



JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON HEALTH AND HUMAN SERVICES

NC Department of Health and Human Services **COVID-19 Update**

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Secretary for Opportunity and Well-
Being**

April 12, 2022

Key Metrics For Next Phase

Rationale	Metric
Early Warning	Wastewater Surveillance
Risk of Exposure	COVID-Like Illness
Community Impact	CDC Community Level
Capacity	Hospital Admissions
Immunity in the Community	Boosters
Spreads and Populations Impacted	Case Trends
Severity and Transmissibility	Prevalence of Variants

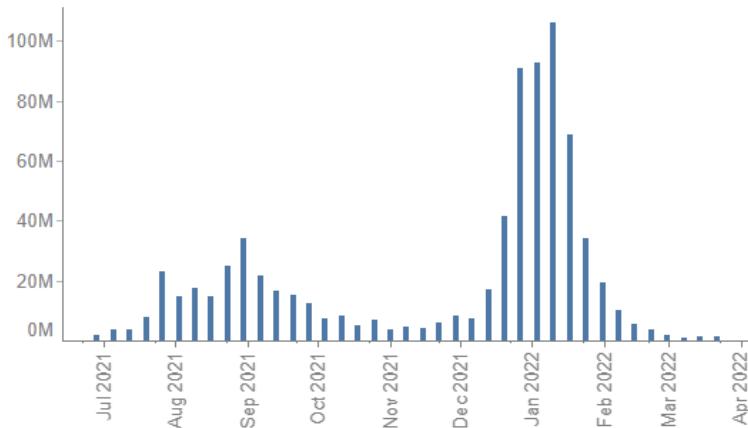
Early Warning Indicators

Wastewater Surveillance and ER visits for COVID Like Illness are used as early signs of community spread and illness

1.5 Million → Previous Week 1.2 Million

COVID-19 Virus Particles Found in Wastewater

COVID-19 virus particles appearing in wastewater can signal how quickly the virus is spreading, even if people don't get tested or have symptoms.

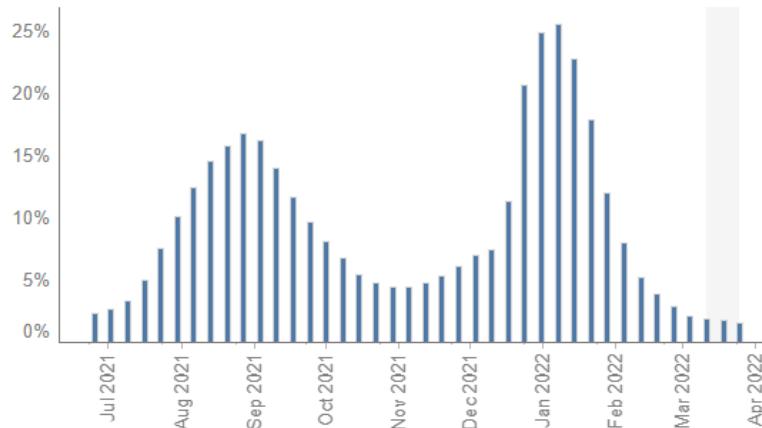


Average COVID-19 virus copies found per person per week from participating North Carolina wastewater treatment plants. [More Info](#)

2% → Previous Week 2%

Emergency Room Visits for COVID Symptoms

The percentage of all emergency department visits that are for COVID-like symptoms can signal how much illness there is in a community.



Emergency department visits that are for COVID-like illnesses (CLI). [More Info](#)

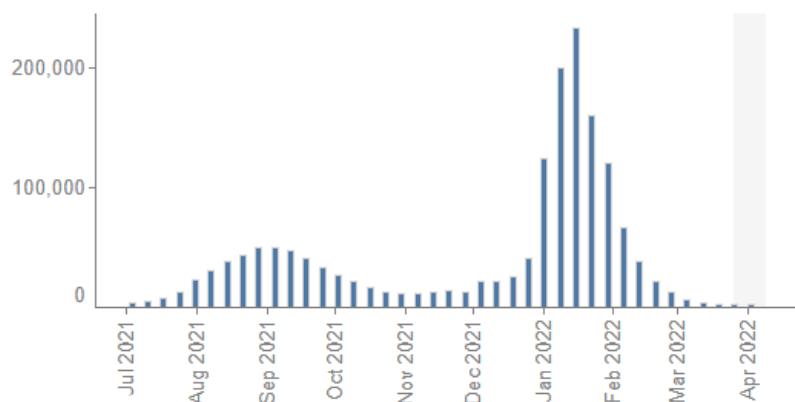
Updated April 6, 2022

Community and Health System Metrics

Reported COVID-19 Cases and Hospital Admissions are used to indicate the strain of COVID-19 on the health care system

3,026 ↗ Previous Week 2,795

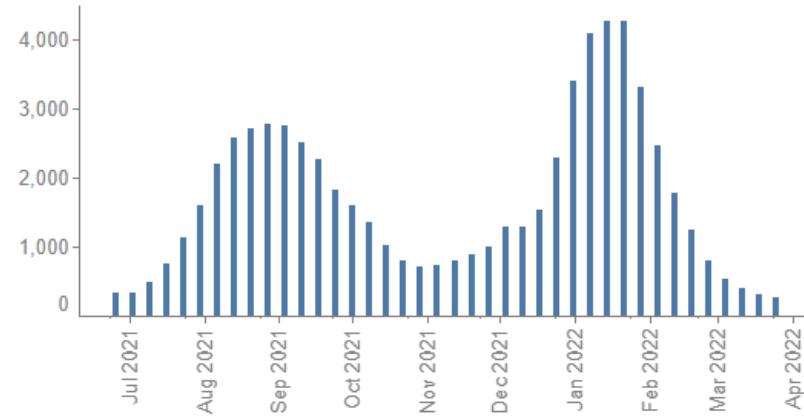
COVID-19 Reported Cases by Week of Specimen Collection



Number of new cases reported to the state each week, shown by the date specimen was collected. [More Info](#)

274 ↘ Previous Week 319

Hospital Admissions - COVID-19 Patients by Week



Number of confirmed COVID-19 patients admitted to hospitals each week. [More Info](#)

Updated April 6, 2022

Vaccines and Boosters

Monitoring vaccine data gives insight into the level of immunity within the state

51%
Boosted

Percent of Total Vaccinated Population with at Least One Booster or Additional Dose

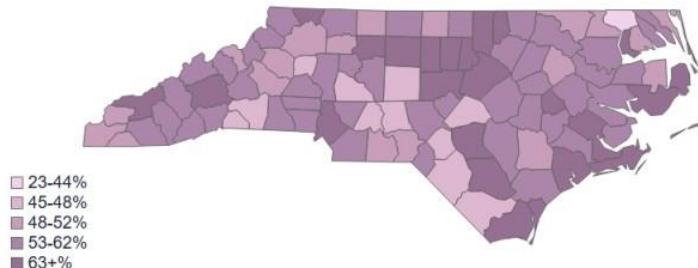
76%
Adults Vaccinated

Percent of Total Adult Population Vaccinated with at Least One Dose

38%
Children and Teens Vaccinated

Percent of Population Ages 5-17 Vaccinated with at Least One Dose

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



Updated April 6, 2022

Surveillance of Variants

Early detection of new variants helps the state inform response

What variants are being detected in North Carolina?



Last Two Weeks

Mar 13, 2022 - Mar 26, 2022

Category	Type	Sequenced Cases	% of Total
Omicron	BA.1	100	68.97%
	BA.2	45	31.03%

Percentage of variants reported each week by laboratories that sequence to identify COVID-19 variants. (Most cases and tests are not identified by variants; this is a smaller sample.) [More info](#)

Updated April 6, 2022

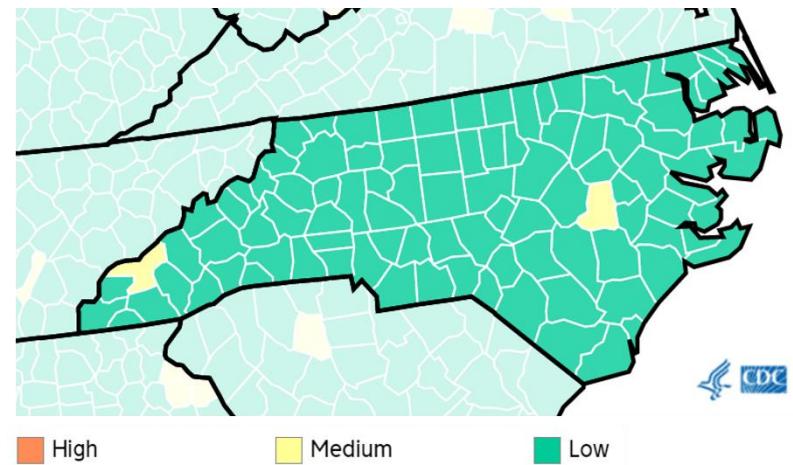
CDC Community Levels By County

The weekly map put out by the CDC helps individuals understand COVID levels in their community and inform their actions

0/100 Previous Week 0/100

Counties with a high risk of illness and strain on the health care system

The Centers for Disease Control assign a community risk level for every county. [More info](#) or [find your county](#) 



As of 4/7/2022

Omicron BA.2 Update

Quick summary of evidence on key parameters:

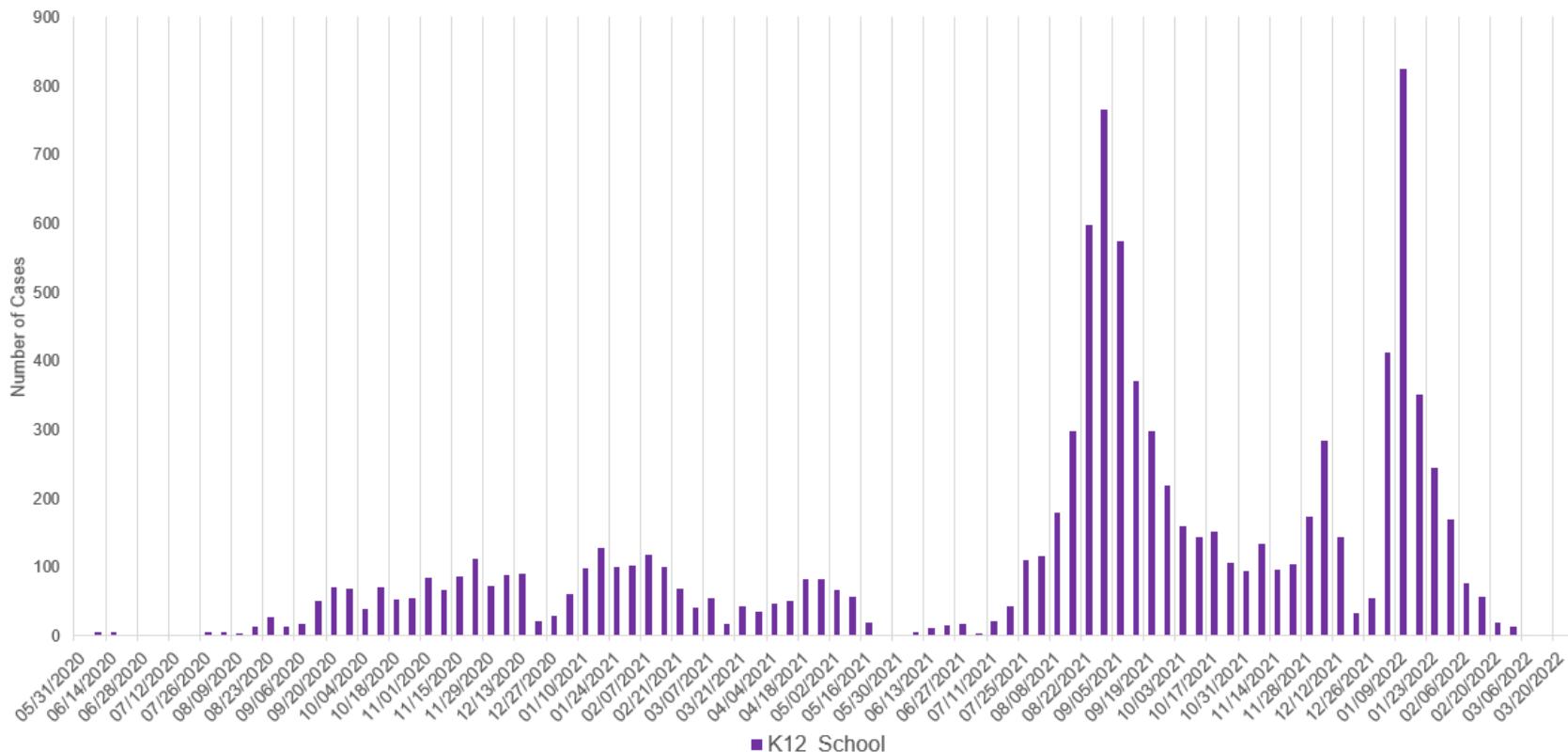
Transmissibility	Immunity	Severity	Treatment Impacts
<ul style="list-style-type: none">~30% more transmissible than BA.1	<ul style="list-style-type: none">Effectiveness of vaccine does not differ significantly when infected with BA2 versus BA1Infection with BA2 after BA1 has been documented but rare so far	<ul style="list-style-type: none">No significant difference from BA1	<ul style="list-style-type: none">One monoclonal antibody treatment (sotrovimab) is no longer effective against BA2.However, there are other effective monoclonal antibody and antiviral treatments

The best protection continues to be vaccine and boosters

FDA/CDC Authorized 2nd Booster for High Risk

- **FDA and CDC are allowing individuals over 50 and individuals who are 12+ and immunocompromised to get a 2nd booster dose 4 months after their 1st booster.**
- **Those that received a J&J vaccine and booster are also able to get a second mRNA booster**
- **This is another layer of protection people can use to lower their risk**

Cases Associated with K-12 Clusters By Week*



*Data in recent weeks is incomplete and added as local health departments complete case investigations

Mask Mandatory Counties Show Fewer Clusters When Compared to Mask Optional Counties

Between 10/10/2021-12/07/2021:

Mask Optional Counties:

- An average of 7.2 clusters/100 schools in counties that reported a cluster (21)

Mask Mandatory Counties:

- An average of 2.4 clusters/100 schools in counties that reported a cluster (6)

There were 71 counties that did not report a cluster during this time period; and 2 that were excluded due to changes in policy. This represents a **3-fold difference** comparing counties by school mask policy

**This analysis is based solely on reported clusters during an 8-week time period. Jurisdictions were considered mask optional if they had a mask optional policy for at least one week during the 8-week timeframe.*

***Furthermore, this analysis does not account for incidence rates among school-age cases or vaccine uptake by school jurisdictions.*

****This data also includes private schools who may have different mask policies than the district.*

NC DHHS State of Emergency Flexibilities

- **SOE allows health care licensure and regulation flexibility**
 - Allows health care facilities and EMS agencies to increase staff and other resources to manage surges
- **SOE allows State Health Director to issue standing orders for testing and treatment**
 - Particularly impacts the ability to continue COVID testing in schools and by smaller local health departments
- **SOE allows professionals credentialed to perform asbestos management and lead abatement and renovation work additional time to complete required in-person training**
 - Current demand for training exceeds availability and failure to meet requirements will lead to loss of credentials with the potential to create a workforce shortage

Recover Stronger

*These priorities and our work across the department are grounded in **whole-person health**, driven by **equity**, and responsive to the lessons learned responding to the greatest health crisis in more than a generation.*

Behavioral Health & Resilience



We need to offer services further upstream to build resiliency, invest in coordinated systems of care that **make mental health services easy to access** when and where they are needed and **reduce the stigma** around accessing these services.

Child & Family Wellbeing



We will work to ensure that North Carolina's children grow up safe, healthy and thriving in nurturing and resilient families and communities. **Investing in families and children's healthy development builds more resilient families, better educational outcomes and, in the long term, a stronger society.**

Strong & Inclusive Workforce



We will work to strengthen the **workforce that supports early learning, health and wellness by delivering services** to North Carolina. And we will take action to be an equitable workplace that lives its values and ensure that all people have the opportunity to be fully included members of their communities.

The health insurance coverage gap coupled with insufficient access to affordable care disproportionately impacts Historically Marginalized Populations who have also experienced worse outcomes than others under COVID-19. Medicaid expansion would help close the health insurance coverage gap.