

Health Director's Report
May 2022

- May 3, 2022 - OC Department Head Meeting; Manager's Presentation of Recommended Budget
- May 4, 2022 – Participated on Orange County Interview Panel for Chief Equity Officer
- May 5, 2022 - Call with NCALHD Executive Committee and NC DPH Leadership
- May 10, 2022 – COVID Partner Update Call with County elected officials and response partners
- May 11, 2022 - Participated on Orange County Interview Panel for Planning Director
- May 12, 2022 – Orange County Diversion Facility Planning Meeting
- May 13, 2022 – Opioid Task Force update presentation at Justice Advisory Council
- May 13, 2022 - OCHD Epi Team Meeting
- May 16, 2022 - Region 5 Health Directors Meeting (Virtual)
- May 18, 2022 – NCALHD Full Association Meeting in Raleigh, NC
- May 19-20, 2022 – NC Public Health Leaders Conference in Raleigh, NC
- Infant Formula Shortages:
Some families in North Carolina are facing challenges accessing infant formulas. These challenges are related to the February recall of certain Abbott infant formulas, the resulting increased demand for other brands of formula, and the lingering effects of supply issues during the pandemic. During these on-going shortages, the top priority is to help families access safe, healthy feeding options for their infants. Link to full press release found here: [NCDHHS Shares Resources for Families During Infant Formula Shortage](#)
- Governor's Proposed Budget- Highlights that impact public health include:
 - \$10 million for Local Health Departments infrastructure
 - Additional \$50 million for continuation of critical COVID-19 services
 - Recommendation to expand Medicaid
 - PFAS Biomonitoring Project
 - \$510,000 for Onsite Water Protection Training TeamRead the full budget recommendation [HERE](#).

COVID-19 Updates

Orange County Status as of May 18, 2022:

OC Cases –28,744 Deaths – 134

Over the past 7 days we've had 504 new cases. We've had 0 additional deaths since last week.

We currently have 4 outbreaks in the County (3 Nursing Homes and 1 Correctional Facility).

COVID-19 Death Reporting Update

This increase in COVID deaths can be attributed to the launch of NC DAVE (Database Application for Vital Events) which now gives NC DHHS access to an electronic death reporting system. NC DHHS identified 1,146 additional deaths that occurred between January 1, 2022 and March 31, 2022. These deaths were added to the NC COVID Dashboard on Wednesday, May 4, 2022. Data continues to show NC has the lowest per capita rates of COVID-19 deaths in the Southeast and ranks among the lowest in the nation.

Orange County had 9 additional deaths as a result of access to the new electronic death reporting system. We had only 1 additional new death reported after March 31, 2022 (as of May 3, 2022).

Beginning June 1, 2022 deaths will be updated monthly.

A press release has also been posted and is available [here](#).

There has also been a change to the criteria for a COVID-19 death.

Former Criteria (before NC DAVE):

Positive molecular (PCR) or antigen test for COVID-19, **and**

- Died without fully recovering from COVID-19, **and**
- No alternative cause of death identified.

New Criteria:

Positive molecular (PCR) or antigen test for COVID-19, **and**

- A case investigation determined that COVID-19 was the cause of death or contributed to the death (i.e., using current criteria), **or**
- The death certificate indicates COVID-19 as one of the causes of death

NC DHHS Dashboard

Weekly update for May 18, 2022 Summary page of the NCDHHS COVID-19 Dashboard includes the following:

- Wastewater Surveillance,
 - State –increase; this week 14.1 million versus last week 14.0 million
 - Orange County –viral gene copies per person - on 5/7/22 21 million and on 5/11/22 13 million.
- COVID-Like Illness in Emergency Departments,
 - State – 4% versus 3% last week
 - Orange County – a slight increase but numbers remain relatively low
- Hospital Admissions,
 - State – increase; this week 524 versus 431 last week
 - Orange County –increase; this week 11.4/100K last 7 days versus 5.9/100K last 7 days last week (*Data as of May 16, 2022*)
- COVID-19 Cases,
 - State- increase; 23,027 this week versus 17,488 last week
 - Orange County –increase; As of 5/18 case rate 339/100k (last 7 days) versus 5/11 a case rate of 286/100k (last 7 days)
 - COVID activity is increasing in most metrics, including wastewater, COVID-like illness ED visits, and reported case rates.
- Booster Rates,
 - State – 55%
 - Orange County – 54% -79,794
- Prevalence of Variants,
 - State – BA.1.1 – 0.56%; BA. 2 – 82.56%; BA.2.12.1 – 16.8%
 - The BA.2 subvariant of Omicron has replaced BA.1 in North Carolina and nationally. BA.2.12.1 is increasing, particularly in the Northeast part of the country, and appears to have a growth advantage over other forms of the BA.2 subvariant.
 - BA.4 and BA.5 subvariants of Omicron are increasing in South Africa. These have a growth advantage over BA.2 and early data suggests that there might be reduced protection against these variants following past infections. There have only been a small number of BA.4 and BA.5 detections in the US and NC so far but we expect these to increase.
 - Orange County –BA.2.12 - 75.9%; BA.2- 17.2% ; BA.1/BA.2 recombinant – 3.4%; other – 3.4%
- and CDC COVID-19 Community Levels data. (*as of May 11, 2022*)
 - Orange County - Low

COVID-19 Vaccination Data – (*Data as of May 18, 2022*)

- NC DHHS Vaccinations dashboard found at <https://covid19.ncdhhs.gov/dashboard/vaccinations> : Orange County (all Providers)

- 117,217 first dose – 79%
- 113,735 full vaccine series – 77%

Vaccine Updates

- Monday, May 16, 2022 - the U.S. Food and Drug Administration amended the emergency use authorization (EUA) for the Pfizer-BioNTech COVID-19 Vaccine, authorizing the use of a single booster dose for administration to individuals 5 through 11 years of age at least five months after completion of a primary series with the Pfizer-BioNTech COVID-19 Vaccine.
- The Advisory Committee for Immunization Practices (ACIP) of the Centers for Disease Control (CDC) is meeting **Thursday, May 19th** to determine its recommendations for a booster dose for children ages 5-11.
- The ACIP's recommendation must then be followed by a recommendation from the CDC Director.

CDC COVID-19 Community Level (Data as of May 12, 2022)

COVID-19 Community Levels – Use the Highest Level that Applies to Your Community				
New COVID-19 Cases Per 100,000 people in the past 7 days	Indicators	Low	Medium	High
161.64 Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0 5.9	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0% 2.5%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

The COVID-19 community level is determined by the higher of the new admissions and inpatient beds metrics, based on the current level of new cases per 100,000 population in the past 7 days

Test to Treat (T2T) Program

Test to Treat (T2T) is a nationwide initiative that provides individuals a more effective way to rapidly access lifesaving treatment for COVID-19. In this program, people can get tested and – if they are positive and treatments are appropriate for them – receive a prescription from a healthcare provider, and have their prescription filled all in one location.

T2T Site Requirements

- Rapid COVID-19 testing on-site (or evaluation of at-home testing)
- Linkage to a clinical evaluation by licensed healthcare provider after positive result to provide prescription when appropriate
- Co-located pharmacy able to readily dispense medication to eligible patients
- Provide services to all individuals, regardless of insurance status

Federal T2T Program

- Federal Retail Pharmacy Partners
- Supported via direct federal allocations
- In NC – 74 CVS, 3 Walgreens, and 3 FQHCs

Uninsured Individuals

- Federal T2T locations are required to provide COVID-19 oral antivirals at no cost to uninsured patients. However, there may be a charge for the testing or evaluation portions of the T2T process
- Currently we know CVS is not charging uninsured individuals for T2T services as long as they are tested at CVS. We are working to understand other provider policies around uninsured individuals. Medicare and Medicaid Recipients
- These programs are currently covering all costs associated with COVID-19 Treatments. No out-of-pocket costs.

Individuals with Private Insurance

- Type of treatment may determine cost. Individuals should check with their insurance provider.
- For oral antivirals there should be no copay at time of dispensing. Providers may bill insurance for testing or evaluation pieces
- For mAbs provider will likely bill insurance for the administration fee, coverage varies by insurance

How to Find Test to Treat Sites

<https://covid19.ncdhhs.gov/FindTreatment>

Executive Orders

May 4, 2022- Governor Cooper signed an Executive Order that encourages eligible state employees to get their COVID-19 booster shot and rewards them with a day of vacation leave. The Order provides up to eight hours of fully paid leave to eligible state employees who, on or before August 31, 2022, provide their agency with documentation of receiving a first booster for COVID-19. The Order applies to Cabinet agencies and any other state agencies that voluntarily adopt the Executive Order's measures.

April 1, 2022 – Governor Cooper extended Executive Order for COVID-19 flexibilities (e.g. standing orders for vaccination/testing/therapeutics) to expire on July 15, 2022.

