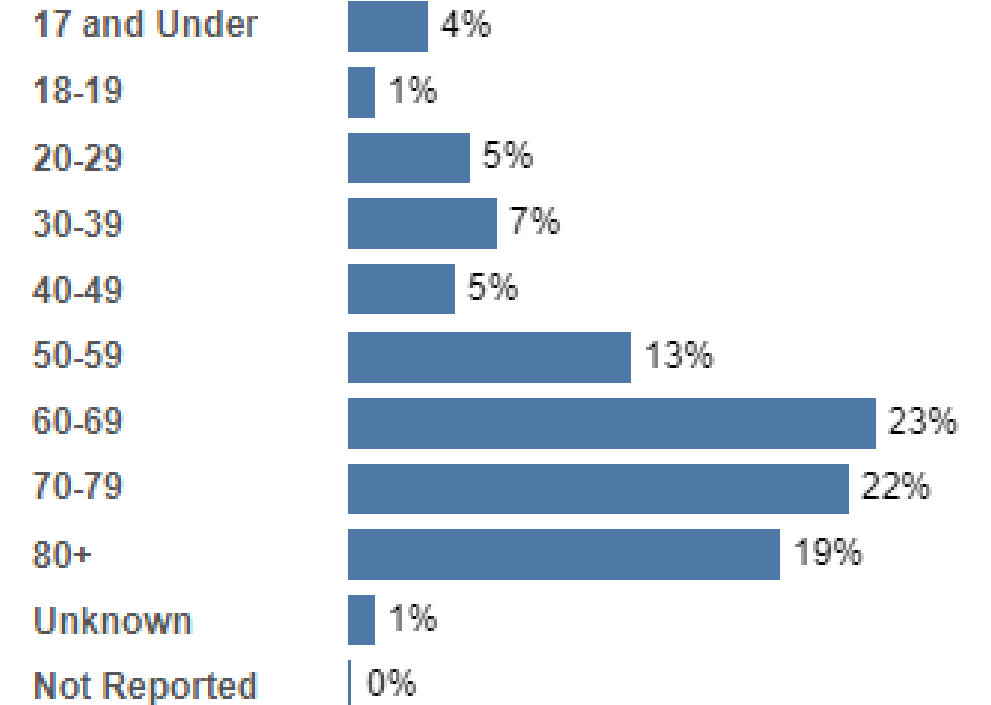
Hospitalization Trends Among Children

Daily Trend of Reported COVID-19 Confirmed Patients Newly Admitted

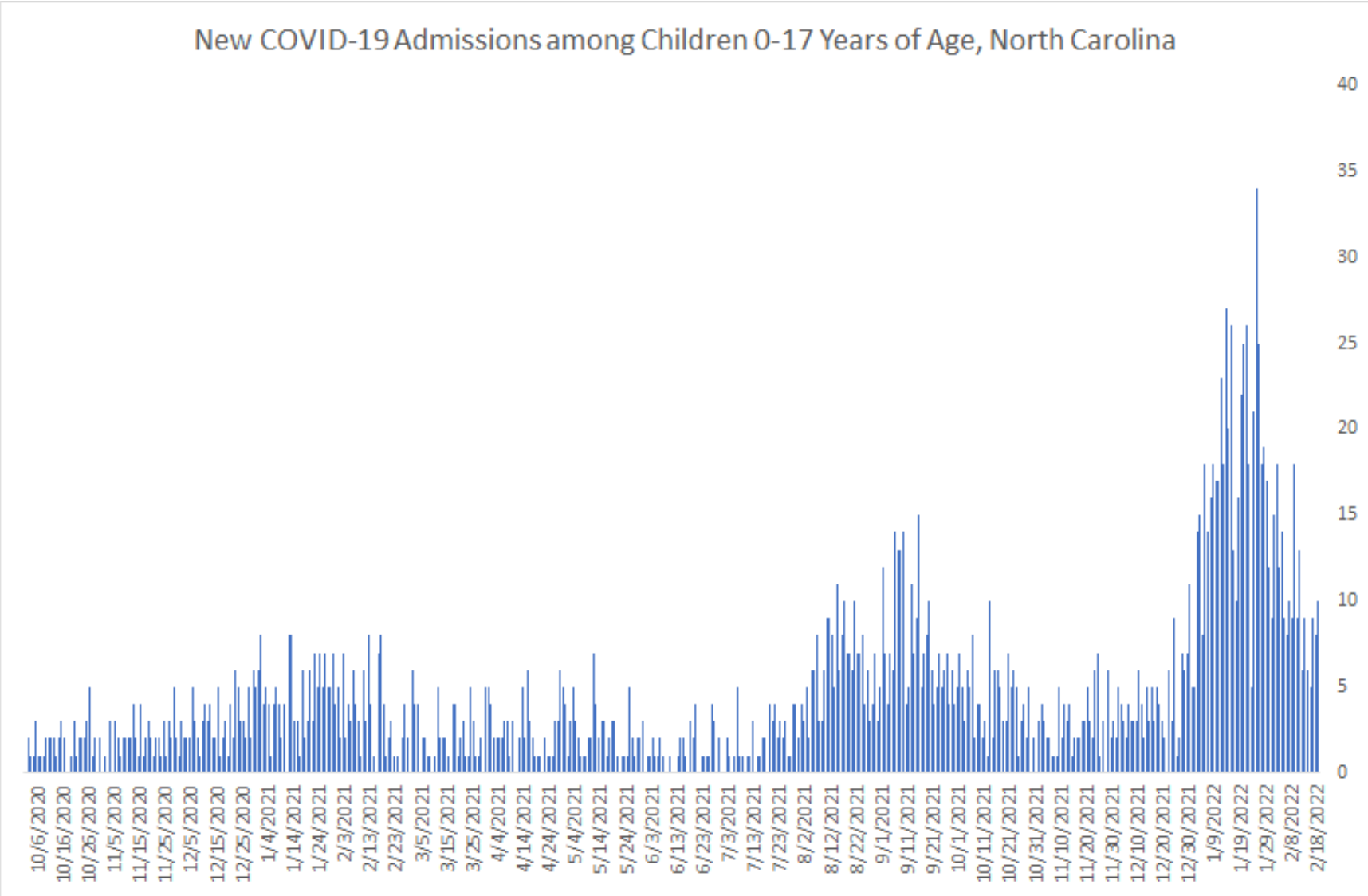


2/21/2022: COVID-19 Confirmed Patients Newly Admitted

By Age



Trends in hospitalizations in children



MULTI-STATE DATA ON RELATIVE HOSPITALIZATION RATES DURING OMICRON SURGE

Hospitalizations of Children and Adolescents with Laboratory-Confirmed COVID-19 — COVID-NET, 14 States, July 2021–January 2022

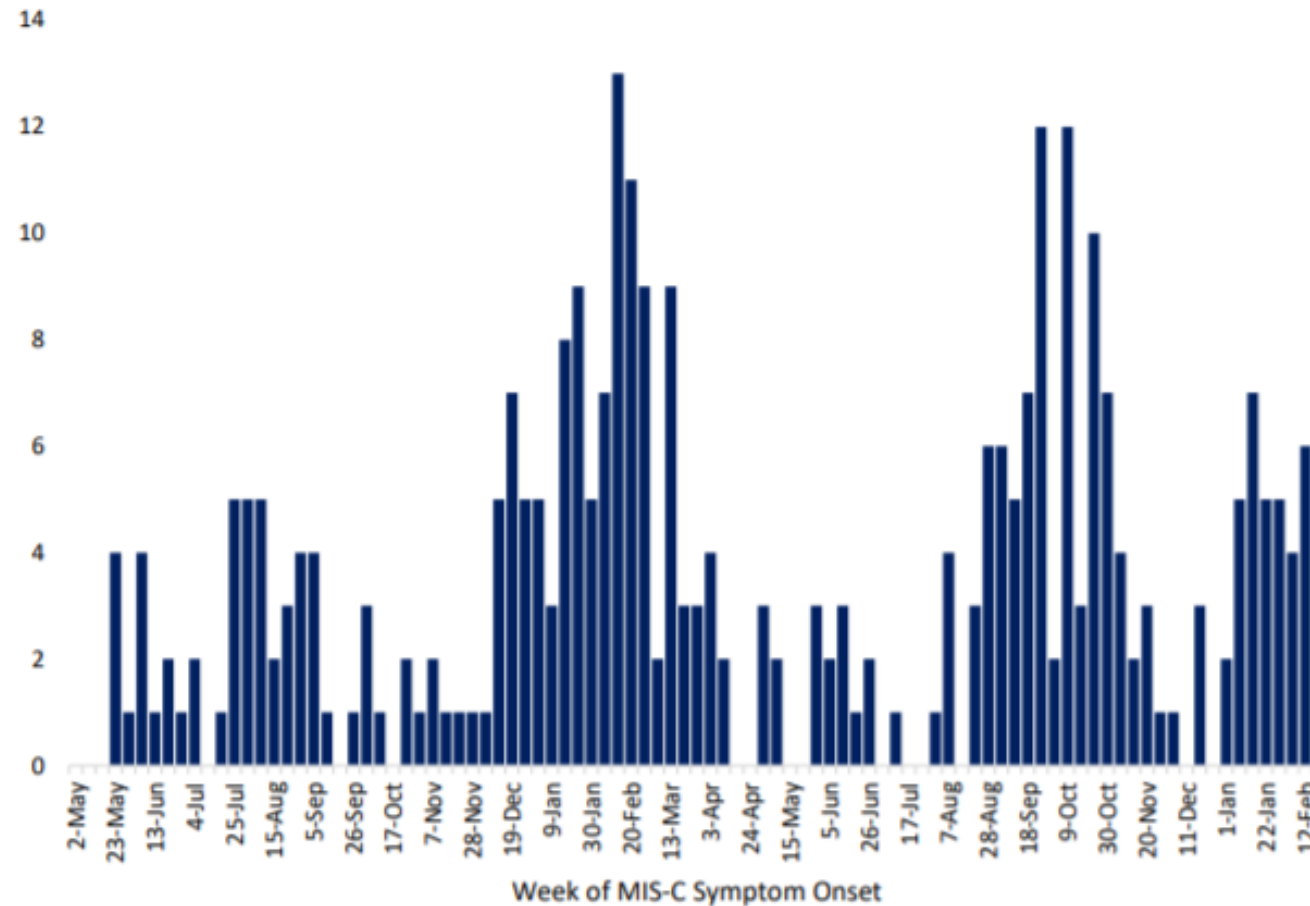
Weekly / February 18, 2022 / 71(7);271–278

- Coinciding with Omicron surge, COVID-19–associated hospitalization rates among children and adolescents aged 0–17 years increased rapidly in late December 2021
- The Omicron peak for hospitalizations for children and adolescents (7.1 per 100,000) was **four times** that of the Delta variant peak (1.8), with the largest increase observed among children aged 0–4 years.
- The monthly hospitalization rate among unvaccinated adolescents aged 12–17 years (23.5/100,000) was **six times** higher than for vaccinated adolescents.
- The large majority had COVID-19–related symptoms at admission (87%) and COVID-19 as the primary reason for admission (81%)

Multisystem Inflammatory Syndrome in Children (MIS-C)

How many cases of Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19 have been reported in North Carolina?

Number of New Cases Reported Week Ending February 19, 2022	Total Reported Cases in NC
16	313



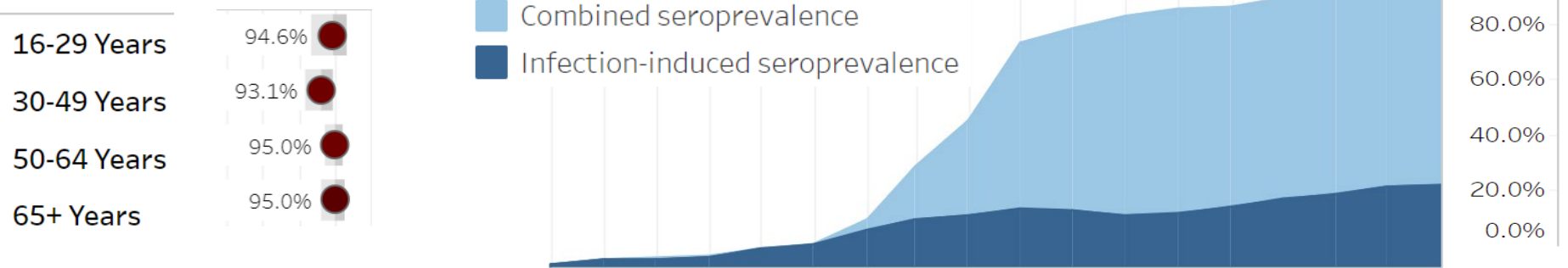
INCREASING LEVELS OF SOME IMMUNITY ACROSS THE STATE

[Severe Acute Respiratory Syndrome Coronavirus 2 Seroprevalence and Reported Coronavirus Disease 2019 Cases in US Children, August 2020–May 2021](#) – Comparison of reported cases to antibodies in blood

- Reported cases an undercount of actual cases; Overall likely **2.5 times more actual cases than reported cases**; likely **4.7 more actual cases than reported cases in children** (only about 1 in 5 cases were reported for children)

[Nationwide COVID-19 Infection- and Vaccination-Induced Antibody Seroprevalence \(Blood donations\)](#)

- Estimates the percentage of the population **ages 16 and older** that have developed antibodies against SARS-CoV-2, the virus that causes COVID-19, from vaccination or infection. Data through December 2021
- US – 94.7%** **NC – 94.3%**



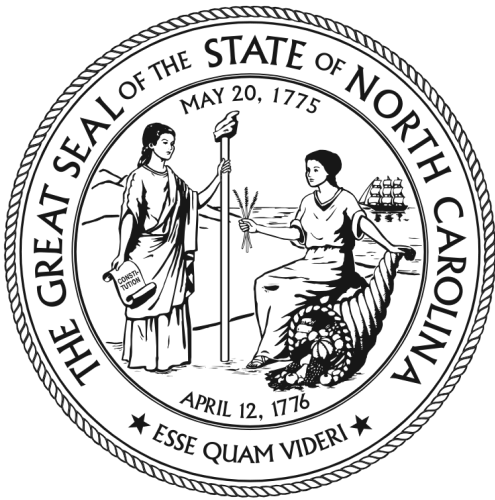
[Multi-State Assessment of SARS-CoV-2 Seroprevalence Commercial Laboratory Survey \(MASS-C\)](#) currently provides estimates of the percentage of **all people** in the United States with **resolving or past infection** with SARS-CoV-2. Higher rates of past infections in children than adults – data through Jan 20, 2022

	US	NC
Total	43.3%	40.0%
0-17 years	57.8%	52.5% (0-11 yrs 52.9%, 12-17 yrs 52%)
18-49 years	48%	44.6%
50-64 years	37.1%	32.4%
65+ years	23.3%	18.6%



Post-infection immunity

- Antibody levels are associated with protection in the community, but individual antibody levels may vary.
- People post-infection have some level of immunity
- Low risk of re-infection for 3 and likely at least 6 months after initial infection; Uncertain of the strength and consistency of protection after that
- Variability in levels of protection and severity of disease may be associated with more protection; asymptomatic or mild disease may have less protection
- It is unknown what level of post-infection antibodies (i.e. blood test for antibodies) are needed for protection from an infection. There is no FDA-authorized or approved test that can determine whether someone is fully protected.
- Protection from vaccination can provide a more robust, reliable and more consistent level of immunity to protect people from COVID-19 than infection alone
- Vaccination after infection significantly improves protection from reinfection.



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Vaccination Update

Dr. Betsey Tilson

State Health Director & Chief Medical Officer
NCDHHS

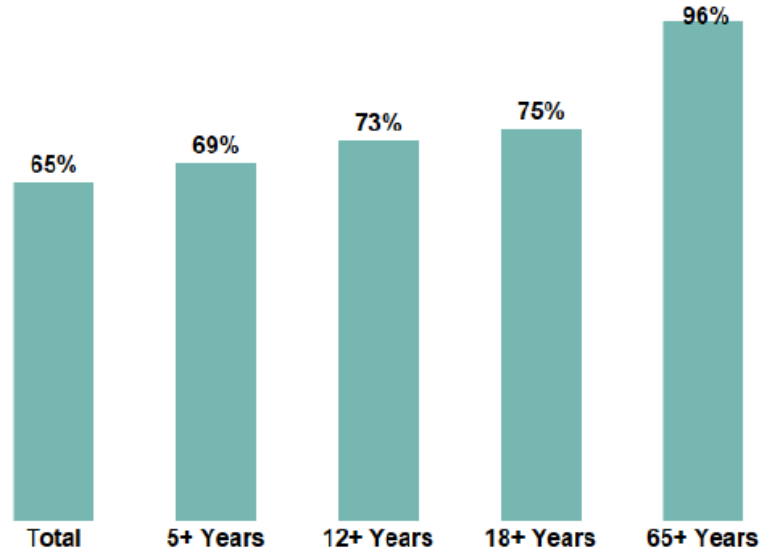
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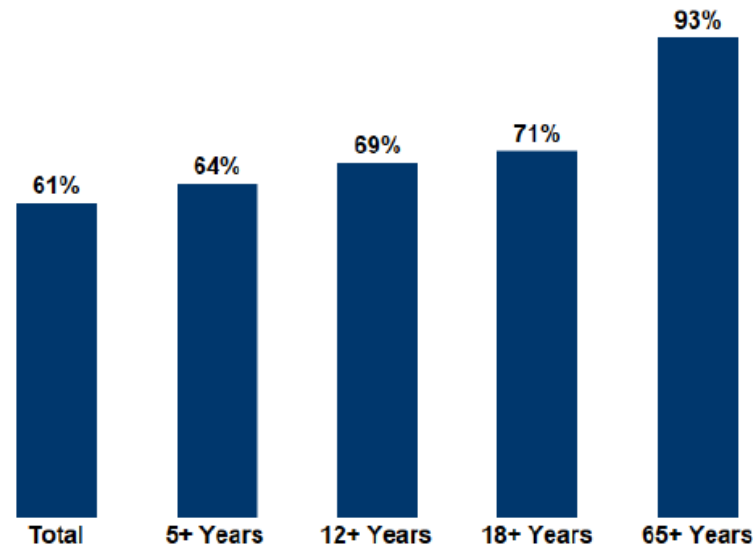
Statewide Vaccinations – Population Summary

Percent of Population Metrics

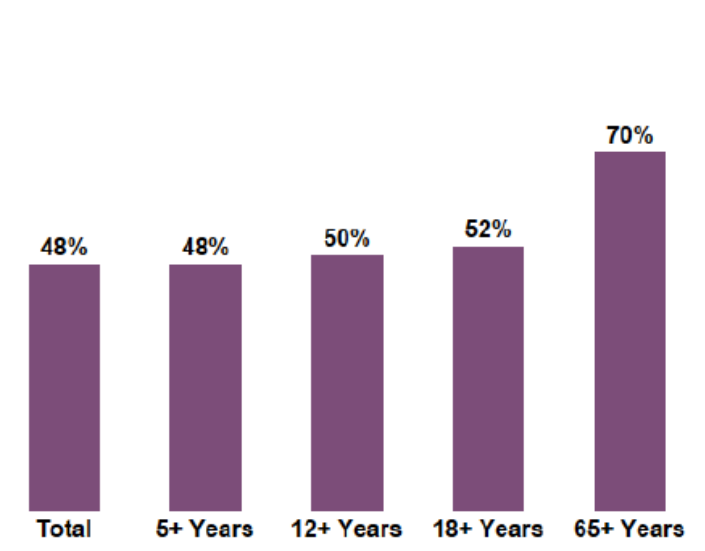
Percent of Population Vaccinated with at Least One Dose



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

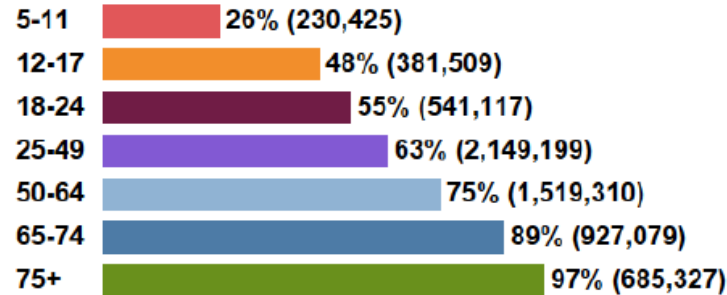


Percent of Vaccinated Population with at Least One Booster/Additional Dose

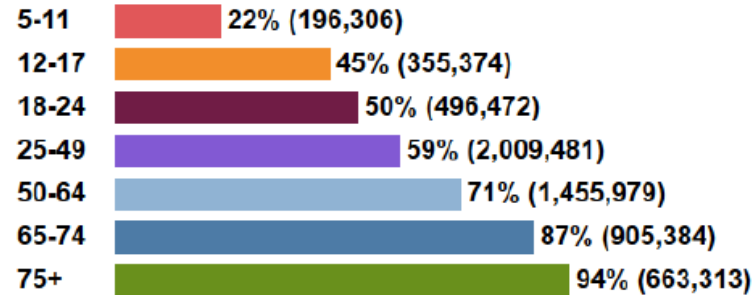


Percent of Population Metrics By Age Group

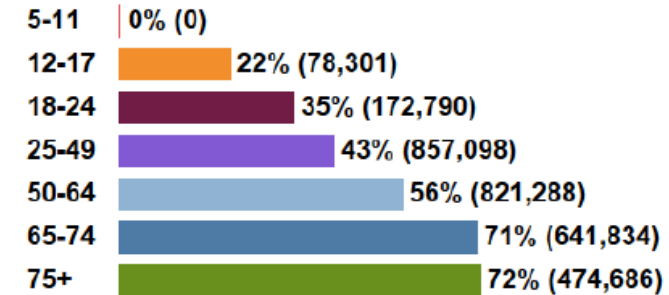
Percent Vaccinated with At Least One Dose



Percent Vaccinated with Two Doses or One Dose J&J



Percent Vaccinated with At Least One Booster/Additional Dose

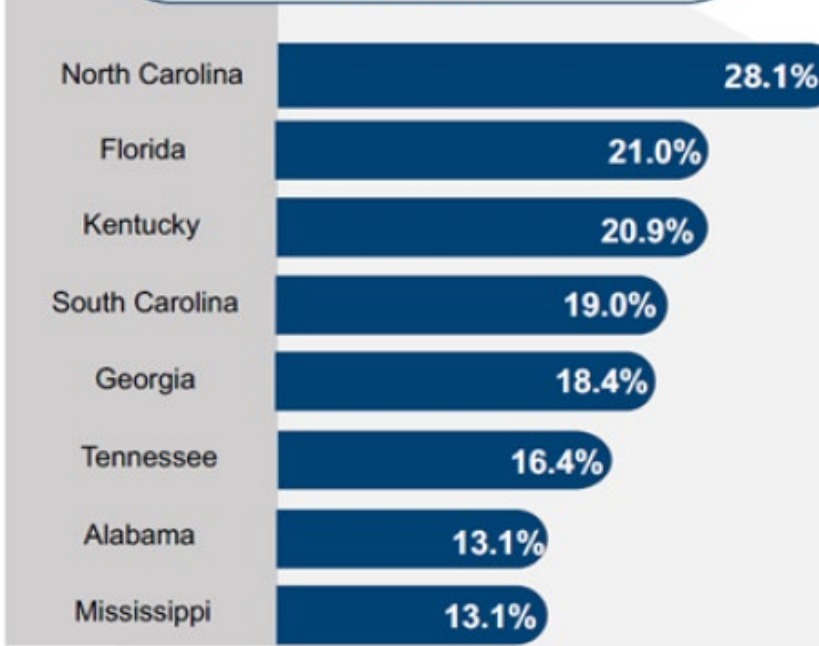


TLP: RED

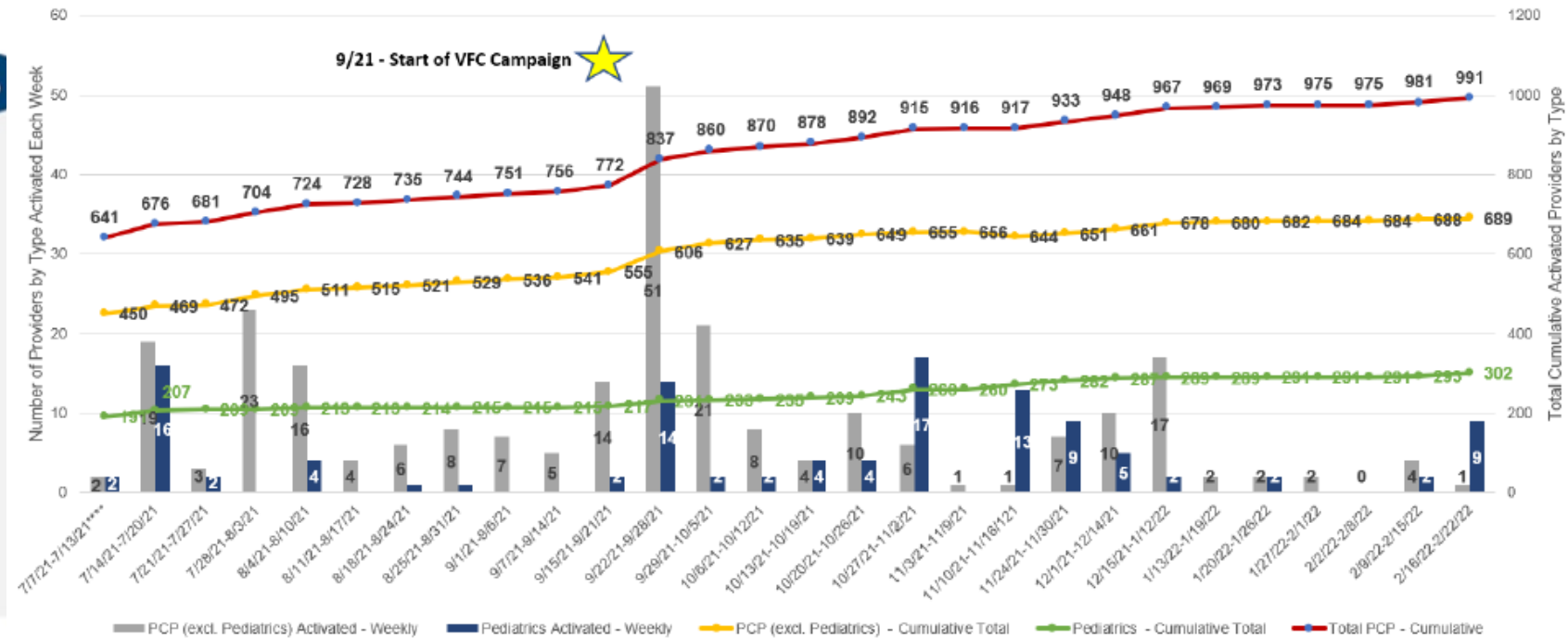
Vaccinations Data: December 14, 2020 - February 24, 2022 at 6:15 a.m.

NORTH CAROLINA PEDIATRIC VACCINATIONS

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



Primary Care Provider Activation – Cumulative increase from 7/7 (as of 2/22/22)



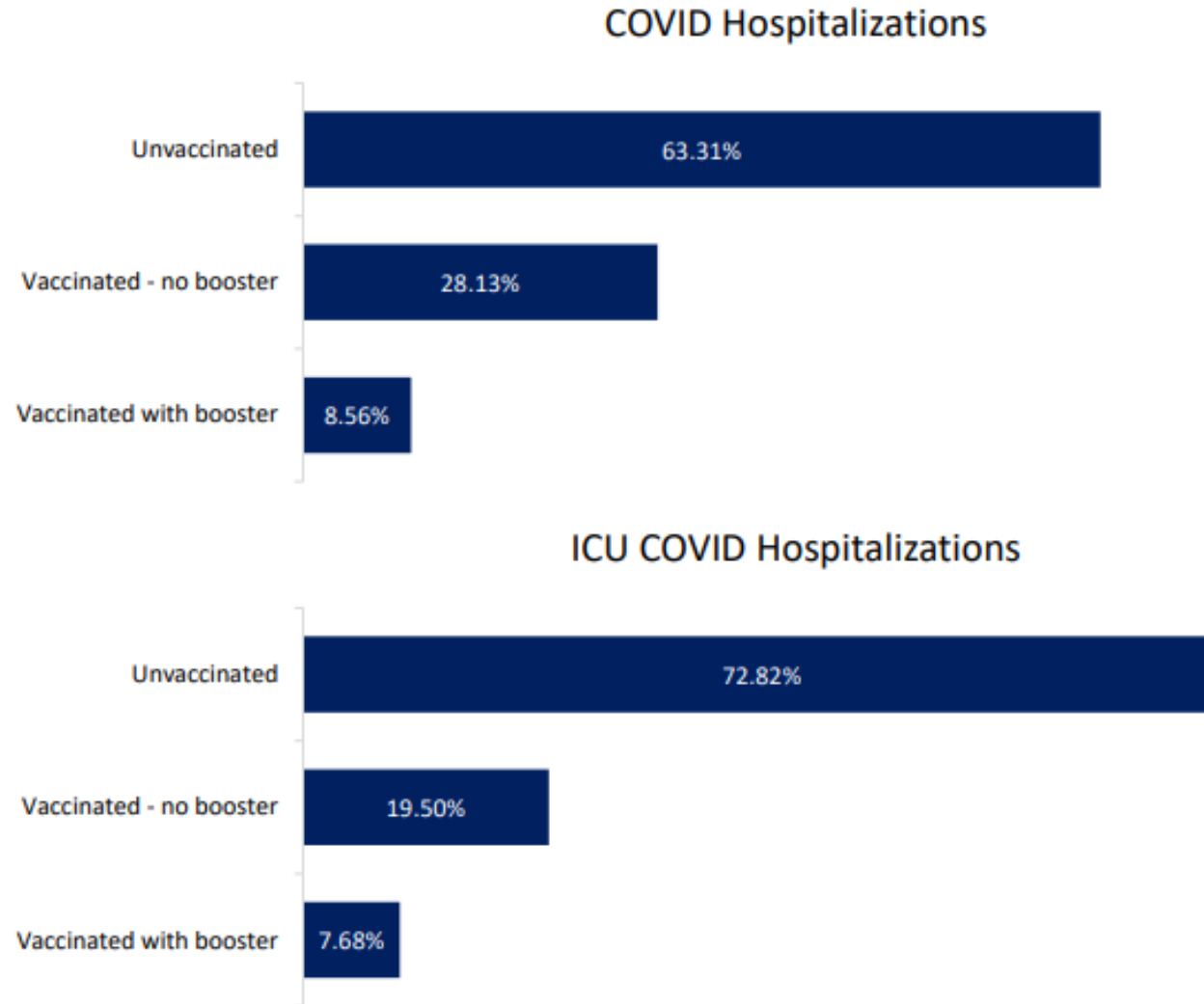
Source: All metrics are from 2/9/22 ASPR Report

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

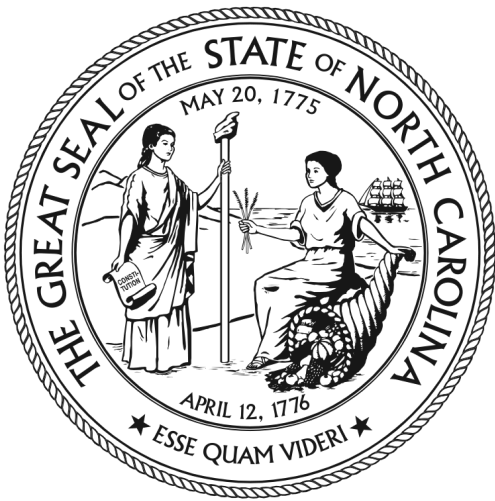
FDA expected to review data for vaccines for those 6mos to 4 years in April



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



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



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

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 February 18th

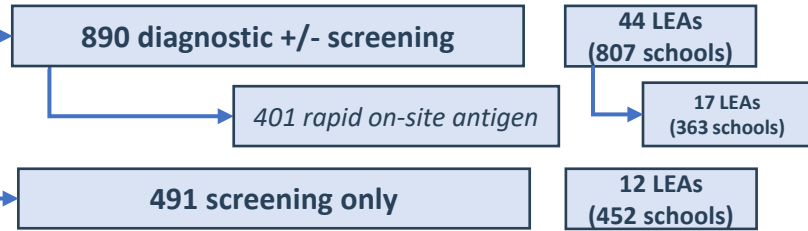
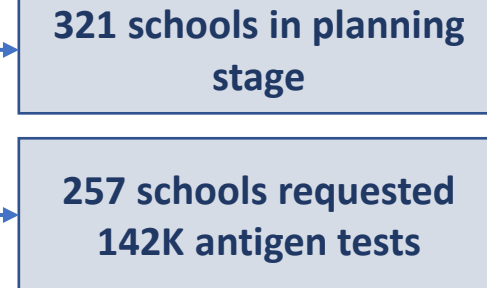
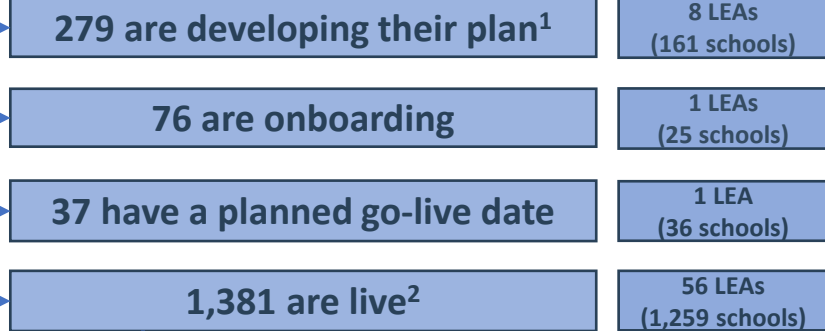
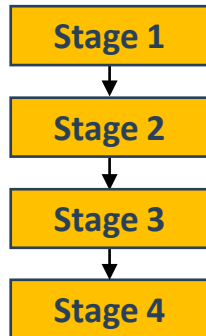
3,537 total schools in North Carolina

2,351 (66%) schools have opted in (89 LEAs of 115 in NC)

1,186 (35%) schools have not opted in

1,773 (75%) schools participating in state vendor program

578 (25%) schools participating in independent testing



¹ Guilford County plans to go live with 36 of their 126 schools. The remaining 90 are in the "developing their plan" stage

² Increase of 200+ schools from last report out; includes 150 Wake County schools

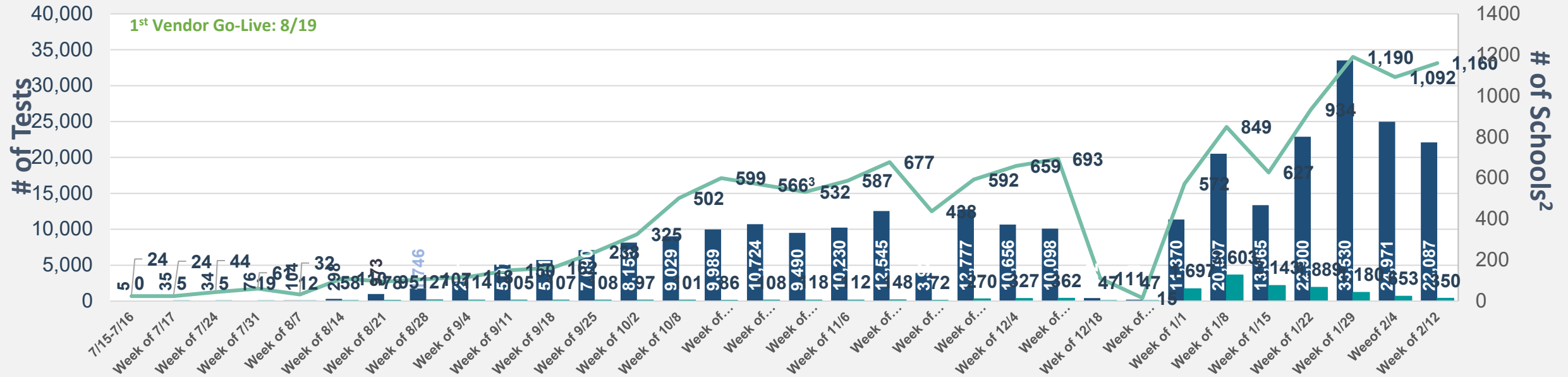
StrongSchoolsNC K-12 COVID-19 Testing Program: 2021-22 Testing Reporting

Test Result Reporting¹ (as of 2/23)

■ Total Tests ■ Positive Tests — # of Schools

356,691
Total tests
(Jul 15– Feb 18)

1.5% (↓1.1%)
Positivity Rate¹
(Week of 2/12)



¹Positivity 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

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

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

Key Reporting Statistics

- 42% (574 of 1,381 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% (316 schools of 1,381 schools who have gone live) are performing both diagnostic and screening testing
- 35% (491 schools of 1,381 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 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

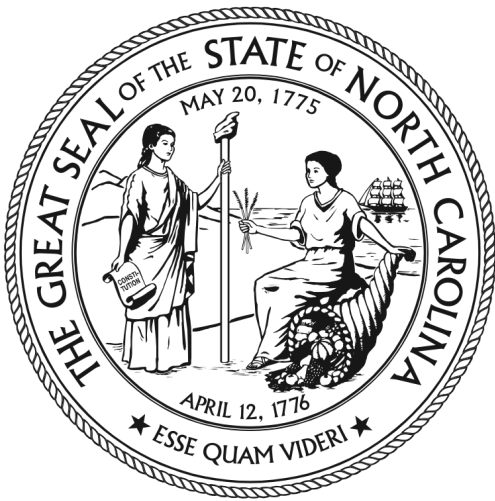
Federal distribution program process:

1. NCDHHS may submit 5 school districts to the CDC each week; a school may only be submitted once every 2 or 4 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

Policy Updates

Karen Wade

Senior Policy Advisor

NC DHHS- DPI Monthly Webinar

March 1, 2022

Contact Tracing and Exclusion

- As the pandemic evolves, the most effective and appropriate public health tools for the current phase of the pandemic should be applied.
- While contact tracing has been an important tool for slowing the spread of COVID at earlier points in the pandemic and remains important in certain high-risk congregate settings, individual contact tracing and exclusion of identified contacts is a less effective tool for responding to the pandemic at this phase in other settings due to several factors that include:
 - Emergence of variants with shorter incubation periods and more rapid transmission
 - Most contagious periods prior to symptom onset and during the first few days of illness
 - Large number of asymptomatic and less severe cases
 - Many infections are never identified by public health agencies because persons with asymptomatic or mild cases may not get tested as well as the increasing use of over the counter at-home tests.
 - Low proportion of infections being detected or reported to public health during time when people are in their most infectious time period.
- Therefore, the ability to intervene during the window where contact tracing and exclusion can decrease transmission is limited.

Toolkit Policy Change – Contact Tracing and Exclusion

- Individual contact tracing and exclusion from school after an identified exposure (regardless of location of exposure) is no longer recommended statewide in K-12 schools, effective February 21, 2022.
- Schools should continue to notify potentially exposed people; notification can be on an individual, group, or school basis.
- People who have been notified of an exposure should:
 - Wear a well-fitting mask for 10 days after the last known exposure, unless an exemption to face covering applies.
 - Be tested immediately if symptomatic, and on day 5 after exposure, unless the person tested positive for COVID-19 within the last 90 days. If school wide notification is done, at least weekly testing is recommended.
- Local Health Director may choose to maintain contact tracing and exclusion from school.

Mask Recommendations

- The COVID-19 landscape is different as we emerge from the latest surge; as we have throughout the pandemic, we are adapting our response based on the current stage of the pandemic.
- We are learning more about the virus, and we now have a wider array of effective tools to reduce risk:
 - Vaccines and boosters are widely available and help protect against severe illness, hospitalization, and death.
 - Immunity in community is increasing
 - Treatment is available for those at higher risk of severe disease.
- Trends are decreasing, lowering the risk of infection, and improving hospital capacity.
- Our goal is to use the most tailored and effective tools for the stage of the pandemic, get people back to the experiences and places they love, and reduce the risk of COVID-19 and to protect those at highest risk of severe illness.
- Universal mask mandates are a less important tool in lower risk settings like schools.

Toolkit Policy Change – Mask Recommendations- Effective March 7th

- Consider moving to voluntary masking, at the discretion of local authorities
- Effective February 25, 2022, CDC does not require wearing of masks on buses or vans operated by public or private school systems, including early care and education/child care programs.
- Recommend that students/staff who are at high risk for severe disease, are unvaccinated or are not up to date on vaccines wear a mask in indoor settings
- Recommend that students/staff wear a mask for 10 days following an exposure to a person with COVID-19
- Ensure students/staff wear a mask for at least 10 days after symptom onset or testing positive if they have COVID-19
- Because masks can add a layer of protection for those who want it, schools should support students and staff who choose to wear a mask

