

# >>> *Moving Forward Together:* The Next Phase of North Carolina's COVID-19 Pandemic Response

APRIL 2022

In March 2020, the first case of COVID-19 was identified in North Carolina. North Carolina built its response to the global pandemic with equity in mind, using the latest available scientific knowledge and real-time data. This approach identified and described the underlying disparities that were exacerbated by the pandemic. Through community input, stakeholder expertise, and building robust partnerships, NCDHHS worked to put health equity at the center of all efforts. We created new programs to deliver significant resources – stockpiles of personal protective equipment, hundreds of “fast and fair” testing and vaccine sites, community health workers to connect individuals to services, and the technology and communication tools necessary to monitor and inform the public. And most importantly, North Carolinians came together to practice the 3 Ws – Wear, Wait, and Wash, and get vaccinated to protect themselves, their loved ones, and their communities.

Early in the pandemic when less was known about the virus, people did not have immunity, and treatment was not available, blunter tools were needed to save lives and preserve hospital capacity. As tools became available and the impacts of the virus shifted, our response molded to meet the moment. From the beginning, Governor Cooper has used data and the best scientific information available to drive our response which has allowed the state to avoid many of the worst effects of COVID-19.

**With the change in our trends and the tools now available, we can adapt our response for the current stage of the pandemic – moving from crisis response to disease management.** Equity will remain at the center of our work, ensuring the right tools reach those most at risk for severe disease from COVID-19. And we will remain vigilant and respond to changes in the virus, ensuring the public is well informed. North Carolina has worked hard to get to this moment and NCDHHS will continue to work to support a strong recovery that supports health and wellbeing for all North Carolinians.



North Carolina had the **lowest per capita deaths in the southeast** and **among the lowest in the nation.**



Statewide hospital capacity has **never exceeded 91%.**



Statewide ICU capacity has **never exceeded 89%.**

## >>> *The Changing Context*

The COVID-19 landscape looks different today than it did two years ago and will continue to evolve. We have learned more about the virus and now have several effective tools that reduce risk for people.

- Vaccines and boosters are widely available and help protect against severe illness, hospitalization, and death.
- Treatment is available for those at higher risk of severe disease.
- We have a robust supply of testing and personal protective equipment.
- Immunity in North Carolina's population has increased dramatically, both from vaccination and from past infection. While people who have been infected with COVID-19 do have some protection against the virus, studies show that infection-acquired immunity waned after 1 year in unvaccinated participants but protection remained consistently higher than 90% in those who were subsequently vaccinated, even in persons infected more than 18 months previously.

## >>> Core Principles

The following principles undergird North Carolina's plan for this next stage of pandemic.

- **Empowering Individuals.** As people seek to return to their normal routines, they will need to make informed decisions on how to best protect themselves and their families. While the pandemic is not over, with vaccines, boosters, and other tools at our disposal, in most instances individual decision-making and risk assessment is the appropriate path forward. We will no longer provide guidance for most settings, but instead focus on protecting those most vulnerable to serious illness.
- **Maintaining Health System Capacity.** NCDHHS will continue to coordinate with the health care community to preserve health care system capacity in the event of future surges. It is vital that healthcare providers meet the needs of those who have COVID-19 as well as anyone else needing care whether it be for cancer, heart disease, or an injury.
- **Collaborating with Local Partners.** A central tenet of NCDHHS's strategy has been to develop partnerships with local health departments, health care professionals, community leaders, businesses, advocacy groups and convenors, and a myriad of other local, state and federal entities that have been integral to North Carolina's COVID-19 response. We will continue to convene partners to support resilience and speed recovery.
- **Prioritizing Equity.** NCDHHS will continue to ensure equitable access to the information and tools people need to best protect against COVID-19. This work begins with our ongoing commitment to data transparency by race, ethnicity, gender, age, and geography and using that data to drive policy and action. In addition, North Carolina will continue to direct its resources – such as masks, tests, and education materials – to communities most at risk from COVID-19, including historically marginalized populations, people with disabilities, and older North Carolinians.

## >>> Leading with Data Transparency

North Carolina has relied on science, real-time data, and key metrics to guide its pandemic response. Because each metric has limitations, the state has used a combination of metrics rather than relying on any one metric. As we move into this next phase, some of those key metrics no longer meet the current need. For example, the rise of antigen testing, including at-home testing, makes the percent of tests that are positive less reliable.

Beginning on March 23, the Summary page of the NCDHHS COVID-19 Dashboard will be updated weekly and will include:

- **Wastewater Surveillance.** NCDHHS is testing samples of wastewater from select treatment plants across the state to look for COVID-19. People with COVID-19 shed viral particles in their stool. In wastewater, the particles are no longer infectious but can still be measured. This metric helps us understand spread of COVID-19 at the community level. Research suggests that the virus that causes COVID-19 can appear in wastewater 4-6 days before the first cases are identified and can serve as an early warning indicator before changes are seen in other metrics. During the height of the Omicron wave, record amounts of viral particles were found in all participating sites. As of March 7th, levels had dropped in all 26 sites and were at low or moderate levels in all but two.
- **COVID-Like Illness (CLI) in Emergency Departments.** This metric shows the percent of emergency department visits that are for COVID-like illness. This metric can also give us an early indication of rising COVID-19 levels in the community and can give NCDHHS early insight into the burden of COVID in local emergency departments. The trend of increases and decreases can give individuals insight into potential risk of exposure. During the height of the Omicron wave, the % of ED visits that were for CLI reached 26%. As of March 7th, this value was less than 3% and trending down.

- **Hospital Admissions.** Hospital admissions for COVID-19 give an understanding of the impact of COVID-19 on the health care system. When this number is high, it can mean that hospitals are strained to provide care and may not be able provide care for non-urgent medical procedures. During the height of the Omicron wave, the average number of COVID admissions was 620. As of March 7th, the number was 88 and trending downward.
- **COVID-19 Cases.** While many cases are no longer reported due to at-home testing, the overall trends can still be informative. Trends in reported cases help us to understand spread of disease in the community and in specific groups and locations over time, at both the state and county level.
- **Booster Rates.** Being up to date with your COVID-19 vaccine is the best way to protect people from serious illness, hospitalization, and death from COVID-19. Monitoring data on the percent of North Carolinians who are up to date with COVID-19 vaccines provides an understanding of immunity in the state. This data is also available at the county level, giving insight into how protected your local community is from the impact of a potential surge in cases.
- **Prevalence of Variants.** NCDHHS publishes a graph that shows the changes in variants that are circulating in the state. It allows you to see when a new variant has been detected and is increasing over time in the state. Early detection of a new variant could warrant the state shifting aspects of its response, and it may warrant individuals making more cautious choices.
- **CDC COVID-19 Community Level.** The CDC publishes a weekly map categorizing counties in the country as low, medium, or high. The level is based on hospital beds in use, hospital admissions, and new COVID-19 cases. This tool can help people understand COVID-19 spread in their community and provides recommended actions people may want to take.

## >>> *Operational Preparedness*

As we move into this next stage of the pandemic, North Carolina is taking several steps so that we are prepared should new and more dangerous variants emerge. Our plan focuses on the following:

- **Health System Capacity.** Increases in vaccination rates and effective treatment are currently mitigating threats to hospital capacity. In addition, North Carolina's State of Emergency provides important flexibilities in regulations that have allowed facilities to meet local needs and manage capacity. Facilities can quickly scale up services, bed capacity, and staff to respond to COVID-19, while maintaining consistency with federal waivers. NCDHHS is assessing which flexibilities will be needed in the event of a new surge and will work with the General Assembly on the best path forward. In addition, we will work with our partners to address the chronic underfunding of the state's public health system to build a sustainable public health infrastructure.
- **Vaccination.** With ample supply of vaccines available, we are moving toward a "A Vial In Every Fridge" strategy to allow access in many types of provider offices as well as in pharmacies. We are continuing to engage more primary care providers, including pediatricians, so families have access to vaccination in settings where they are the most comfortable. By having a "A Vial In Every Fridge", we ensure that providers never miss an opportunity to counsel patients and vaccinate against COVID-19.
- **Testing.** NCDHHS will continue to use state-contracted vendors to provide testing in underserved communities. In addition, North Carolinians can get free LabCorp OnDemand at home collection kits. We will continue to fund school-based testing, and work with local health departments and community-based organizations to distribute testing supplies. Medicaid and insurance companies also now cover at-home COVID-19 tests, and free at-home tests are also available from the federal government. Finally, NCDHHS will continue to build its warehouse stockpile of antigen and at-home test for future surge needs.

- **Treatment.** While vaccinations and boosters provide the best protection against COVID-19, treatments are important and effective at preserving our hospital capacity and preventing severe illness in those who do become sick. NCDHHS has launched a treatment finder on its website to help North Carolinians find a COVID-19 treatment provider near them. There are currently more than 900 locations statewide offering at least one of the available COVID-19 treatment options. We anticipate that advancements in and availability of treatments will continue to grow.
- **Outbreak Management.** NCDHHS will continue to work with local health departments on preventing and responding to outbreaks in high priority settings, including correctional facilities, homeless shelters, migrant farm worker housing, and long-term care facilities. This includes working with partners and providing direct support through the NCDHHS Regional Infection Prevention Support Teams and Corrections Team.
- **Contact Tracing.** While contact tracing has been an important tool for slowing the spread of COVID-19, it is no longer recommended in most settings at this stage in the pandemic as we move from crisis response to disease management. Going forward, NCDHHS and local health departments will prioritize contact tracing for certain high priority settings including correctional facilities, homeless shelters, migrant farm worker housing, and long-term care facilities.

## >>> *Recovering Stronger*

While North Carolinians have demonstrated incredible resilience, they will need support to recover stronger. NCDHHS will focus on three priorities that 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 century.



**Behavioral Health and Resiliency.** 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 and 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 and 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 promote strategies that leverage work as a driver of health and supports employers to build equitable hiring and retention strategies so that everyone has the opportunity to be fully included members of their communities.

## >>> *Conclusion*

As we move to the next chapter, we will be shifting our strategies from emergency response to one that minimizes daily disruptions to our lives. The COVID-19 virus will be with us for the foreseeable future. We encourage you to speak with a health provider you trust as you consider your own risk and the actions you take.

Fortunately, while COVID-19 can still cause harm or change in unpredictable ways, we now have the tools and knowledge to manage and live with the virus. We can do this by building structures and processes that prepare us to react nimbly to ongoing changes - whether they be a new variant, new vaccine or treatment, increase in spread, or testing demand. Together, we can create the best opportunity to support health and wellbeing for all North Carolinians.