

ARHS Novel Coronavirus (COVID-19) Situation Report #49

December 31, 2020 **PLEASE NOTE NEW FORMAT & SEE ADDITIONS/ UPDATES IN RED**

This is a rapidly evolving situation. The most up to date information and guidance can be found at

- <https://www.arhs-nc.org>
- <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- <https://www.ncdhhs.gov/coronavirus>

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Regional Data

Web-reported data and local investigation data as of 12/18/20 at 3:00 pm

	Lab Confirmed Case Count	Active (Lab Confirmed)	Recovered (Lab Confirmed)	Deaths	Additional Info
United States (pm update)	19,432,125	---	---	337,419	https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html
Virginia (10 am update)	349,584	---	---	5,032	http://www.vdh.virginia.gov/coronavirus/
North Carolina (noon update)	539,545	---	---	6,748	3,493 hospitalizations https://www.ncdhhs.gov/covid-19-case-count-nc
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Bertie	1204	75	1099	30	
Camden	285	89	191	5	
Chowan	821	162	636	23	
Currituck	649	276	362	11	
Gates	357	136	209	12	
Hertford	1349	74	1225	50	
Pasquotank	1807	349	1406	52	
Perquimans	533	108	420	5	
ARHS – Region Total	7005	1269	5548	188	

Please keep in mind case counts DO NOT represent true disease burden.

Outbreaks

Outbreaks	County	Staff	Residents	Inmates	Total	Recovered *May be included in Cty # not here	Deaths
Bertie Correctional	Bertie	31		39	70		
Brian Center Windsor (2nd Event)	Bertie	10	23		33		3
Three Rivers LTCF (3rd event)	Bertie	19	34		53		7
Chowan Rivers (3rd event)	Chowan	5	1		6		
Currituck Health & Rehab (2nd event)	Currituck	32	58		90		3
Accordius Health LTCF	Gates	18	48		66		6
Ahoskie Assisted Living	Hertford	11	8		19	3	3
Creek Side LTCF Ahoskie	Hertford	38	90		128	108	18
Rivers Correctional	Hertford	12		8	20	2	
Citadel of EC	Pasquotank	9	12		21		1
Elizabeth City Health & Rehab (3rd event)	Pasquotank	41	72		113		15
Pasquotank Corrections (2nd event)	Pasquotank	4		19	23		

Current Executive Order/ Guidance Overview

<https://www.nc.gov/covid-19/covid-19-orders>

- Face coverings are required in all public indoor settings if there are non-household members present, regardless of the distance away
- The Mass Gathering limit remains at 10 for indoor settings and 50 for outdoor settings
- Curfew for all from 10:00 p.m. to 5:00 a.m.
- Late night alcohol sales are still prohibited from 9:00 p.m. to 7:00 a.m.
- Venue Capacity Limits:
 - Places of Worship – Open
 - Parks & Rec – Open
 - Restaurants, Salons, Personal Care – 50% Capacity
 - Gyms/ Indoor Exercise – 30% Capacity
 - Playground – Open
 - Museums – 50% Capacity
 - Retail Businesses – 50% Capacity
 - Pools – 50% Capacity
 - Large Outdoor Venues – 7% Capacity
 - Smaller Outdoor Venues – 30% of outdoor capacity or 100, whichever less
 - Movie Theaters & Conference Centers – Indoor at 30% of capacity or 100, whichever less
 - Bars – Outdoor only at 30% of capacity, or 100, whichever less
 - Outdoor Amusement Parks – 30% Occupancy
- Schools may operate under Plan A for K-5 and Plan B for 6-12

Signs and Symptoms

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.

We continue to learn more about asymptomatic spread as individuals may shed virus 1 to 3 days prior to symptom onset, and present with extremely mild or no symptoms at all.

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Clinical Information/ Testing

Clinical Testing Guidance: <https://files.nc.gov/covid/documents/guidance/healthcare/COVID-19-Provider-Guidance-Final.pdf>

Antigen Testing Guidance: <https://files.nc.gov/covid/documents/guidance/healthcare/Antigen-Provider-Update.pdf>

ARHS Testing Schedule:

NOTE: ARHS WILL BE CLOSED ON JANUARY 1

<p>Pasquotank County Health Department 252-338-4400</p> <p>Testing available: Thursday 1:30-3:30 pm</p>	<p>Perquimans County Health Department 252-426-2100</p> <p>Testing available: Tuesday 1:30-3:30 pm</p>	<p>Camden County Health Department 252-338-4460</p> <p>Testing available: Thursday 1:30-3:30 pm</p>	<p>Chowan County Health Department 252-482-6003</p> <p>Testing available: Monday 1:30-3:30 pm</p>
<p>Currituck County Health Department 252-232-2271</p> <p>Testing available: Wednesday 1:30-3:30 pm</p>	<p>Bertie County Health Department 252-794-5322</p> <p>Testing available: Wednesday 1:30-3:30 pm</p>	<p>Gates County Health Department 252-357-1380</p> <p>Testing available: Monday 1:30-3:30 pm</p>	<p>Hertford County Health Department 252-862-4054</p> <p>Testing available: Tuesday 1:30-3:30 pm</p>

ARHS is collaborating with OptumServe to provide additional, no-cost COVID-19 testing sites in Bertie, Hertford, Gates, and Chowan counties. This contract has been extended through December. You may register and make an appointment for testing by visiting <https://lhi.care/covidtesting> or by calling (877) – 562-4850.

<p>Hertford County - Government Complex 115 Justice Dr. Winton, NC 27986</p> <p>Testing available: Monday, Thursday, & Saturday – 10 a.m. – 2 p.m. Tuesday & Friday 1 - 5 p.m.</p>	<p>Bertie County – Bertie Early College 819 Governor's Rd. Windsor, NC 27983</p> <p>Testing available: Monday, Thursday, & Saturday – 10 a.m. – 2 p.m. Tuesday & Friday 1 - 5 p.m.</p>	<p>Gates County - New Hope Missionary Baptist Church, 94 NC-37, Gates, NC 27937</p> <p>Testing available: Monday, Thursday, & Saturday – 10 a.m. – 2 p.m. Tuesday & Friday 1 - 5 p.m.</p>	<p>Chowan County – American Legion, 1317 W Queen St, Edenton, NC 27932</p> <p>Testing available: Monday, Thursday, & Saturday – 10 a.m. – 2 p.m. Tuesday & Friday 1 - 5 p.m.</p>
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Isolation Guidance

If an individual receives a positive test result or suspects COVID-19, they are to remain isolated until the individual can answer **yes** to **all three** of these questions:

1. Has it been at least **10** days since you first had symptoms? (Please note this timeframe has been changed from 7 to 10)
2. Have you been without fever for 24 hours without any medicine for fever?
3. Are your other symptoms improved?

Quarantine Guidance

<https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html>

Definition of a Close Contact, who if identified would need to quarantine:

- Within 6 ft of someone who has COVID for a total of 15 minutes or more (cumulative, 24 hr period)
- Provided care at home to someone who is sick with COVID
- Direct physical contact with the person (hug or kiss)
- Shared eating or drinking utensils
- They sneezed, coughed, or somehow got respiratory droplets on you

Contact must occur while the individual is symptomatic or 48 hrs prior to symptom onset to be placed on quarantine.

In the general community, quarantine can be ended if any of the following criteria are met:

- 14 days of quarantine have been completed
- 10 days of quarantine have been completed AND no symptoms have been reported during daily monitoring
- 7 days of quarantine have been completed AND no symptoms have been reported during daily monitoring AND a diagnostic specimen tests negative within 48 hours of the planned quarantine discontinuation (no earlier than day 5 after last contact).

If quarantine is discontinued before day 14, the individual must continue to monitor symptoms and strictly adhere to all non-pharmaceutical interventions (e.g. wear a mask, practice social distancing) through 14 days after the date of last exposure.

Prevention & Treatment

There is currently no vaccine to prevent COVID-19 infection. The best way to prevent infection is to avoid being exposed to this virus. However, as a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory viruses, including:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

- CDC is offering guidance on Cloth Face Coverings: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html> Cloth face coverings are more widely promoted in situations where social distancing may be difficult, but are not a replacement for other precautions and measures. See also 3W campaign.
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
 - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

Vaccine Information

Moderna and Pfizer have submitted for Emergency Use Authorization and expect FDA approval over the coming week or two. At this time VERY LIMITED quantities could be available in December for targeted populations. This would not be widely available vaccine and currently only adults are in clinical trial – no child doses. Current planning assumptions are that it will ultra low cold storage, will take 2 doses per person roughly 21/ 28 days apart, and initial supplies will be focused on target/ priority populations.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>

<https://www.hhs.gov/coronavirus/explaining-operation-warp-speed/index.html>

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>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 • Operationally prioritize settings based on risk of exposure • Migrant farm and fisheries workers in congregate housing with 2+ Chronic Conditions* or ≥ age 65 • Incarcerated individuals with 2+ Chronic Conditions* or ≥ age 65 and jail and prison staff • Homeless shelter residents with 2+ Chronic Conditions* ≥ 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) • Other Adults with 2+ Chronic Conditions* <p>* Defined by CDC as increased risk for COVID</p>	<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

Message from NCDHHS:

A tested, safe and effective vaccine will be available to all who want it, but supplies are currently limited and will continue to be for the next few months. To save lives and slow the spread of COVID-19, independent state and federal public health advisory committees recommend first protecting health care workers caring for patients with COVID-19, people who are at the highest risk of being hospitalized or dying, and those at high risk of exposure to COVID-19

Based on new federal recommendations issued last week by the CDC Prevention's Advisory Committee on Immunization Practices, the Department has updated and simplified the vaccine prioritization plan.

North Carolina's updated phases include:

- Current Phase - Phase 1a: Health care workers fighting COVID-19 & Long-Term Care staff and residents.
- Phase 1b (to begin in early January): Adults 75 years or older and frontline essential workers
- Phase 2: Adults at high risk for exposure and at increased risk of severe illness.
- Phase 3: Students
- Phase 4: Everyone who wants a safe and effective COVID-19 vaccination.

Because currently there is not enough vaccine for everyone to be vaccinated at the same time, NCDHHS will open the next phase of vaccinations (1b) in groups, starting only with persons above the age of 75 in order to best manage vaccine dose availability. To see all the groups for Phases 1b and Phase 2 please review this [Infographic of Vaccine Phases](#).

In the coming days, we will be sending more information on how North Carolinians over age 75 will access vaccinations beginning in early January. For those who engage this population, please consider sharing our flyer ([English / Spanish](#)) as a first step.

All vaccine providers are expected to ensure that vaccine is equitably administered within each group. NCDHHS has a specific focus on building trust with historically marginalized populations. Longstanding and continuing racial and ethnic injustices in our health care system contribute to lack of trust in vaccines. The Department is partnering with trusted leaders and organizations to provide accurate information about the vaccine.

More detailed information is available at yourspotyourshot.nc.gov and in the resources below:

- Infographic of Vaccine Phases ([English / Spanish](#))
- Deeper Dive: Phase 1a ([English / Spanish](#))
- Deeper Dive: Phase 1b ([English / Spanish Coming](#))

In addition, we are regularly updating the web page. Continue to check the Vaccines page on the website for more information and resources as they are available: yourspotyourshot.nc.gov. The page is also available in Spanish: covid19.ncdhhs.gov/vacuna.

ARHS & Hospital Vaccine

- ARHS has registered over 4400 individuals (over 95 agencies) into CVMS for vaccine administration registration
- ARHS will be conducting vaccine clinics for partners by working through the 1A phase definition, then Phase 1B and contacting partners one by one to schedule for staff. This is being done in order to balance the great demand for testing we currently have, in addition to clinics we must conduct to also meet public health need. Unfortunately, we are not allowed to transfer the vaccine to any agency or provider at this time – however once additional providers are able to register that could be an option but that will not be until at least January or later. The state is expected to begin onboarding additional providers in January which will require a registration and agreement.
- As we build this schedule out, if partners such as EMS and COA are available to assist and

accompany ARHS staff we will coordinate that effort as well which will help tremendously with staffing and clinic reach. While we cannot transfer vaccine, this coordinated effort will vastly help with reach.

- We are hopeful the demand for testing decreases, so we are able to reallocate our resources to vaccine and utilize those times for broader vaccination clinics.

Moderna Info Sheet: <https://www.modernatx.com/covid19vaccine-eua/eua-fact-sheet-recipient.pdf>

Additional Links for Vaccine Information:

- 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.
- 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 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
 - 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)

ARHS Contact Information

ARHS COVID Call Line – 252-338-WELL

ARHS Department Contacts

****FOR PUBLIC USE****

Department	Phone	Address
Pasquotank Health Department (Supervisor Amy Rosenberger/ Donata Brown)	252-338-4400	711 Roanoke Ave, Elizabeth City
Perquimans Health Department (Supervisor Laura Harkins)	252-426-2100	103 ARPDC St., Hertford
Camden Health Department (Supervisor Sherry East)	252-338-4460	160 US 158, BLDG B, Camden
Chowan Health Department (Sandra Ferebee)	252-482-6003	202 Hicks St., Edenton
Currituck Health Department (Supervisor Nicole Hines)	252-232-2271	2795 Caratoke Highway, Currituck
Bertie Health Department (Supervisor Sara Davidson)	252-794-5322	102 Rhodes Ave., Windsor
Gates Health Department (Supervisor Karen Riddick)	252-357-1380	29 Medical Center Rd., Gates
Hertford Health Department (Supervisor Valerie Pearce)	252-862-4054	828 S. Academy St., Ahoskie

ARHS Management/ Leadership Contacts

****FOR OFFICIAL USE ONLY****

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Nancy Nash	Nursing Director	nnash@arhs-nc.org	252-338-4411	252-339-9491
Sandra Ferebee	Clinic Supervisor	sandra.ferebee@arhs-nc.org	252-338-4412	252-312-9981
Anita LaFon	Clinic Supervisor	alafon@arhs-nc.org	252-338-4435	252-325-0242
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