

House Health Committee

Mandy Cohen, MD, MPH

Secretary

Department of Health and Human Services

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How does COVID-19 spread?

Relative Risk of Activities and Settings

	Stationary	Moving
Indoor	High Risk (e.g. sitting in a movie theater)	Moderate Risk (e.g. shopping in a retail setting)
Outdoor	Moderate Risk (e.g. sitting at an event in an outdoor setting)	Lower risk (e.g., walking on a park trail)

Additional Viral Spread Considerations

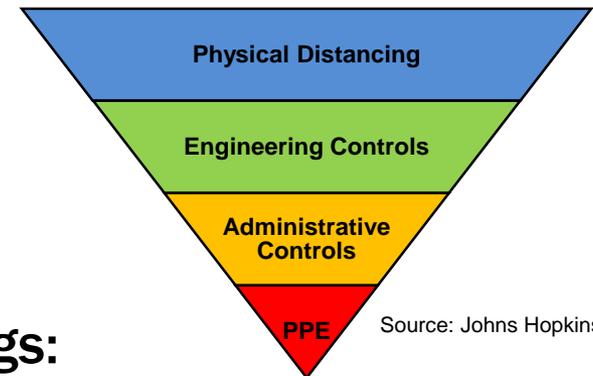
- Distance from other people
- Length of time in one location
- Air circulation
- Heavy breathing (shouting, singing, exercising)
- Exposure to sunlight
- Indoor temperature
- “Super-spreader” events

“Dimmer Switch” Approach:

- Responsibly easing restrictions beginning with lower risk activities, while closely monitoring the spread of the virus across our state.

Slowing the Spread of the Virus

- Continued risk assessment of indoor and outdoor settings, establishments, activities.
- Comprehensive mitigation measures to reduce viral spread.
- Importance of the 3Ws
 - Wear a face covering
 - Wait six feet apart
 - Wash your hands frequently
- Research on Effectiveness of Face Coverings:
 - As many as 230K–450K COVID-19 cases may have been averted by 5/22 due to face covering mandates in 15 states and DC.
 - Face covering reduced the number of infections by over 78K in Italy (from 4/6–5/9) and by over 66K in NYC (from 4/17-5/9).
 - In Germany, daily growth rate of COVID-19 cases fell by ~40% due to mandatory mask-wearing.



Source: Johns Hopkins University

Sources: Lyu and Wehby. Community Use Of Face Masks And COVID-19: Evidence From A Natural Experiment Of State Mandates In The US. Health Affairs. August 2020. Zhang et al. Identifying airborne transmission as the dominant route for the spread of COVID-19. Proceedings of the National Academy of Science. Published June 11, 2020 <https://doi.org/10.1073/pnas.2009637117>

Mitze et al. Face Masks Considerably Reduce COVID-19 Cases in Germany: A Synthetic Control Method Approach. Institute of Labor Economics. June 2020. <http://ftp.iza.org/dp13319.pdf>

Integrated Strategy to Respond to COVID-19

	April	May	June
Prevention of Spread	<ul style="list-style-type: none"> Stay at Home Order Restricted Visitation at LTC facilities Built supply chain of PPE Tracked and reported key metrics, trends Established numerous social supports 	<ul style="list-style-type: none"> Targeted support for settings at high-risk for outbreak: LTC Facilities, Prisons, Food Agriculture, etc. Established phased re-opening guidance. Developed Public Messaging: 3Ws Increased focus on historically marginalized communities 	<ul style="list-style-type: none"> Issued return-to-work and return-to-school guidance. Amplify communication tools around mitigation strategies - 3Ws, testing, answer the call, stay home if sick.
Testing	<ul style="list-style-type: none"> Stabilized PPE supply chains and resources to support testing. Built lab capacity –partner with private sector and hospital labs Bolstered response to congregate settings. Updated testing guidance. 	<ul style="list-style-type: none"> Bolstered electronic lab reporting Launched RFQ for testing and tracing support. Updated testing guidance 55 Federally-funded drive-thru sites launched through CVS across NC. 	<ul style="list-style-type: none"> Launched online testing support tools – Find My Testing Site (over 500 sites listed), Check My Symptoms. Begin proactive serial and high-throughput testing strategies for long term care and high-priority communities.
Laying the Groundwork			Scaling Surge Response
Tracing & Isolation Support	<ul style="list-style-type: none"> Established centralized tracing partner (CCNC) and began recruitment, prioritizing staff that bring cultural competency and lived experience from historically marginalized communities. 	<ul style="list-style-type: none"> Recruited and trained 250 contact tracing staff through CCNC Deployed newly hired contact tracers. Built out tracing tool and began deployment and training of tracing staff and LHD staff. Established baselines and metrics 	<ul style="list-style-type: none"> Hire up to 450 contact tracers. Trained over 1,100 LHD and CCNC staff on tracing Deployed funding to support Local Health Departments in further recruitment and response efforts Partner with CDC to scale additional technical expertise throughout the state

Focus on 9 Counties

- We are surging additional testing and tracing resources to several communities and populations that have been hardest hit by COVID-19
- Our first round of partnerships is with a mix of several of our urban population centers as well as our rural communities, including:
 - Alamance
 - Duplin
 - Durham
 - Forsyth
 - Guilford
 - Johnston
 - Lee
 - Mecklenburg
 - Wake

Support for Long-Term Care

Protection:

- Distributed PPE packs proactively to over 3,500 LTC facilities
- Conducting infection prevention and control consultation through partnership with CDC and NC Statewide Program for Infection Control and Epidemiology (SPICE)
- Recommend all patients entering LTC be placed in 14 days of quarantine and recommend universal mask-wearing by staff

Testing:

- Testing of all residents and staff if there is one positive case in staff or a resident reported
- Planning for testing of all residents and staff of nursing homes for one-time prevalence assessment
 - RFQ released for additional testing capacity
 - State operated SNFs complete

Financial & Staffing assistance:

- Released a series of time-limited Medicaid rate increases to support long-term care providers in COVID response
- Helping fill LTC staffing shortages through a partnership with ECU School of Nursing to match Registered Nurses and Certified Nursing Assistants with facilities
- Developed an online toolkit & held trainings and webinars for thousands of long-term care facility staff

If you leave home, know your Ws!



WEAR

a cloth face covering.



WAIT

6 feet apart. Avoid close contact.



WASH

your hands often or use hand sanitizer.

@NCDHHS

#StayStrongNC