

ALBEMARLE REGIONAL HEALTH SERVICES

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Pasquotank • Perquimans • Camden • Chowan • Currituck • Bertie • Gates • Hertford





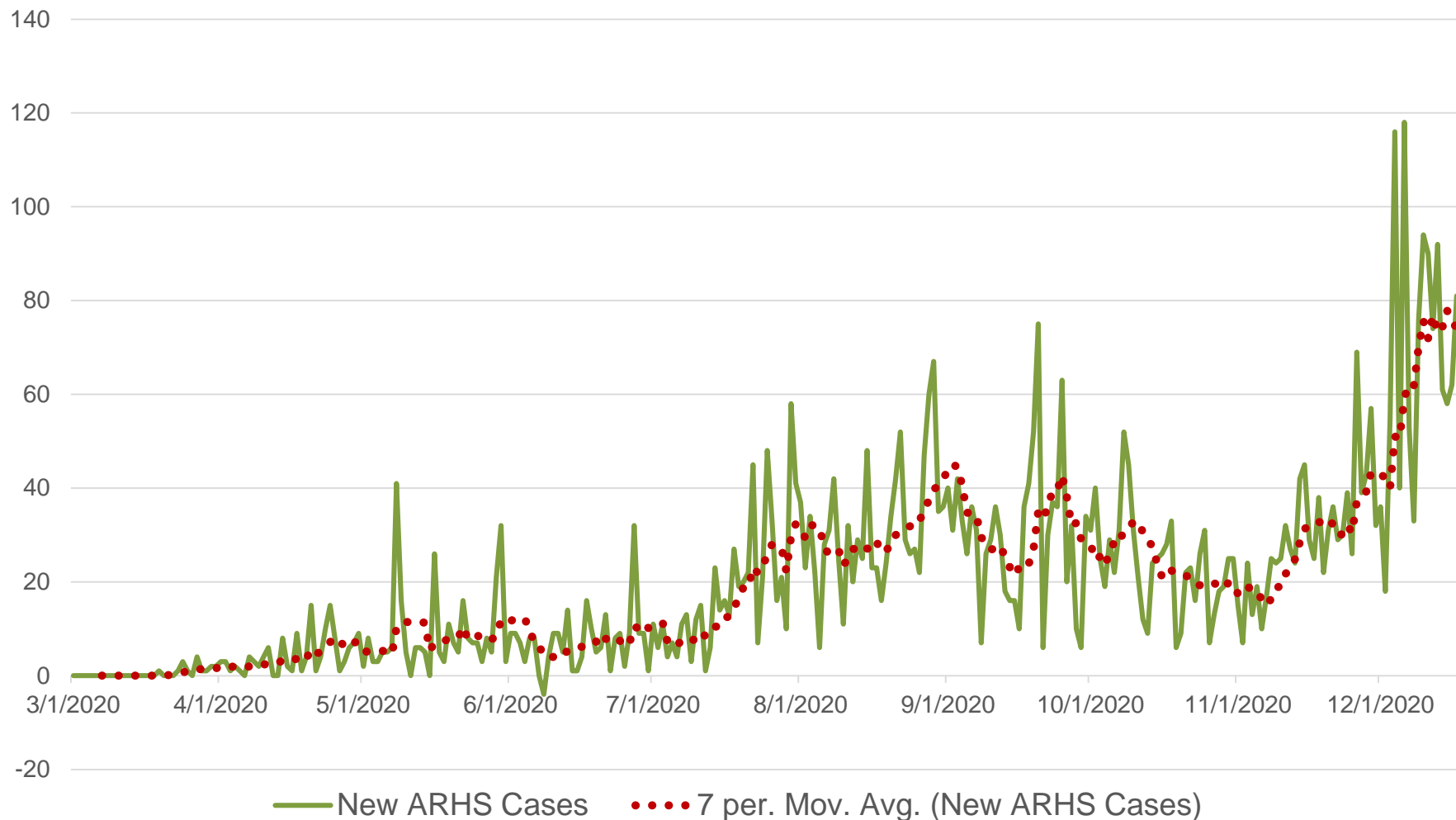
COVID-19 Update

December 17, 2020

Regional Case Counts

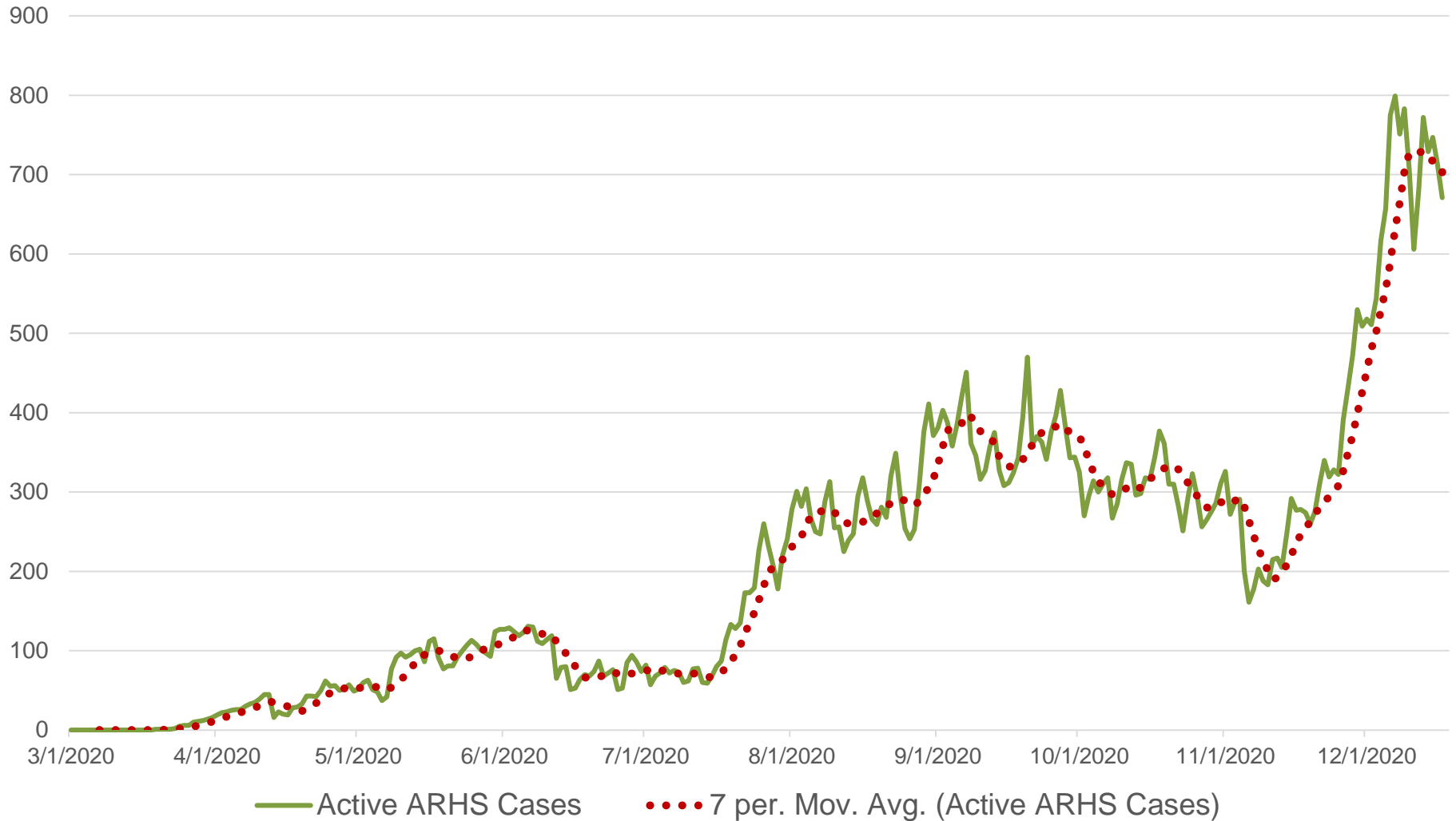
Region	Lab Confirmed Case Count	Active (Lab Confirmed)	Recovered (Lab Confirmed)	Deaths
United States	16,519,668	---	---	302,992
Virginia	296,093	---	---	4,553
North Carolina	457,660	---	---	6,065
Bertie	1080	75	975	30
Camden	236	44	187	5
Chowan	739	88	629	22
Currituck	522	158	354	10
Gates	302	82	208	12
Hertford	1181	90	1046	45
Pasquotank	1388	82	1269	37
Perquimans	429	52	373	4
Region Total	5,877	671	5,041	165

New Cases by Day



*Note: Negative trends are due to cases being transferred to home counties or removing duplicate cases in the system

Active Cases by Day





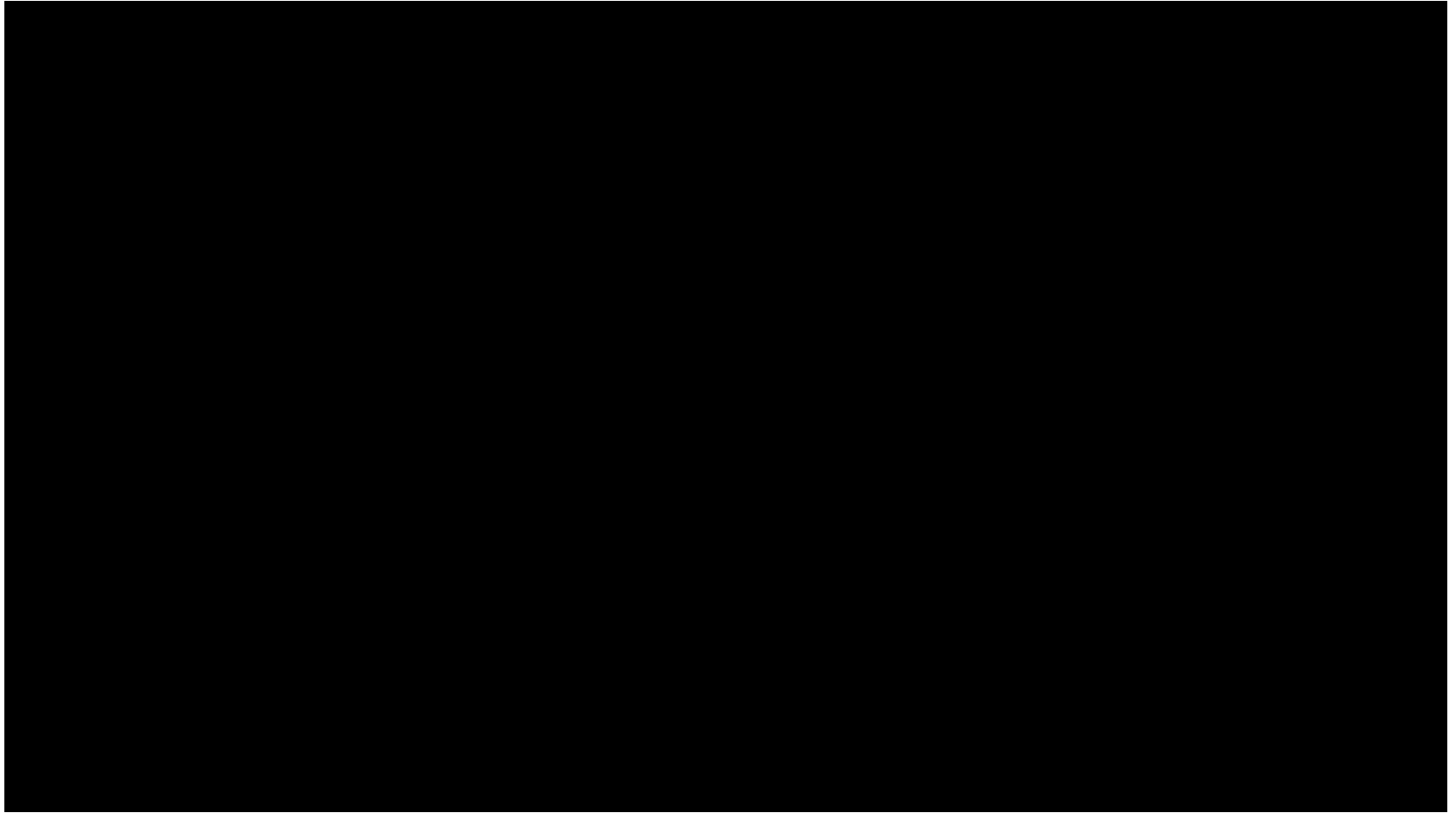
COVID-19 Vaccine Update

Please note information may change; guidance is current as of the date of this presentation

COVID-19 Vaccine General Information

- Vaccines are NOT live or attenuated vaccines – the are lipid nanoparticle-formulated mRNA vaccine encoding the spike protein (the spike protein facilitates entry of the virus into the cells)
- Vaccination induces antibodies that can block the entry of SARS-CoV-2 into cells, thereby preventing infection
- mRNA vaccines take advantage of the process that cells use to make proteins in order to trigger an immune response
 - Like all vaccines, COVID-19 mRNA vaccines have been rigorously tested for safety before being authorized in the US
 - mRNA technology is new but not unknown – it has been studied for more than a decade (technology has been used for cancer vaccines as well)
 - mRNA vaccines do NOT contain a live virus and do NOT carry a risk of causing disease in the vaccinated person
 - mRNA from the vaccine NEVER enters the nucleus of the cell and does NOT affect or interact with a person's DNA
- This vaccine technology is a tremendous step forward because you do not have to have live virus in large amounts, you can use genetic coding

Dr. Paul Offit on mRNA Vaccine



<https://youtu.be/S8Wd-NMqvno>

COVID-19 Vaccine General Information

- Protection is NOT immediate – the 2-dose series is needed then it will take 1 to 2 weeks following the second dose to be considered fully vaccinated
- NO vaccine is 100% effective
- Given current limited information on how well the vaccine works in the general population; how much it may reduce disease severity, or transmission; and how long protection lasts, vaccinated persons should continue to follow all guidance including:
 - Wearing a mask
 - Staying at least 6 ft away from others
 - Avoiding crowds
 - Washing hands often
 - Following CDC Travel Guidance
 - Following isolation guidance if sick
 - Following quarantine guidance if exposed
 - Following workplace and school guidance if applicable

Vaccine Operational Considerations

- The following are operational considerations. Please keep in mind these may change.
 - All vaccine will be provided at **no cost/ free**
 - An administration fee may be charged to health insurance companies or COVID funds, however there should be no out of pocket cost to the individual
 - ID/ proof of status/ priority group will not be required; we will go on an individual's word

NC Vaccine Allocations

- Pfizer-BioNTech vaccines were distributed beginning 12/14
- ARHS and Regional Hospitals are scheduled to receive Moderna Vaccine as early as 12/21 pending FDA approval

COVID Vaccine Management System

- CVMS
- Required – all vaccines administered shall be entered into this system
- Has capacity to send second dose reminder

Vaccine Providers

- NC is enrolling providers in the following order
 - Hospitals and Health Departments – November
 - FQHCs and Rural Health – Late November/ Early December
 - All other Providers – Mid December
- All providers must sign a provider agreement form and vaccine can only be allocated or transferred locally to providers who have enrolled.
- All vaccines must be entered into the COVID Vaccine Management System (CVMS) (this system is supposed to upload into the NC Immunization Registry as well).

Vaccine 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>Phase 1a:</p> <ul style="list-style-type: none"> • Health care workers at high risk for COVID-19 exposure based on work duties or vital to the initial COVID vaccine response <ul style="list-style-type: none"> ○ High risk of exposure is defined as those caring for COVID-19 patients, cleaning areas where COVID-19 patients are admitted, performing procedures at high risk of aerosolization (e.g., intubation, bronchoscopy, suctioning, invasive dental procedures, invasive specimen collection, CPR), handling decedents with COVID, administering vaccine in initial closed or targeted vaccination clinics. ○ Population includes: nurses, physicians, respiratory techs, dentists, hygienists, nursing assistants, environmental services staff, EMT/paramedics, home health workers, personal care aides, community health workers, health care trainees(e.g., medical students, pharmacy students, nursing students, etc.), morticians/funeral home staff, pharmacists, public health nurses, public health and emergency preparedness workers who meet the above definition of “high risk of exposure.” • Long Term Care staff and Residents (e.g., Skilled Nursing Facilities, adult care homes, family care homes, and group homes; individuals with intellectual and developmental disabilities who receive home and community-based services and the workers directly providing those services) <p>Phase 1b:</p> <ul style="list-style-type: none"> • Adults with high risk of complications per CDC and staff of congregate living settings <u>Operationally prioritize settings based on risk of exposure</u> • Migrant farm and fisheries workers in congregate housing with 2+ Chronic Conditions* or \geq age 65 • Incarcerated individuals with 2+ Chronic Conditions* or \geq age 65 and jail and prison staff • Homeless shelter residents with 2+ Chronic Conditions* \geq 65 and homeless shelter staff • Health care workers not included in Phase 1A with 2+ Chronic Conditions • Frontline workers 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), education staff (e.g., child care, K-12 or IHE) and workers in government, public health, emergency management and public safety whose functioning is imperative to the COVID-19 response) 	<ul style="list-style-type: none"> • Migrant Farm/fishery workers in congregate living without 2+ Chronic Conditions • Incarcerated individuals without 2+ Chronic Conditions • Homeless shelter residents without 2+ Chronic Conditions • Frontline workers at high or moderate risk of exposure without 2+ Chronic Conditions • All other Health Care Workers not included in Phase 1A or 1B • Education staff (Child Care, K-12, IHE) without 2+ Chronic Conditions • Other adults age 18-64 with one chronic condition* • 65+ year olds with one or no chronic conditions* 	<ul style="list-style-type: none"> • 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 • K-12 students (if data from clinical trials), college students 	<ul style="list-style-type: none"> • Remaining population

Vaccine Information By Manufacturer

- The following will outline Pfizer-BioNTech
- Moderna is expected to receive approval this week; additional information will be provided at that time

Pfizer-BioNTech COVID-19 Vaccine

- FDA issued EUA on December 13, 2020 for use in persons 16 and older
- Nearly 40,000 participants went through 3 phases of this vaccine trial
- Administration
 - 2 dose series administered intramuscularly 3 weeks apart
 - Administration of 2nd dose within 4-day grace period (i.e. day 17-21) considered valid
 - If greater than 21 days since the 1st dose, the 2nd dose should be administered at the earliest opportunity and NO doses need to be repeated
 - Both doses are necessary for protection; efficacy of a single dose has not been evaluated
 - Efficacy after 2nd dose: 95%
 - Individuals should be counseled on the importance of completing the 2 dose series

Administration of Pfizer-BioNTech

- This vaccine cannot be used interchangeably with other COVID-19 vaccines – persons must use the same product for both vaccines
- Coadministration with other vaccines
 - Pfizer-BioNTech COVID-19 vaccine should be administered alone with a minimum interval of 14 days before or after administration with any other vaccines
 - If inadvertently administered within 14 days of another vaccine, doses do not need to be repeated for either vaccine

Administration of Pfizer-BioNTech

- Persons with a history of SARS-CoV-2 infection
 - Vaccination should be offered regardless of history of prior symptomatic or asymptomatic infection
 - Data from phase 2/3 shows vaccine safe and likely efficacious in these persons
 - Viral or serologic testing for acute or prior infection is not recommended for the purpose of vaccine decision-making

Administration of Pfizer-BioNTech

- Persons with known CURRENT infection
 - Vaccination should be deferred until recovery from acute illness if symptomatic AND criteria have been met to discontinue isolation
 - No minimum interval is needed between infection and vaccination
 - However, current evidence does suggest reinfection in the 90 days after initial infection is uncommon, and thus person with documented acute infection in the preceding 90 days may defer vaccination until the end of this period if desired

Administration of Pfizer-BioNTech

- Persons who previously received passive antibody therapy
 - Currently no data
 - Vaccination should be deferred for at least 90 days to avoid interference

Administration of Pfizer-BioNTech

- Persons with KNOWN COVID exposure
 - Community Setting
 - Defer vaccination until quarantine period has ended to avoid exposing healthcare personnel
 - Congregate Care
 - May be vaccinated as healthcare personnel are already likely exposed and in close contact with residents
 - Precautions should be taken to avoid mixing quarantined resident and staff with non-quarantined

Vaccination of Special Populations

- Underlying Medical Conditions
 - Vaccine may be administered to those with underlying conditions who have no contraindications to vaccination
- Immunocompromised Persons
 - Persons with HIV, other immunocompromising conditions, or who take immunosuppressive medications or therapies **MIGHT** be at an increased risk for severe COVID-19
 - Data not currently available to establish safety and efficacy of vaccine in these groups
 - These individuals may still receive vaccine unless otherwise contraindicated
 - Individuals should be counseled about:
 - Unknown vaccine safety and efficacy profiles in immunocompromised persons
 - Potential for reduced immune response
 - Need to continue to follow all current guidance to protect themselves

Vaccination of Special Populations

- Pregnant Women/ Breastfeeding/ Lactating Women
 - No Data on the safety of the vaccine in pregnant women or lactating women – studies ongoing and more planned
 - mRNA vaccines and pregnancy & lactating women
 - Not live vaccines (and not considered to be a risk to the breastfed infant)
 - They are degraded quickly by normal cellular processes and don't enter the nucleus of the cell
 - There is an increased risk of COVID in pregnant women – severe illness and preterm birth
 - If a woman is a part of a group recommended to receive vaccine and pregnant or lactating, she may choose to be vaccinated – should be discussed with her provider

Reactogenicity

- Side effects are common and show that an immune response is occurring which is a good thing. They are seeing this more frequently in individuals younger than 55, less frequently in older.
- Unless a person develops a contraindication, they should be encouraged to complete the series
- Severe allergic reaction to any component of the Pfizer-BioNTech vaccine is a contraindication to vaccination
- Prior receipt of the vaccine will not impact PCR or antigen test results

Algorithm for the triage of persons presenting for Pfizer-COVID-19 vaccine

	PROCEED WITH VACCINATION	PRECAUTION TO VACCINATION	CONTRAINDICATION TO VACCINATION
CONDITIONS	CONDITIONS <ul style="list-style-type: none"> •Immunocompromising conditions •Pregnancy •Lactation ACTIONS <ul style="list-style-type: none"> •Additional counseling* •15-minute observation period 	CONDITIONS <ul style="list-style-type: none"> •Moderate/severe acute illness ACTIONS <ul style="list-style-type: none"> •Risk assessment •Potential deferral of vaccination •15-minute observation period if vaccinated 	CONDITIONS <ul style="list-style-type: none"> •None ACTIONS <ul style="list-style-type: none"> •N/A
ALLERGIES	ALLERGIES <ul style="list-style-type: none"> •History of food, pet, insect, venom, environmental, latex, etc., allergies •History of allergy to oral medications (including the oral equivalent of an injectable medication) •Non-serious allergy to vaccines or other injectables (e.g., no anaphylaxis) •Family history of anaphylaxis ACTIONS <ul style="list-style-type: none"> •15-minute observation period 	ALLERGIES <ul style="list-style-type: none"> •History of severe allergic reaction (e.g., anaphylaxis) to another vaccine (not including Pfizer-BioNTech vaccine) •History of severe allergic reaction (e.g., anaphylaxis) to an injectable medication ACTIONS: <ul style="list-style-type: none"> •Risk assessment •Potential deferral of vaccination •30-minute observation period if vaccinated 	ALLERGIES <ul style="list-style-type: none"> •History of severe allergic reaction (e.g., anaphylaxis) to any component of the Pfizer-BioNTech vaccine ACTIONS <ul style="list-style-type: none"> •Do not vaccinate

* See Special Populations section for information on patient counseling in these group

Please note information can change and will be updated as guidance is received.

Additional Resources/ Links

- The [COVID-19 vaccination website for healthcare professionals](#) has been updated to direct healthcare professionals to clinical information including ACIP recommendations, storage and handling information, and vaccination provider requirements and support.
- The new [Pfizer-BioNTech COVID-19 Vaccine webpage](#) has information specific to Pfizer's vaccine, including resources to assist providers in storing, handling, and administering the vaccine. The materials now available on the webpage are attached to this email. Currently the page contains storage and handling information, and tomorrow we will update it with administration information; we are working to align this information with ACIP's clinical recommendations that will be released then.
- In the meantime, a presentation about ACIP recommendations were presented on a CDC partner call today. Slides from the presentation can be found at: <https://www.cdc.gov/vaccines/covid-19/planning/index.html>.

Additional Resources/ Links

- CDC's COVID-19 [vaccine information for consumers](#), including:
 - [What to expect at your vaccination appointment](#)
 - [What to expect after getting vaccinated](#)
 - [Post-vaccination considerations for healthcare personnel](#)
 - [Post-vaccination considerations for long-term care residents](#)

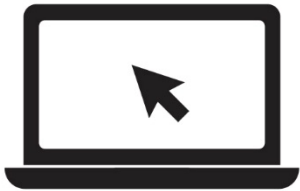
NC Public Info/ Resources

- [Fact Sheet - COVID-19 Vaccine Update](#) (December 14, 2020)
- [Flyer - COVID-19 Vaccines: Your best shot against COVID-19](#)
- [Infographic - Vaccine Development Process](#)
- [Infographic - Vaccination Rollout Plan](#)
- [Link - Frequently Asked Questions](#)
- [Presentation - COVID-19 Vaccination Overview](#)

NC Videos

- Videos on Vaccine Rollout
 - NCDHHS Secretary Mandy Cohen shares information on the COVID-19 vaccine rollout plan ([45-second](#), [30-second](#))
 - NCDHHS Deputy Secretary Ben Money shares information on the COVID-19 vaccine rollout plan ([link](#))
- Videos for Long-Term Care
 - North Carolina long-term care workers share their reason for taking the newly developed COVID-19 vaccine. ([90-second](#), [60-second](#), [30-second](#))
 - NCDHHS Secretary Mandy Cohen shares information on the COVID-19 vaccine rollout plan long-term care facility workers ([60-second](#),
 - NCDHHS Secretary Mandy Cohen shares information on the COVID-19 vaccine rollout plan for families of long-term care residents ([link](#))
 - NCDHHS Deputy Secretary Ben Money shares information on the COVID-19 vaccine rollout plan for long-term care facilities ([60-second](#), [30-second](#))

Credible Sources of Information



ARHS Website: www.arhs-nc.org

CDC Website: www.cdc.gov/coronavirus

NCDHHS Website: www.ncdhhs.gov/coronavirus

DPH COVID-19 Website for Health Care Providers and Local Health Departments, and others:

<https://www.ncdhhs.gov/covid-19-guidance>



General COVID-19 Questions:

Call NC Poison Control COVID-19 hotline at 866-462-3821.

ARHS Contact Information

Pasquotank County Health Department 252-338-4400	Perquimans County Health Department 252-426-2100	Camden County Health Department 252-338-4460	Chowan County Health Department 252-482-6003
Currituck County Health Department 252-232-2271	Bertie County Health Department 252-794-5322	Gates County Health Department 252-357-1380	Hertford County Health Department 252-862-4054

www.arhs-nc.org

252-338-WELL