



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**



# **NCDHHS COVID-19 Response: Monthly Updates on K-12 schools**

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**Presentation to the State Board of Education**

**December 3, 2020**

# Where We Are Today

## Trends

Trajectory of COVID-like syndromic cases



Trajectory of cases



Trajectory of positive tests as a percentage of total tests

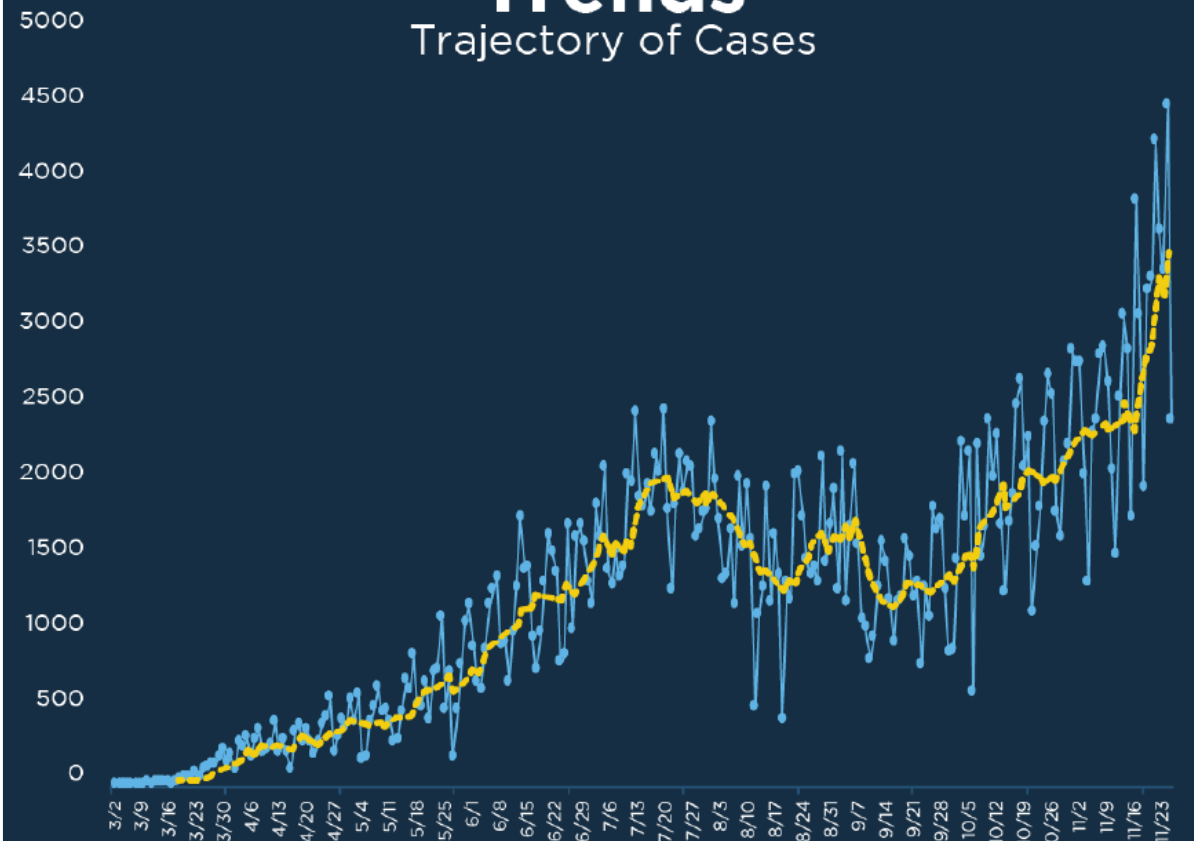


Trajectory of hospitalizations

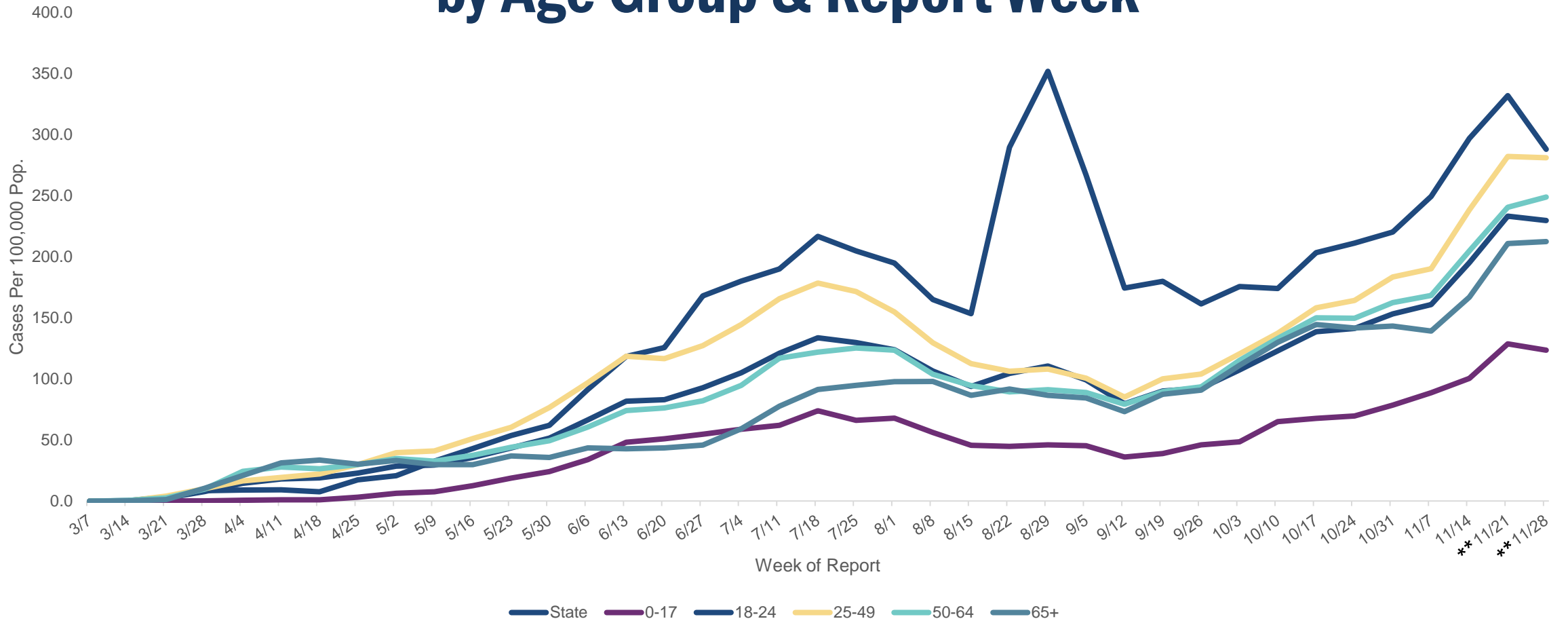


## Trends

Trajectory of Cases



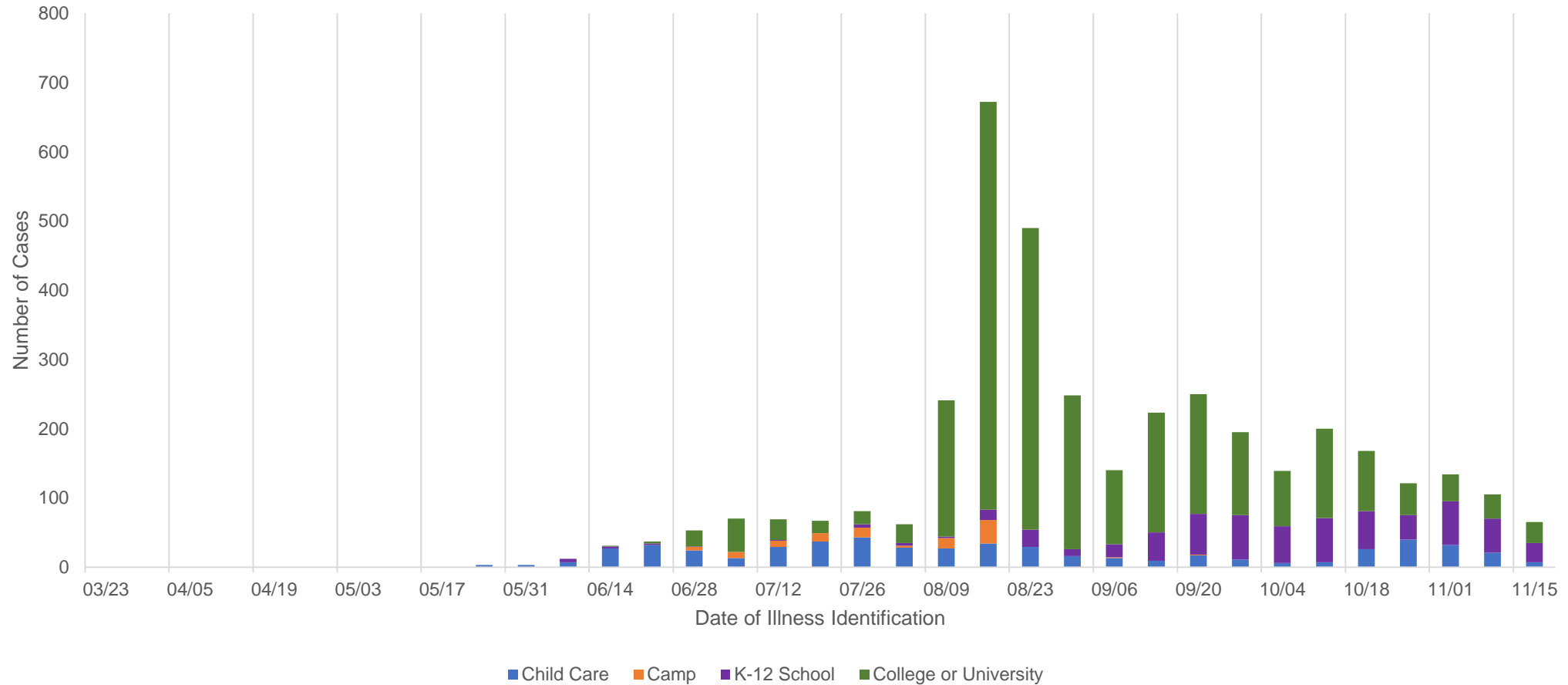
# NC COVID-19 Cases per 100,000 by Age Group & Report Week



**\*\*Early Data**

# Comparing Education Clusters

Child Care, Schools, & Higher Education



# K-12 Reported Clusters – as of 11/30

- **31 total currently active clusters**
  - 309 cases; 207 students, 102 staff

## Breakdown by type of school

- **13 clusters in traditional public schools**
  - 94 cases; 42 students; 52 staff
- **2 clusters in charter schools**
  - 11 cases; 5 students, 6 staff
- **16 clusters in private schools**
  - 204 cases; 160 students, 44 staff
  - 51% of total active clusters, 66% of total active cluster-linked cases



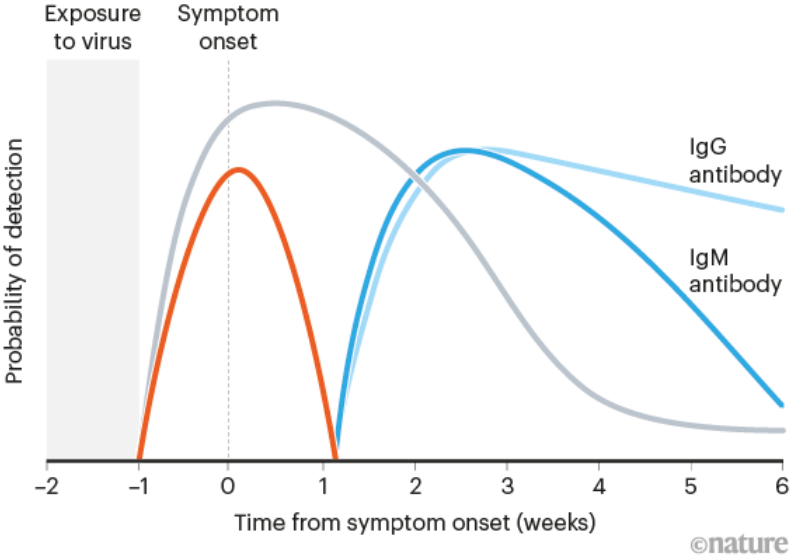
# Antigen Testing Pilot for K – 12 Students and Staff

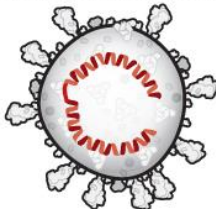
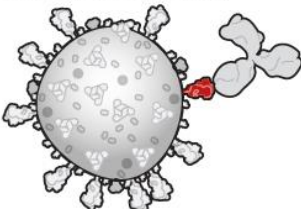

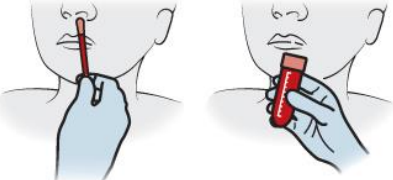
# Background: How do we test for COVID?

- **Molecular/PCR-based tests and antigen tests diagnose current infection**
- **Antibody tests detect prior infection**
- **Abbott BinaxNOW are antigen tests; samples are collected via nasal swab**

Different types of COVID-19 test can detect the presence of the SARS-CoV-2 virus or the body's response to infection. The probability of a positive result varies with each test before and after symptoms appear.

- **PCR-based tests** can detect small amounts of viral genetic material, so a test can be positive long after a person stops being infectious.
- **Rapid antigen tests** detect the presence of viral proteins and can return positive results when a person is most infectious.
- **Antibody tests** detect the body's immune response to the virus and are not effective at the earliest phase of infection.

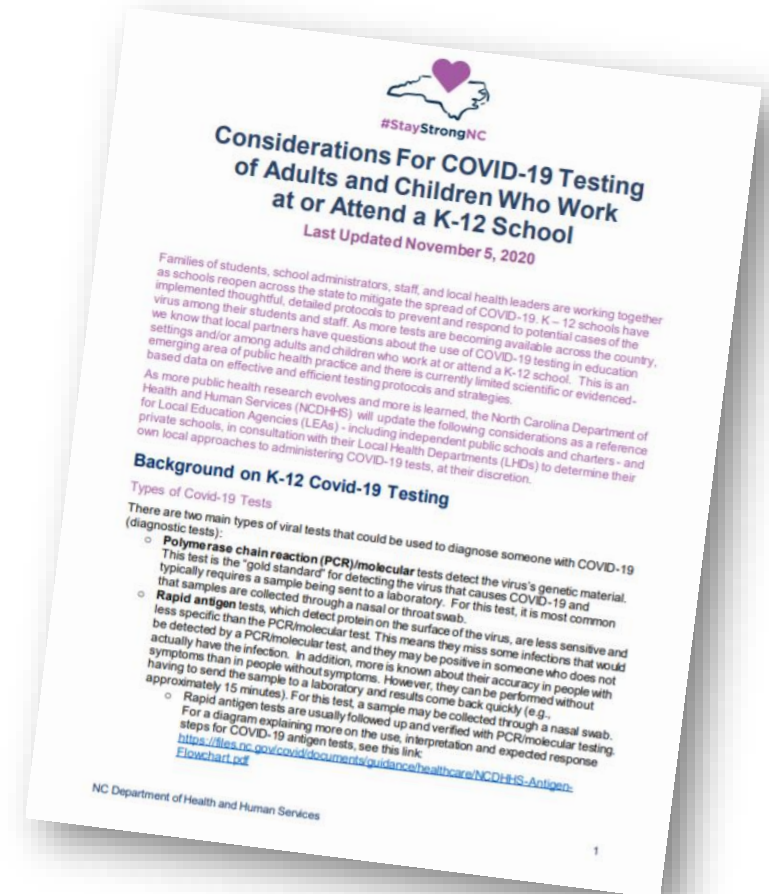


	PCR-based	Antigen
<b>Predominant type of test</b>	RNA amplification 	Antigen testing 
<b>Sample collection</b>	Swab 	Swab or saliva 
<b>Turnaround time</b>	Days	Minutes
<b>Cost</b>	\$\$\$	\$
<b>Accuracy</b>	High	Moderate

# NCDHHS Recommendations for K-12 COVID Testing

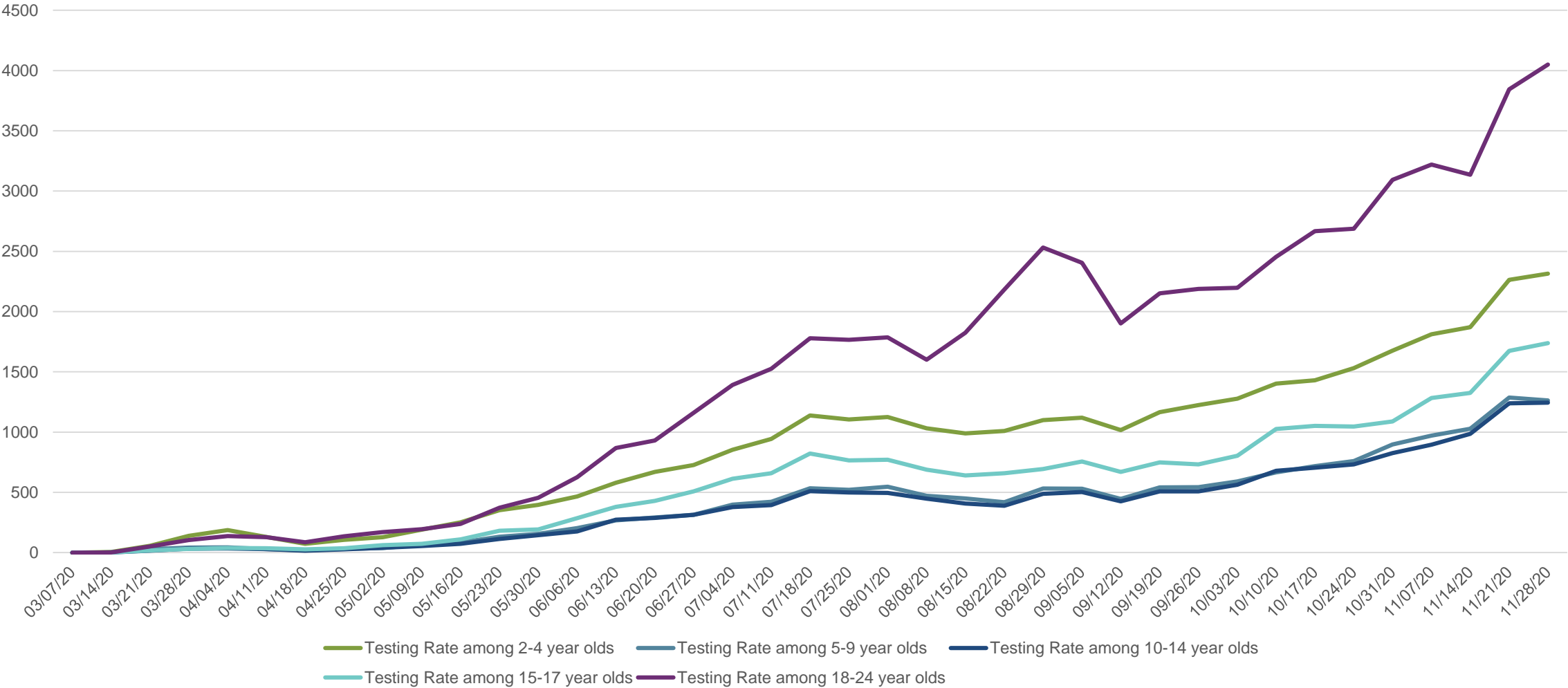
NCDHHS released early thinking in the fall on COVID-19 testing for K-12 schools interested in building out their own plan; there are no requirements that schools provide COVID-19 tests.

- **Recommends testing symptomatic students and staff:** individuals with COVID-19 symptoms
- **Recommends testing close contacts:** individuals with recent known close contact to person with COVID-19, symptomatic or asymptomatic
- **Option to consider screening asymptomatic people:** recommended frequent testing of adults in counties that are red or orange in [NCDHHS County Alert System](#)



Source: <https://files.nc.gov/covid/documents/guidance/education/K-12-COVID-19-Testing-Considerations.pdf>

# COVID-19 Testing Rates: # per 100,000 People (Ages 0 - 24)



# Free Antigen Tests Soon Available for K-12 Students/Staff

## Abbott BinaxNOW COVID-19 tests provided by Federal Government

- NC will receive ~3.1 million tests by the end of 2020
- K-12 schools among priority populations for tests

## About BinaxNOW Antigen Tests

- For rapid diagnosis of active infections within 5-7 days of symptom onset
- Less sensitive than molecular / PCR tests (greater chance of false negatives)
- Early data suggests good specificity (may be low chance of false positives)

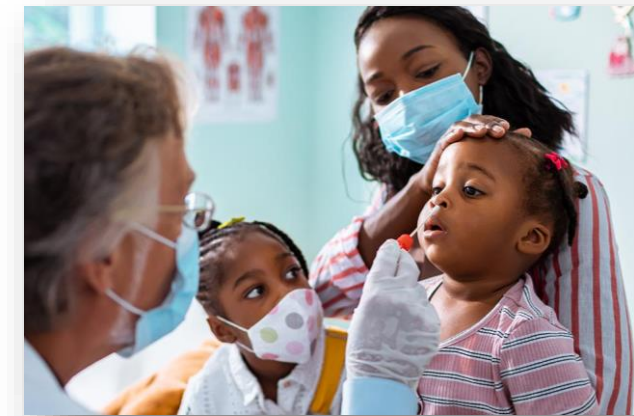
## Who can perform the tests?

- Someone who has undergone a training from BinaxNOW
- Does not need to be a healthcare professional

## Where can the tests be done?

- All facilities that perform BinaxNOW tests **must have a CLIA certificate of waiver and meet CLIA regulatory requirements**
- Testing personnel must collect and report patient and result information

Source: <https://files.nc.gov/covid/documents/guidance/education/K-12-COVID-19-Testing-Considerations.pdf>



# NCDHHS Antigen Testing Pilot for NC Public Schools

**Why:** A pilot will allow more ready districts to provide important lessons-learned that can inform future plans

## Who will the tests be used for?

- NC's public school students and staff who screen positive with COVID symptoms or are a close contact of someone positive for COVID

## Who can choose to participate in the pilot?

- NC public school districts and charter schools that are operating in-person
- Local health departments, or other partners interested in providing antigen tests
- Great opportunity for partners that have already been thinking about providing COVID-19 testing
- A school, district, or other partner would be a good fit for this pilot if they can:
  1. Complete the trainings from BinaxNOW
  2. Verify or obtain a CLIA certificate of waiver
  3. Provide an adequate supply of PPE
  4. Dispose of medical waste
  5. Obtain parental consent to test
  6. Meet NCDHHS reporting requirements

# NCDHHS Antigen Testing Pilot for NC Public Schools

## Timeline

- Goal for tests to arrive to selected districts and charter schools no later than **December 14th**

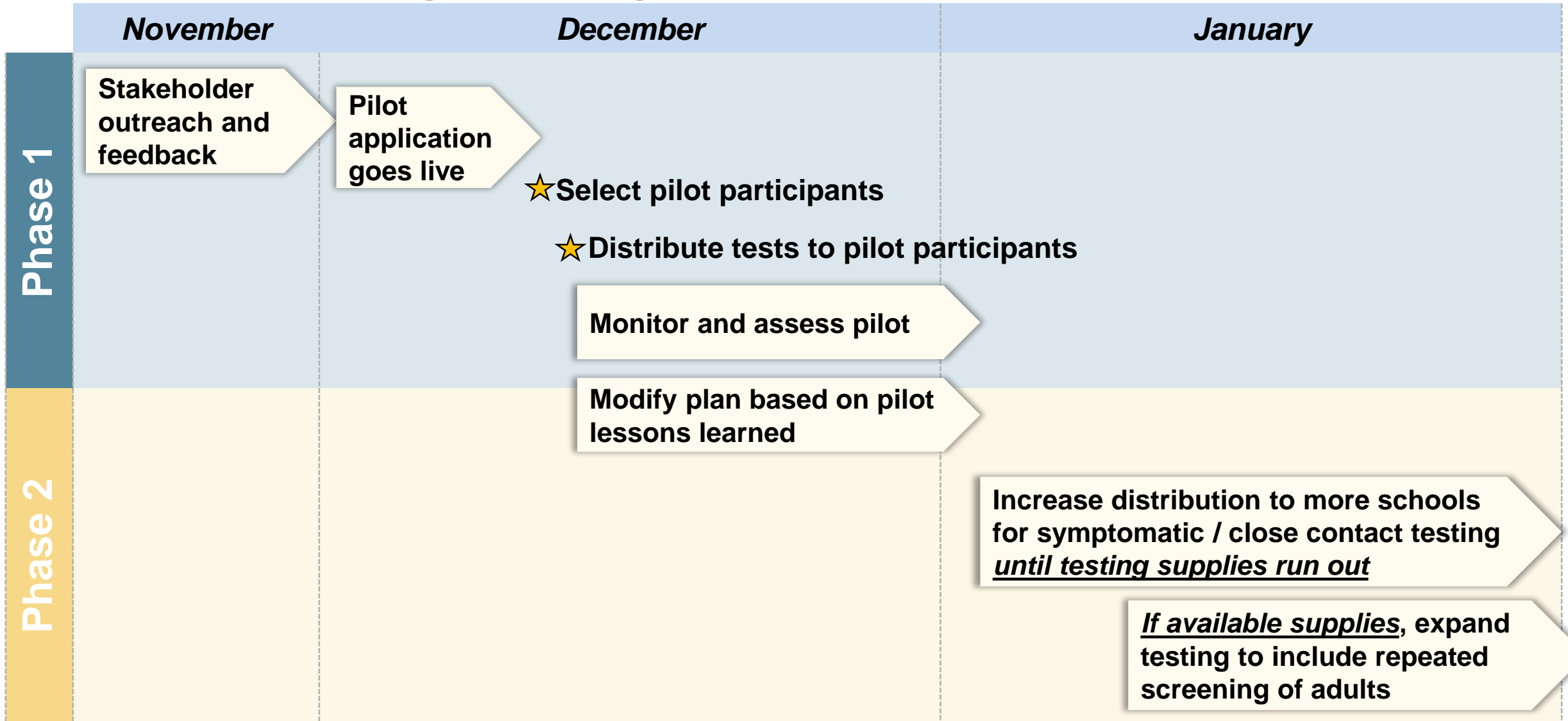
## How can interested partners apply?

- Interested public schools, districts, or other partners must submit an application to their local health department expressing their capacity to participate in the pilot
- The local health department submits all materials to NCDHHS
- NCDHHS notifies local health department of pilot participants and provides free BinaxNOW Antigen tests

# What could a Phase 1 pilot site look like?

- **Example 1)** A school district or group of schools partners with the local health department – Staff from the health department tests students and school teachers and staff who screen positive for symptoms or are a close contact at mobile school-based testing locations.
- **Example 2)** A school district partners with a local hospital - Schools in that district provide parents/guardians or staff with a flyer with information on the partner hospital, and that any students or staff who screen positive for symptoms or as a close contact go to that hospital location for free Antigen tests.
- **Example 3)** A school provides their own testing – They provide a free Antigen test to anyone who screens positive for symptoms or are a close contact in a designated room in their building. Designated staff members are trained to provide and report test results.

# Overall K-12 Antigen Testing Timeline





# COVID-19 Vaccine

# NC's COVID-19 Response

Since the start of the pandemic, North Carolina took early and aggressive action to slow the spread of the COVID-19. Our response has been driven by science and data, frequent and transparent communications, and addressing the disproportionate impact of COVID-19 on historically marginalized populations.

	What the State is Doing	What You Can Do
<b>Prevention</b> Slow the Spread	<ul style="list-style-type: none"> <li>• Phased reopening to minimize spread of COVID-19</li> <li>• Require <u>face coverings</u></li> <li>• Promote the 3Ws (<u>Wear, Wait, Wash</u>)</li> <li>• Preparing for a COVID-19 vaccine(s)</li> </ul>	<ul style="list-style-type: none"> <li>• <u>Practice the 3Ws</u></li> <li>• Share <u>social media posts, videos, flyers</u> to encourage people to practice the 3Ws</li> <li>• Follow <u>NCDHHS guidance</u></li> </ul>
<b>Testing and Tracing</b> Know Who Has COVID-19 & Who Has Been Exposed	<ul style="list-style-type: none"> <li>• Build a statewide <u>testing &amp; contact tracing</u> infrastructure</li> <li>• Surge resources in hardest hit communities and populations</li> </ul>	<ul style="list-style-type: none"> <li>• Get <u>tested</u> if <u>symptomatic</u> or if you think you are exposed to COVID-19</li> <li>• Answer the call from the <u>COVID-19 Community Team</u></li> </ul>
<b>Isolation and Quarantine</b> Support People to Stay Home	<ul style="list-style-type: none"> <li>• Ensure access to <u>non-congregate shelters</u> for people who need to isolate</li> <li>• Enact policies to enable people to miss work and stay at home</li> </ul>	<ul style="list-style-type: none"> <li>• Stay home when you can, especially when sick</li> <li>• Support employees to stay home when sick to minimize the spread</li> </ul>

# Guiding Principles for NC COVID-19 Vaccine Planning and Distribution

## GUIDING PRINCIPLES



All North Carolinians have equitable access to vaccines



Vaccine planning and distribution is inclusive; actively engages state and local government, public and private partners; and draws upon the experience and expertise of leaders from historically marginalized populations



Transparent, accurate, and frequent public communications is essential to building trust



Data is used to promote equity, track progress and guide decision-making



Appropriate stewardship of resources and continuous evaluation and improvement drive successful implementation

# Developing, Manufacturing and Distributing a COVID-19 Vaccine

PHASE 1 & 2:

## Safety & Dosing

10s-100s of healthy volunteers

- Are there any side effects? How many volunteers experience side effects?
- What is the best vaccine dose to create an immune response with the fewest tolerable side effects?

PHASE 2 & 3:

## Safety & Efficacy

>30,000 of volunteers

- Does the vaccine prevent COVID-19 infection?
- What are the most common side effects?
- Do the benefits of the vaccine outweigh the risks?

## Approval & Distribution

- FDA reviews the safety and efficacy data to determine if benefits are greater than risks
- An independent, non-FDA scientific committee reviews findings
- Vaccine is authorized and recommended for use (may only be for certain populations)
- Vaccine is labeled for use, benefits, side effects

## Manufacturing

**Preparation:** Manufacturing development, scaling up, quality-control testing

**Large-Scale Manufacturing:** Making millions of vaccine doses for nationwide distribution, continued quality-control testing of vaccine batches and manufacturing facilities, FDA and CDC continually monitor vaccinated patients for safety

**Availability:** Limited availability in the beginning. More widely available over time.

# When Will a COVID-19 Vaccine be Available?

Once we have an approved COVID-19 vaccine or vaccines, it will still be some time before it is widely available to everyone



Limited COVID-19 vaccine doses and places to get vaccine initially, but vaccine supply and sites will increase substantially in 2021



States will receive limited vaccine supplies at the start

**WEAR**  
a cloth mask over your nose and mouth.

**WAIT**  
6 feet apart. Avoid close contact.

**WASH**  
your hands or use hand sanitizer.

Until and after a vaccine is available for everyone, we will need to keep practicing the 3Ws

# NC's COVID-19 Vaccine Prioritization Plan



North Carolina submitted an interim state level plan to the CDC that included the state's approach to prioritizing populations for vaccination because vaccine supply will be limited initially

- **Four phases of risk-based prioritization**
- Based on National Academy of Medicine and refined by an independent Vaccine Advisory Committee convened by the NC Institute of Medicine.
- Principles guiding prioritization were equity, maximization of benefits, transparency, operational feasibility, reliance on a strong evidence base, and “do no harm.”
- May be revised based on additional federal guidance, data from clinical trials, FDA authorization, and Advisory Committee for Immunization Practice recommendations.

# VACCINE DISTRIBUTION PRIORITIZATION FRAMEWORK

Risk-based prioritization based on National Academy of Medicine Framework for Equitable Allocation of COVID-19 and CDC Advisory Committee Immunization Practice. Refined by input by North Carolina Institute of Medicine Vaccine Advisory Committee. May be revised based on Phase III clinical trial safety and efficacy data and further federal guidance

Phase 1	Phase 2	Phase 3	Phase 4
<p><b>Phase 1a:</b></p> <ul style="list-style-type: none"> <li>• <b>Health care workers at high risk</b> for COVID-19 exposure based on work duties or vital to the initial COVID vaccine response</li> <li>• <b>Long Term Care staff and residents</b> (e.g., staff in Skilled Nursing Facilities, adult care homes, family care homes, and group homes; workers directly providing home and community-based services)</li> </ul> <p><b>Phase 1b:</b></p> <ul style="list-style-type: none"> <li>• <b>Adults with high risk of complications</b> per CDC and staff of congregate living settings</li> </ul> <p><u>Operationally prioritize settings based on risk of exposure</u></p> <ul style="list-style-type: none"> <li>• <b>Migrant farm and fisheries workers</b> in congregate housing with 2+ Chronic Conditions* or <math>\geq</math> age 65</li> <li>• <b>Incarcerated individuals</b> with 2+ Chronic Conditions* or <math>\geq</math> age 65 and jail and prison staff</li> <li>• <b>Homeless shelter residents</b> with 2+ Chronic Conditions* <math>\geq</math> 65 and homeless shelter staff</li> <li>• <b>Health care workers</b> not included in Phase 1A with 2+ Chronic Conditions</li> <li>• <b>Frontline workers</b> with 2+ Chronic Conditions at high risk of exposure (e.g., firefighters, police, workers in meat packing plants, seafood and poultry not in congregate housing, food processing, preparation workers and servers, manufacturing, construction, funeral attendants and undertakers not included in Phase 1A, transportation workers, retail workers (including grocery store workers), membership associations/org staff (e.g., religious orgs), <b>education staff (e.g., child care, K-12 or IHE)</b> and workers in government, public health, emergency management and public safety whose functioning is imperative to the COVID-19 response)</li> <li>• <b>Other Adults</b> with 2+ Chronic Conditions*:</li> </ul> <p>* Defined by <a href="#">CDC as increased risk for COVID</a></p>	<ul style="list-style-type: none"> <li>• Migrant Farm/fishery workers in congregate living without 2+ Chronic Conditions</li> <li>• Incarcerated individuals without 2+ Chronic Conditions</li> <li>• Homeless shelter residents without 2+ Chronic Conditions</li> <li>• Frontline workers at high or moderate risk of exposure without 2+ Chronic Conditions</li> <li>• All other Health Care Workers not included in Phase 1A or 1B</li> <li>• <b>Education staff (Child Care, K-12, IHE) without 2+ Chronic Conditions</b></li> <li>• Other adults age 18-64 with one chronic condition*</li> <li>• 65+ year olds with one or no chronic conditions*</li> </ul>	<ul style="list-style-type: none"> <li>• Workers in industries critical to the functioning of society and at increased risk of exposure who are not included in Phase 1 or Phase 2</li> <li>• <b>K-12 students (if data from clinical trials)</b>, college students</li> </ul>	<ul style="list-style-type: none"> <li>• Remaining population</li> </ul>

# COVID-19 Vaccine Communications: North Carolina's Commitment

Provide early, transparent, consistent, and frequent communications so that North Carolinians:



**Trust the information** that they receive from NC DHHS and local health departments about COVID-19 vaccinations



**Understand the benefits and risks** of COVID-19 vaccinations



**Make informed decisions** about COVID-19 vaccinations



**Know how and where** to get a COVID-19 vaccination

<https://covid19.ncdhhs.gov/about-covid-19/vaccines>



## **K – 12 Guidance December Updates**

# December Guidance Updates

- **StrongSchoolsNC Public Health Toolkit – Key Updates**
  - **Executive Order 180:**
    - Executive Order linked [here](#); FAQ linked [here](#)
    - Will be cited in mask requirements section
    - Requires masks for children ages 5 and up
    - No longer an exception for strenuous exercise
  - **Ventilation: better alignment with more recent [CDC guidance](#)**
- **New Resource**
  - **Guidance for Specials and Extracurriculars: e.g., music/band, choir, recess**
- **Guidance documents to be updated online by the end of the day, Friday 12/4**

# Questions?



- Stay tuned for the Phase 1 Antigen Testing Pilot application going live this week
- Contact [StrongSchoolsNC@dhhs.nc.gov](mailto:StrongSchoolsNC@dhhs.nc.gov) with questions regarding vaccines, the application for the Phase 1 Antigen Testing Pilot, or anything else pertaining to K-12 school guidance

# From the field...



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Union County Public Schools  
Assistant Superintendent of Communications  
and Community Relations



**Dr. Chris Triolo**

Regional Case Manager-Southwest  
NC Department of Public Instruction



# COVID-19 Communications & State-Level Support

**Purpose:** A process for NCDHHS and NCDPI to respond to and provide supports following a COVID-19-related scenario in NC's public schools – including traditional K-12 districts and charter schools.

**Scenarios:** The following scenarios are likely to trigger the need for district response.

**Scenario 1: General COVID-19 community concerns and/or media attention about a school or district**

**Scenario 2: A cluster is reported at a school for the first time in that district and/or county**

**Scenario 3: Active cluster at a school continues to grow, reaching 15 cases or greater OR a second cluster occurs at a school.**

**Scenario 4: A COVID-19 death is reported of student or staff at a school**



# Communications Considerations-Death of Staff/Student

1. Principal holds a staff meeting to communicate the information face-to-face (virtual)
2. Ensure counselors are available to help students and staff who need support and include this in any statements or parent messages.
3. Inform parents as quickly as you can to avoid rumors.
4. Prepare a media statement (if needed) and work with HR to get the hire date and locations where the employee worked over the years.
5. Do not confirm anything related to the cause of death for the employee.
6. Determine how media requests for comments will be handled.
7. Check in with your principal or department leader from time to time to make sure they are ok and offer help.



## Sample Parent Email/Call:

Good afternoon \_\_\_\_\_ families,

I am writing to share some sad news about one of our staff members. \_\_\_\_\_, our school's \_\_\_\_\_, passed away last night. This news has been difficult for our entire school family, as \_\_\_\_\_ worked at \_\_\_\_\_ for \_\_\_\_\_ years.

We want to let you know that we have support measures in place to help students and staff during this difficult time. Counselors will be available on Monday and throughout the week for those who need assistance. Please keep \_\_\_\_\_ family in your thoughts, and as more information is made available about a memorial or funeral arrangements, I will pass it on.

Thank you,

(Principal)



## Sample Media Statement:

I can confirm that \_\_\_\_\_ passed away, but I cannot confirm her cause of death, nor any information related to her medical condition. This information should be confirmed by her family. The media statement is below.

### Statement:

Union County Public Schools extends its sincerest condolences to the \_\_\_\_\_ family. \_\_\_\_\_ worked in UCPS for \_\_\_\_\_ years and was a \_\_\_\_\_ at \_\_\_\_\_ for \_\_\_\_\_ years. She will truly be missed by her school family. Counselors will be available on Monday and throughout the week for students and staff who need support during this difficult time.

Thank you.

