Communicable Disease Branch Coronavirus Disease (COVID-19) Weekly Key Points

June 16, 2020

The North Carolina Division of Public Health (NC DPH) Communicable Disease Branch will be releasing COVID-19 key points that includes information discussed on the weekly Tuesday Local Health Department call. Recordings of the call will not be made available; please use the information below as a summary of the topics presented on the call. As guidance changes, please use the most recent information provided. For questions, contact the NC DPH Communicable Disease Branch 24/7 Epidemiologist on Call at **919-733-3419**.

Important updates
- **New: CDC Guidance for the Use of Eye Protection and N95**
- **New: Check My Symptoms Link to Share with Residents of Your County**
- **New: Find My Testing Place**
- **New: Prevent and Protect Media Toolkit!**
- **Update: CDC Testing Guidance for Nursing Homes**

NC EDSS
Please use the guidance below to accurately classify cases based on residence and assess COVID-19 associated deaths:

- **Permanent change of residence:**
  - If a patient has permanently relocated to a new home (outside of their previous county or outside of North Carolina) or has been relocated to a long-term care facility (LTCF), then the NC EDSS event should reflect the new permanent location. If the patient moved to a different county, please reassign the case to the appropriate county in the administrative package. If the move is to another state, please classify the case as "does not meet criteria", note that the patient is a resident of another state in the notes field, and submit the event to the State. The Communicable Disease Branch will notify the appropriate state.
- **Temporary change of residence:**
  - If a patient currently resides in a location on a short term basis (e.g. short term rehab in a LTCF, temporarily residing with family in a county/state different from their home county) the event should be assigned to the county/state of permanent residence.
- **COVID-19 associated deaths:** A COVID-19 associated death is defined as a death resulting from a clinically compatible illness that was confirmed to be COVID-19 by an appropriate laboratory test. There should be no complete recovery between the date of COVID-19 diagnosis and the date of death. A death should not be reported if any of the following are true:
  - There is no laboratory or other diagnostic confirmation of SARS-CoV-2 infection.
  - Novel coronavirus illness is followed by full recovery to baseline health status prior to death.
  - After review and consultation, there is an alternate agreed upon cause of death.

If a patient dies and the death is **not** COVID-19 associated, please go to the clinical tab, and:

- o   Change the clinical outcome to "Died"
- o   Choose "No" under the "Died from this illness tab" and enter the date of death.
- o   Go into the person tab, click "Edit Person" and change "Living Status" to "Dead."

Clusters and Outbreaks

Reminder: NC DPH recommends the following definitions for reporting COVID-19 outbreaks and clusters of COVID-19 in workplace, educational, and other community settings.

- An outbreak is defined as two (2) or more cases of COVID-19 in a **congregate living setting** (e.g. nursing home, group home, correctional facility, or housing provided to migrant workers by a farm). Outbreaks tend to be comprised of populations at high risk for severe outcomes, who are living in a closed setting where transmission can quickly multiply.
- A cluster is defined as five (5) or more cases of COVID-19 in a **non-congregate living setting** (e.g. a business, religious or educational setting, a group event, etc.) with plausible epidemiologic linkage. The term "cluster" is used to indicate a grouping of cases in these settings, because there is less certainty that the setting is the source of transmission.

Local health departments should report all COVID-19 outbreaks and clusters meeting the above definitions to NC DPH. Reporting may be done by submitting an outbreak worksheet to CDOutbreakWorksheet@dhhs.nc.gov. An updated version of the outbreak worksheet is available on the CD manual.

NCDHHS will report clusters on the COVID-19 website dashboard in child care facilities and schools beginning on June 22. The total number of clusters and cluster-associated cases and deaths in these settings will be updated on the DHHS website daily. A report listing the names of child care facilities or schools with ongoing clusters will be updated on Tuesdays and Fridays.

Similar to congregate living outbreaks, the data for child care and school clusters will be taken from the results package in the NC EDSS event. Please be sure to update the results package frequently to document the number of cases and deaths in the setting.

Contact Tracing

There are currently 8,614 contacts in the CCTO tool, which has doubled since the end of last week. We know LHDs are juggling both case and contact data entry and understand that case data entry will be prioritized before contract tracing. We understand that counties may require additional staff to handle the increase in case volume and are working to increase NC EDSS training capacity to address this need.

To date, roughly 46 counties have requested additional contact tracing staffing through CCNC. Requesting CCNC surge staff can be done by emailing any of the following:
- cctc-staffing@communitycarenc.org
- Christina Page (cpage@communitycarenc.org)

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Clinical and Infection Prevention Guidance

CDC has updated guidance on the use of eye protection and N95 use, initially shared on the 6/9/20 LHD call, located here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html#asymptomatic.

- HCP are recommended to wear eye protection (and facemask) for the care of **all** patients in areas with **moderate to substantial** community transmission. However, as with any guidance, facilities can tailor recommendations to meet the needs of their setting.

CDC has updated testing guidance for nursing homes, located here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html

- The updated recommendations suggest weekly viral testing for HCP and testing every 3-7 days for residents. Guidance also urges facilities to consider alternatives if testing capacity is limited. The updated guidance states testing the same individual more that once in a 24-hour period is **not** recommended and encourages clinicians to consider testing symptomatic residents for other causes of respiratory illness, for example influenza, in addition to testing for SARS-CoV-2.