WELCOME TO THE COVID-19 HEALTHCARE COALITION

- **The session will begin at 1pm**
- **Please MUTE your phone and computers once you enter**
- **We will be monitoring the chat for questions and comments – please add content here along with your name and organization**
- **We will be RECORDING the session for later viewing**







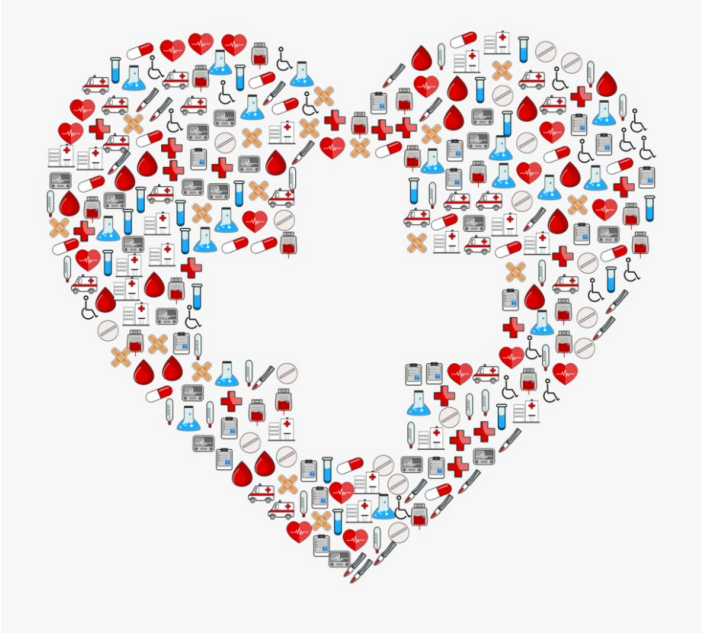
NC Department of Health and Human Services

COVID-19 Healthcare Coalition

December 2, 2020

Agenda

- DHHS Updates
- Cluster Reports
- County Alert System
- Exposure Notification/SlowCOVIDNC
- Case Investigation/Contact Tracing
- Vaccine Updates
- Comments/Chat Discussion



Request for feedback and comments about Spring 2021 webinars.

Ms. Gretchen Ramirez

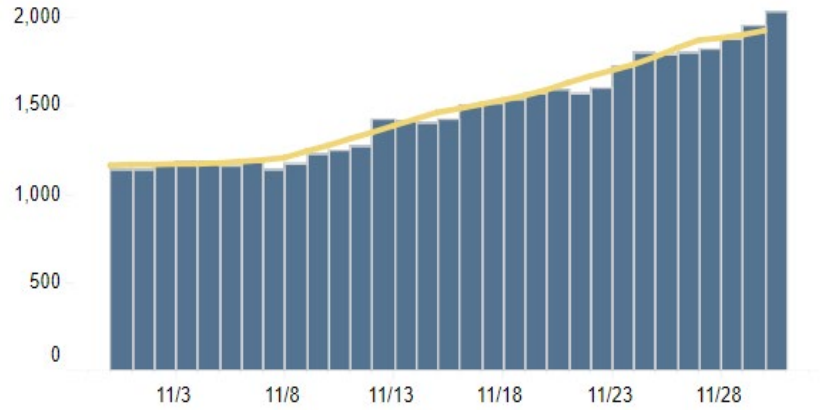
Health Information Technology (HIT) Specialist

Office of Rural Health

NC DHHS

COVID-19 Hospitalization Dashboard Data

Currently Hospitalized COVID-19 Patients | Statewide

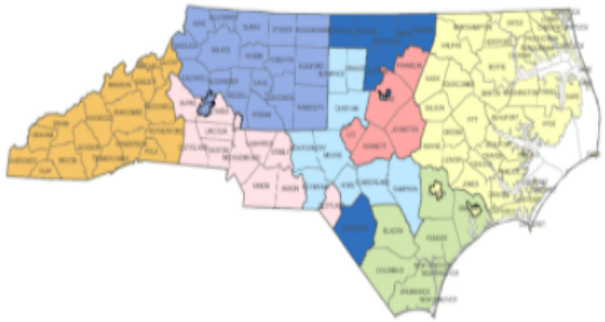


2,033

Currently Hospitalized

97%

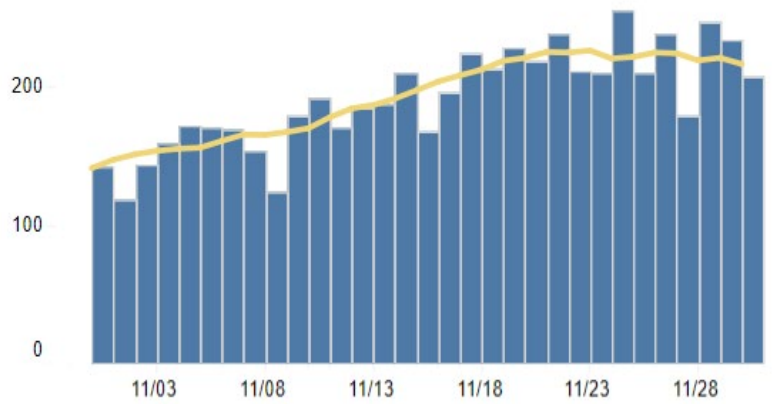
Hospitals Reporting



CapRAC - Capital Region Healthcare Preparedness Coalition
DHPC - Duke Healthcare Preparedness Coalition
EHPC - Eastern Healthcare Preparedness Coalition
MAHPC - Mountain Area Healthcare Preparedness Coalition
MCRHC - Mid Carolina Regional Healthcare Coalition
MHPC - Metrolina Healthcare Preparedness Coalition
SHPR - Southeastern Healthcare Preparedness Region
THPC - Triad Healthcare Preparedness Coalition

CapRAC	DHPC	EHPC	MAHPC	MCRHC	MHPC	SHPR	THPC

Number of COVID-19 Confirmed Patients Admitted - 24 hours | Statewide

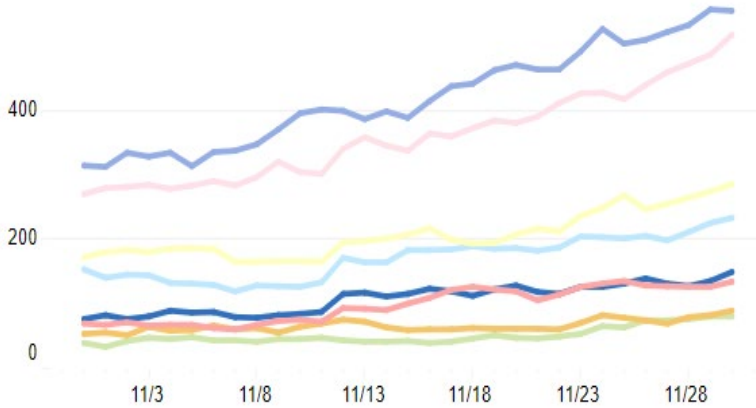


- (•) Confirmed Patients Admitted - 24 hours
- ( ) Suspected Patients Admitted - 24 hours
- ( ) Adult ICU Patients

206

Confirmed COVID-19 Patients Admitted - 24 hours

Currently Hospitalized COVID-19 Patients | Region View



	Currently Hospitalized	Hospitals Reporting
CapRAC	133	100%
DHPC	148	88%
EHPC	284	100%
MAHPC	88	100%
MCRHC	232	92%
MHPC	516	100%
SHPR	79	86%
THPC	553	100%
All	2,033	97%

Source: NC Department of Health and Human Services | COVID-19 NC Dashboard| December 1, 2020

COVID-19 Clusters Report

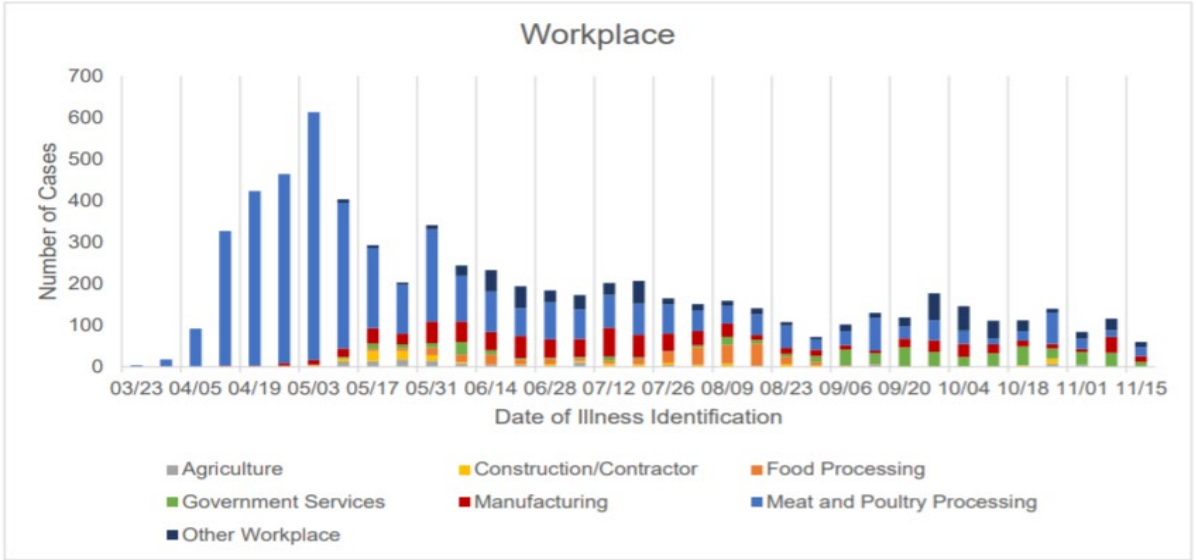
Cumulative Reported Clusters, Cases, and Deaths by Type of Cluster

Cluster Category	Setting Type	Number of Total Reported Clusters	Total Cluster-associated Cases	Total Cluster-associated Deaths
Workplace	Agriculture*	11	125	0
	Construction/Contractor	18	136	0
	Food Processing	7	321	1
	Government Services[1]	67	509	3
	Manufacturing	72	867	3
	Meat and Poultry Processing	41	4,072	20
	Other Workplace	72	693	3
Shopping and Services	Retail	10	89	0
	Personal Care Services[2]	4	37	5
Food and Drinks	Bar/Brewery	3	14	0
	Restaurant	27	152	2
Child Care, Schools, and Higher Education	Child Care	72	544	3
	Camp	7	103	0
	K-12 School	66	612	0
	College or University	200	2,642	0
Health Care[3]	Health Care Setting	40	274	3
Community Living and Events	Religious Gathering	121	1618	27
	Social Gathering[4]	36	338	4
	Independent Living Facility	15	119	13
	Apartments**	3	69	0
	Community Event[5]	5	64	0
	Other Community Setting	28	223	2
Total		**925**	**13,621**	**89**

- Report will be updated each Monday by 4 pm.
- Two types of information, cumulative chart and cluster associated cases over time graph.
- Information reported by Local Health Departments
- Many settings are voluntarily reporting; clusters and cases in most settings do not report like congregate living, schools or child care facilities

Cluster-associated Cases Over Time by Type of Setting

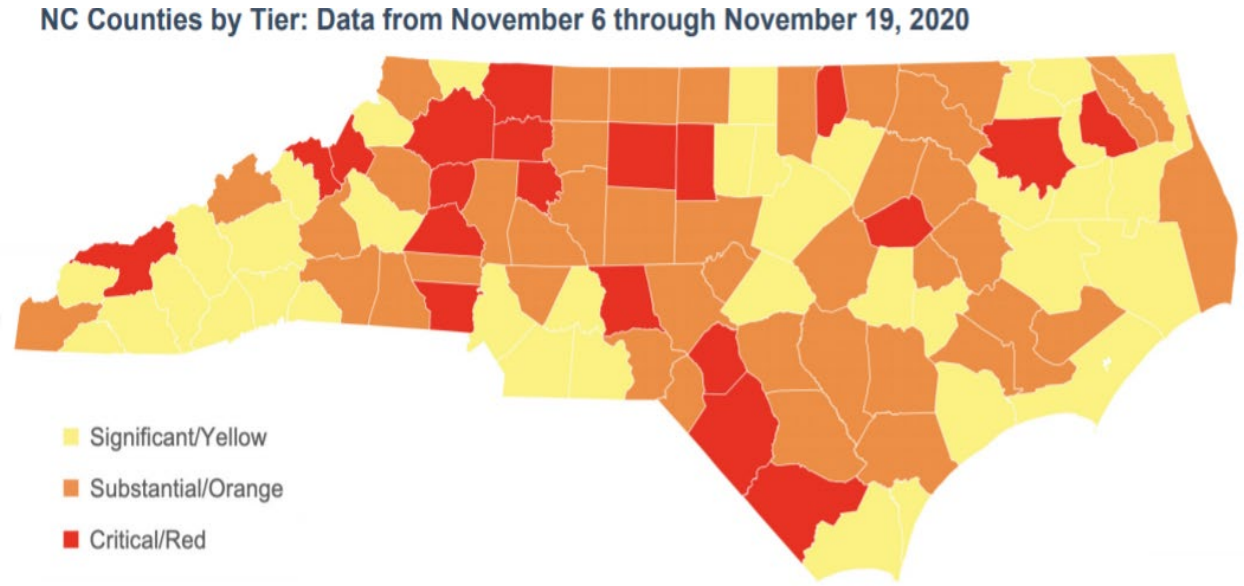
Please note that the range of number on the y axis varies significantly by graph.



COVID-19 County Alert System

	Counties must meet:	And meet one of these:	
	Case rate	**Percent positive**	**Hospital Impact within the county***
Critical (Red)	>200/100,000 new cases in 14 days with at least 42 cases in 14 days.	>10%	**High Impact on county hospital(s)**
Substantial (Orange)	101-200/100,000 new cases in 14 days with at least 21 cases in 14 days.	8-10%	**Moderate Impact on county hospital(s)**

*Counties without a hospital are assigned the average hospital impact score from the county where the highest percentage of their inpatient hospital admissions occurred.



County	Final Tier	14-day Case Rate Per 100,000	14-day Percent Positive^	Hospital Impact
Alamance County	Critical/Red	511.5	8.8%	High Impact
Alexander County	Critical/Red	954.7	16.4%	Low Impact
Alleghany County	Significant/Yellow	278.4*	5.8%	Low Impact

Source: NC Department of Health and Human Services | COVID-19 County Alert System| November 23, 2020

Ms. Danielle Brady

Project Manager

Information Technology Division

North Carolina DHHS


SlowCOVIDNC
NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

SlowCOVIDNC Statistics

11/30

Total Downloads: **475,725**

iOS: **199,732** Android: **275,993**

Number of people who have reported a positive test result via the app: **1,072**

Number of exposure notifications sent: **237**

11/25

Total Downloads: **444,131**

iOS: **189,891** Android: **254,240**

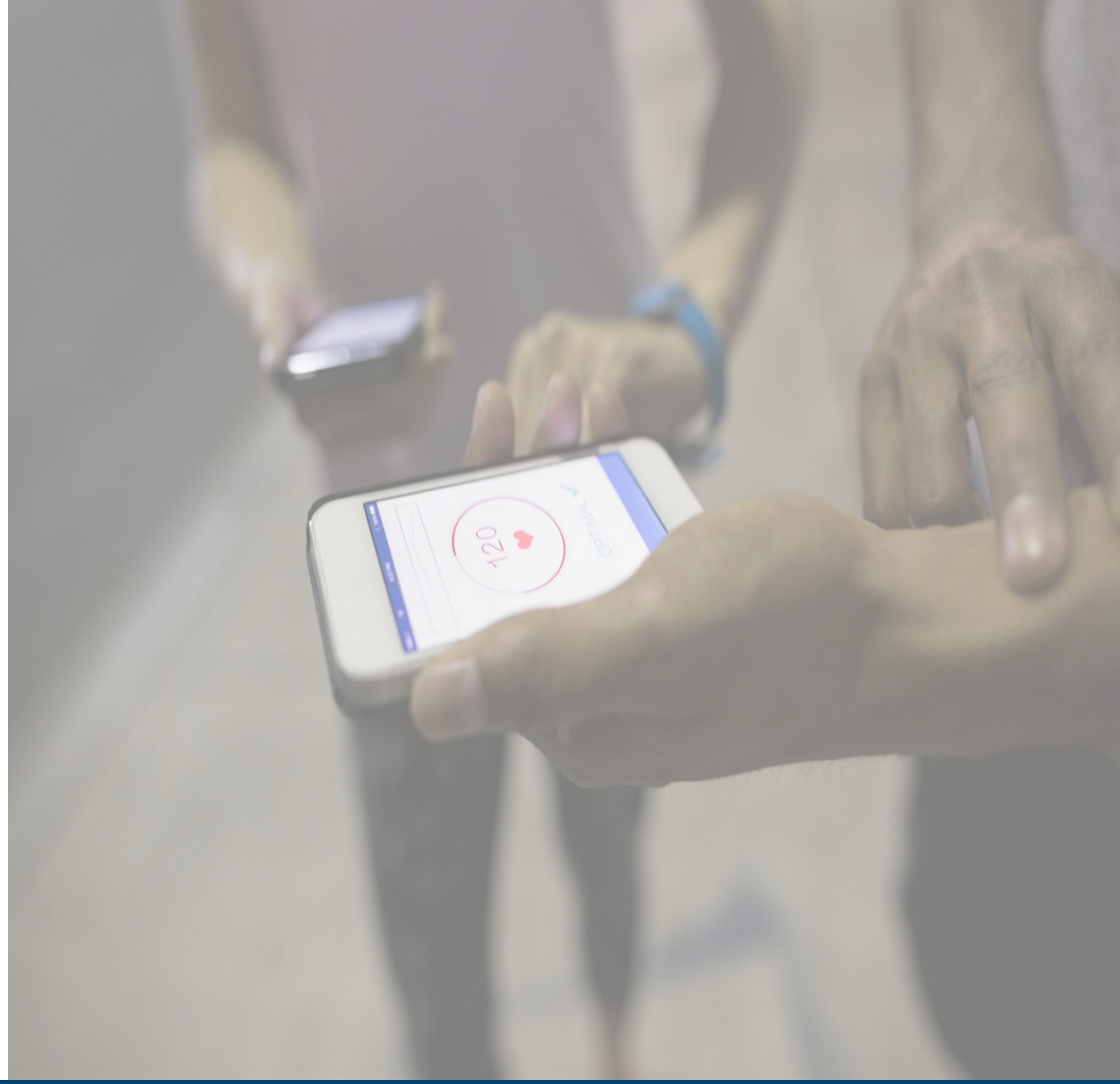
Number of people who have reported a positive test result via the app: **195**

Number of exposure notifications sent: **1,018**

COVID-19 Vaccination Management System

December 2, 2020

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES



Vaccine Journey

1. CDC/ Operation Warp Speed (OWS) provide pro-rata vaccine allotment to the state.

2. State divides allocation of COVID-19 vaccines across providers based on prioritization, populations served, geography.

3. NC DHHS transmits orders to CDC/ OWS.

4. CDC/ OWS places orders with manufacturer/distributor for vaccines and ancillary kits/ supplies.

5. Vaccines are transported by the manufacturer and/ or McKesson to enrolled sites as indicated by the orders. McKesson distributes ancillary kits/ supplies.

6. Upon receipt, providers store the COVID-19 vaccines in accordance with storage requirements.

7. Providers will organize vaccination clinics. Patients can register with their provider to receive the COVID-19 vaccine. In future state, patients will be able to schedule an appointment using CVMS (COVID-19 Vaccine Management System).

8. Provider administers the first vaccine dose and logs administration in CVMS. Appointments for second doses should be scheduled.

9. Patients self-enroll in v-safe, a service provided by CDC to monitor adverse events. If a clinically important event occurs, a VAERS customer service representative conducts an active telephone follow-up and takes a report if appropriate.

10. Patient receives a second dose reminder and schedules appointment if not already set up..

11. Provider administers the second vaccine dose and logs administration in CVMS. Continues adverse event monitoring.

- Federal Responsibility
- State Responsibility
- Provider Level

NC COVID-19 Vaccination – 4 Phase Prioritization Framework

Phase 1	Phase 2	Phase 3	Phase 4
Phase 1a: • Health care workers and COVID responders at high risk for exposure based on work duties or vital to the initial COVID vaccine response • LTC staff (SNFs, adult care homes, family care homes, group homes, and ICF-IDDs) **Phase 1b:** • LTC residents • 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 ≥ 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 • Other Adults with 2+ Chronic Conditions*: *For all populations 2+ Chronic conditions means those defined by CDC as increased risk for COVID (Cancer, Chronic kidney disease, COPD, Immunosuppressed from organ transplant, Obesity, Serious heart condition, Sickle Cell disease, Type 2 Diabetes)	Without 2+ chronic diseases • Migrant Farm/fishery workers • Incarcerated individuals • Homeless shelter residents • Frontline workers at high or moderate risk of exposure • All other Health Care Workers not included in Phase 1A or 1B • Teachers and school staff • Adults age 18-64 with one chronic condition • 65+ year olds with one or no chronic conditions	• 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, college students	• Remaining population

Provider Enrollment Strategy

The State of North Carolina's provider enrollment strategy is based upon **the prioritization strategy** laid out in the state's COVID-19 Vaccination Plan

Already Enrolled



Phase 1a providers: Local Health Departments (LHDs) and Hospitals

Currently Enrolling



FQHC's, Rural Health Centers and Free and Charitable Clinics as part of Phase 1b enrollment

Federally enrollment of pharmacies (Walgreens and CVS) for long term care settings

Next to Enroll



Continue 1b providers such as corrections facilities, occupational health, providers serving congregate living settings, etc.

Coming Soon



Remaining provider enrollment is expected to begin in mid- late December(e.g. primary care, urgent care)

Federal enrollment of more pharmacies

Provider Enrollment Numbers

100 LHDs

~115* Hospitals

100	Have successfully enrolled	**115**

We are excited to report that there are no outstanding hospitals or counties left to enroll in the program!
(includes no outstanding records)

FQHC/RHC Provider Enrollment Numbers

As of 11/30 at 8:30 AM

259 FQHC

69 RHC

70 Free and Charitable Clinics

152	Total of Number of Records in RedCap
131	Total Number of Completed Records
22	Total Number of Incomplete Records (started but not completed)
130	Enrolled

Survey opened from 11/13 – 11/20
(includes no outstanding records)

The federal government – in coordination with the CDC – has created the **Pharmacy Partnership for Long-term Care (LTC) Program** in partnership with CVS and Walgreens and a few independent pharmacies where needed in the mid-west to vaccinate those 65 and up in LTC settings.

Program Details

As part of this program, pharmacies will:

- Schedule and coordinate clinic dates with each facility
- Order vaccines and associated supplies
- Ensure cold chain management for vaccine
- Provide on-site administration of vaccine including patient information and consents as needed.
- Report required vaccination data to local, state/territorial, and federal jurisdictions with 72 hours of administration
- Adhere to applicable Centers for Medicare & Medicaid (CMS) COVID-19 testing requirement for LTCF staff

Pharmacy Partnership for Long-term Care (LTC) Enrollment

Facility Type	Number of Facilities Enrolled	Number of Facilities Not Enrolled	Percent Enrolled
Adult Care Home	433	158	73.3%
Skilled Nursing Facilities	427	0	100%

- Gap exists for LTC facilities who serve those under the age of 65. We are working to address via LHD connections and investigation of mobile vaccination contracts.

Federal Pharmacy Partnership for Retail Chains

Through the **Federal Pharmacy Partnership Strategy for COVID-19 Vaccination**, approved pharmacy partners will receive a direct allocation of COVID-19 vaccine starting in Phase 2. This program will provide critical vaccination services for the U.S. population, with vaccine administered at retail locations at no cost to providers or recipients.

Program Details

- Must sign a COVID-19 pharmacy partner agreement to participate.
- Must provide in writing minimum capacity for vaccine administration, including sites, doses administered in a set timeframe, and cold chain storage.
- Directly order and receive allocation of COVID-19 vaccine from the federal government.
- On a daily basis, report to CDC the number of doses of COVID-19 vaccine ordered by store location in VTrcks and on hand in each store reported through VaccineFinder.
- Report CDC-defined data elements related to vaccine administration to jurisdiction IISs or through other agreed upon methods (e.g., formatted data extracts) to jurisdictions if IIS reporting is not available.
- Must provide a point of contact for reach jurisdiction for questions related to allocation of vaccine in store locations in their jurisdiction area.

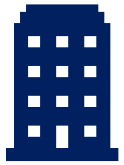
Pharmacies Enrolled as of 11/12/20

- Walgreens, CVS, Walmart and Sam's, Rite Aid
- The Kroger Co (i.e., Kroger, Harris Teeter, Fred Meyer, Frys, Ralphs, King Soopers, Smiths, City Market, Dillons, Marianos, Pick-n-Save, Copps, Metro Market)
- Publix, Costco, Hy-Vee, Meijer, H-E-B
- Albertsons Companies (i.e., Osco, Jewel-Osco, Albertsons, Albertsons Market, Safeway, Tom Thumb, Star Market, Shaws, Haggen, Acme, Randalls, Carrs, Market Street, United, Vons, Pavilions, Amigos, Lucky's, Pak n Save, Sav-On)
- Retail Business Services (i.e., Food Lion, Giant Food, The Giant Company, Hannaford Bros Co, Stop & Shop)
- Winn-Dixie Stores Inc. (incl. Winn-Dixie, Harveys, Fresco Y Mas)

Network Administrators

- Topco Associates, LLC (incl. Big-Y Pharmacy and Wellness Center, Brookshire's Pharmacy, Super One Pharmacy, FRESH by Brookshire's Pharmacy, Coborn's Pharmacy, Cash Wise Pharmacy, MarketPlace Pharmacy, Hartig Drug Company, King Kullen, Food City Pharmacy, Ingles Pharmacy, Raley's, Bel Air, Nob Hill Pharmacies, Save Mart Pharmacies, Lucky Pharmacies, SpartanNash, Price Chopper, Market 32, Tops Friendly Markets, ShopRite, Wegmans)
- CPESN USA, LLC
- Good Neighbor Pharmacy and AmerisourceBergen Drug Corporation's PSAO, Elevate Provider
- Health Mart Systems, Inc.
- LeaderNET and Medicine Shoppe, Cardinal Health's PSAOs
- Managed Health Care Associates (MHA)

Early Ship Sites Update



11 Submitted Sites

- Sites selected based on existing Ultra Cold Storage (ULC), storage capacity and geography
- Vaccine will ship after EUA approval and before ACIP recommendations for use
- Vaccine will be embargoed until after ACIP recommendations
- After ACIP recommendations, CDC estimates remaining providers will receive allocated vaccine within 24 hours via shipments from manufacturer/distributor

Bladen Healthcare, LLC (Bladen County Hospital)

Caldwell Memorial Hospital

CarolinaEast Medical Center

Catawba Valley Medical Center

Cumberland County Hospital System, Inc. dba Cape Fear Valley Health System

Duke University Health System

Henderson County Hospital Corporation dba Margaret R. Pardee Memorial Hospital

Hoke Healthcare, LLC (Hoke Hospital)

The Charlotte-Mecklenburg Hospital Authority (CMC Enterprise)

University of North Carolina Shared Services Agreement

Wake Forest Baptist Health

PREPARING FOR THE NEW COVID-19 VACCINE MANAGEMENT SYSTEM (CVMS)



What is CVMS?

CVMS is a secure, cloud-based vaccine management solution for COVID-19 that enables vaccine management and data sharing across providers, hospitals, agencies, and local, state, and federal governments on one common platform.

When the CVMS MVP is launched on 12/10, providers will be able to:

- Enroll in the COVID-19 Vaccine Program and upload employees so they can register for COVID-19 vaccination
- Manage COVID-19 vaccine inventory
- Track COVID-19 vaccine administration

In future CVMS releases, providers will also be able to schedule clinics.



Who will use CVMS?

NC State officials will enroll providers and verify provider eligibility along with verifying site readiness.

Providers will verify patient eligibility, log dosage administration, and track frequency and timing of additional dosages.

CVMS will be available to select providers for a soft launch on 12/8 and the remaining providers will have access to the system on 12/10.



Why CVMS?

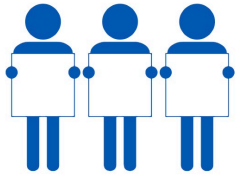
CVMS provides a flexible approach for managing, delivering, and administering vaccine programs. It consolidates multiple legacy, siloed systems into an integrated platform with configurable modules. This will allow for quicker updates to the system in order to meet business needs. In addition, built-in automation features means less time on routine tasks and more time on high-value activities.

CVMS Training

NCDHHS will provide a range of tools and methods for CVMS and vaccine training including: communications, user guides, live trainings, and helpdesk support.



Communications: Communication towards end users facilitates the training process and increases awareness. Communications are tailored to each audience and can include job aids, recorded demonstrations, and user guides.



Live Training: Live training provides end users with real-time training modules that target a set of training objectives. A key feature of live training is its high engagement and interaction from trainees.

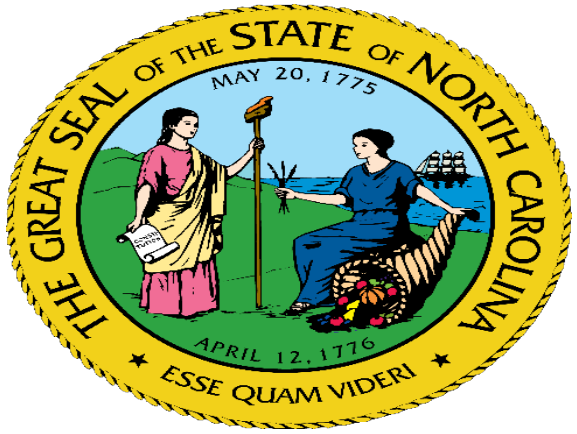


User Guides: Step-by-step guide combines text instructions and screenshots to guide users through a process. It helps audience to simplify and breakdown a multi-step process.

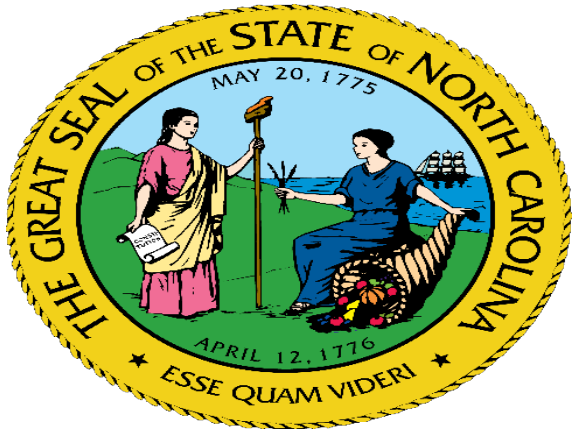


Helpdesk: A channel where relevant questions could be answered or directed to relevant personnel. Helpdesk has staff scheduled during predetermined hours.

Initial training of Phase 1 enrolled provider training starts week of 11/30
Expanded provider training to follow



Break for feedback and comments about Spring 2021 webinars.



Dr. Deborah Porterfield

MD

Communicable Disease

NC Department of Public Health

Ms. Mina Asghari

Marketing Transformation Manager

Ernst & Young

Case Investigation & Contact Tracing

NC DHHS COVID-19 Healthcare Coalition Webinar

December 2, 2020

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

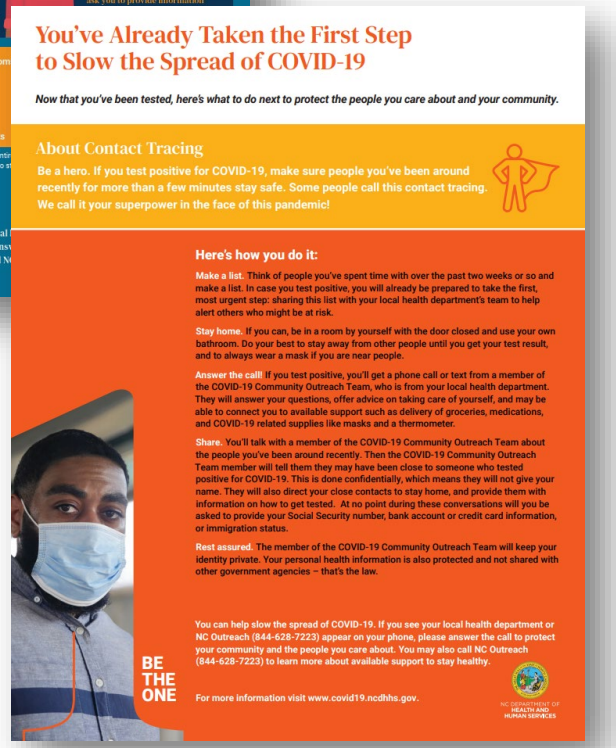


“What is Contact Tracing?” Infographic and Contact Tracing Next Steps After Testing Flyer

1.



2.



There are two new contact tracing resources available on the NC DHHS website.

1. **“What is Contact Tracing?” Infographic** is available in English and Spanish and shows a simplified process flow for the steps in contact tracing. The infographic walks through an example scenario to show the steps taken for both positive and negative COVID-19 test results.

2. A flyer on **Contact Tracing Next Steps After Testing** is available in English and Spanish and helps individuals learn what to expect next if they test positive and a member of the COVID-19 Community Team reaches out to understand the places they have been and the people they have been in contact with.

Contact prioritization guidance during widespread community transmission

Key takeaways

- The goal of prioritization is to maximize COVID-19 prevention success by focusing public health resources on tracing the contacts of cases most at risk of large-scale transmission events to halt transmission chains.
- Prioritize individuals and populations at highest risk for transmission or morbidity related to COVID-19.

Priority Level Definitions for Contact Tracing		
Priority	**Time from specimen collection to case report to public health**	**Population**
1	**Any**	**Contacts linked to a known or potential cluster/outbreak** • Individuals with epidemiologic links to a known cluster or outbreak • Individuals linked to any location or event associated with two or more cases
2	**≤4 days**	**Contacts exposed in a high-risk living or work setting** Contacts exposed in: • Healthcare setting (e.g., acute care, skilled nursing, mental health, and long-term care facilities) • Congregate living settings (e.g., correctional facilities, homeless shelters, migrant farm worker camps) • Educational institutions/schools • Critical infrastructure or high-density work setting (e.g., food processing plants, manufacturing plants, transportation, food service to critical workers, childcare) • Community settings with large numbers of people (e.g., large gatherings, religious events). Indoors settings should be prioritized over outdoor settings.

3	**≤4 days**	**Contacts who don't meet priority 1 or 2 categories but are in the following groups:**
		• Persons at higher risk for severe disease
		  ○ Individuals 65 years of age and older 3
		  ○ Individuals with underlying conditions associated with higher-risk for severe disease
		  ○ Pregnant women
		• Healthcare providers or first responders (e.g., Emergency Medical Services (EMS) personnel, law enforcement, firefighters)
		• Members of a large household living in close quarters.
		• Contacts known to live in households with or provide care in a household with an individual who is high-risk for severe illness from COVID-19.

4	**>4 days**	**Contacts of people in high-risk living or work settings** Contacts exposed in: • Healthcare setting (e.g., acute care, skilled nursing, mental health, and long-term care facilities) • Congregate living settings (e.g., correctional facilities, homeless shelters, migrant farm worker camps) • Educational institutions/schools • Critical infrastructure or high-density work setting (e.g., food processing plants, manufacturing plants, transportation, food service to critical workers, childcare) • Community settings with large numbers of people (e.g., large gatherings, religious events). Indoors settings should be prioritized over outdoor settings.
5		**None of the above**

DRAFT

Contact prioritization guidance during widespread community transmission

Key takeaways

- The email and text language to be sent from CCTO will be finalized in early December.
- The below script can be used to structure emails, text messages or for phone voicemail messages.



"Hello, this is the NC COVID Community Team. You have been exposed to COVID-19, and should quarantine (stay home and separate yourself from others) until (quarantine end date) and get tested on or around (last exposure date + 6 days)



Visit Find My Testing Place to find a test, or go to quarantine, more testing resources, quarantine support for more information or call 844-628-7223 to speak with a NC COVID Community team member directly. You can stay in contact with your local health department during your quarantine by clicking here (link to survey) to complete a daily health assessment."

Priority Level Contact Tracing Outreach	
Priority Group	**Recommended Contact Notification Method**
1-2	Notify of exposure, assess for symptoms/resource needs, provide quarantine and testing information by phone AND email/text* with links to quarantine and testing guidance.
3-5	Single notification by email/text* of exposure with links to quarantine and testing guidance. If text/email is not an option, notify by single phone call.

*An email/text message will be generatable by CCTO system, expected to be available by December 6, 2020.

Daily **or limited monitoring of contacts during the quarantine period is no longer routinely recommended**.

The guidance document is posted within the Communicable Disease manual, Coronavirus Resources chapter under Contact Tracing and Movement and Monitoring, item 11, so when updates are necessary you and your team can revisit the same link for updates.
For questions regarding this contact tracing prioritization guidance, please contact Vicki Mobley (victoria.mobley@dhhs.nc.gov) or Erika Samoff (erika.samoff@dhhs.nc.gov).

DRAFT

Goal 1

Achieve excellence in **processes, data collection, and reporting** to understand the virus and inform prevention

Case investigation “Wizard” to streamline interviews of cases

Contact tracing prioritization guidance

Data entry support to local health departments



Goal 2

Integrate and improve **technology** to improve likelihood of reaching cases and contacts

Upcoming single notification by email/text of contacts

Data feed between two data systems (NC COVID and CCTO) for contacts to automatically flow to CCTO

Softphone capability



Goal 3

Champion **partnership & engagement** to continuously deliver a high performing workforce

Between LHD and CCTC workforce, almost 1500 contact tracers (exceeds goal 1050)

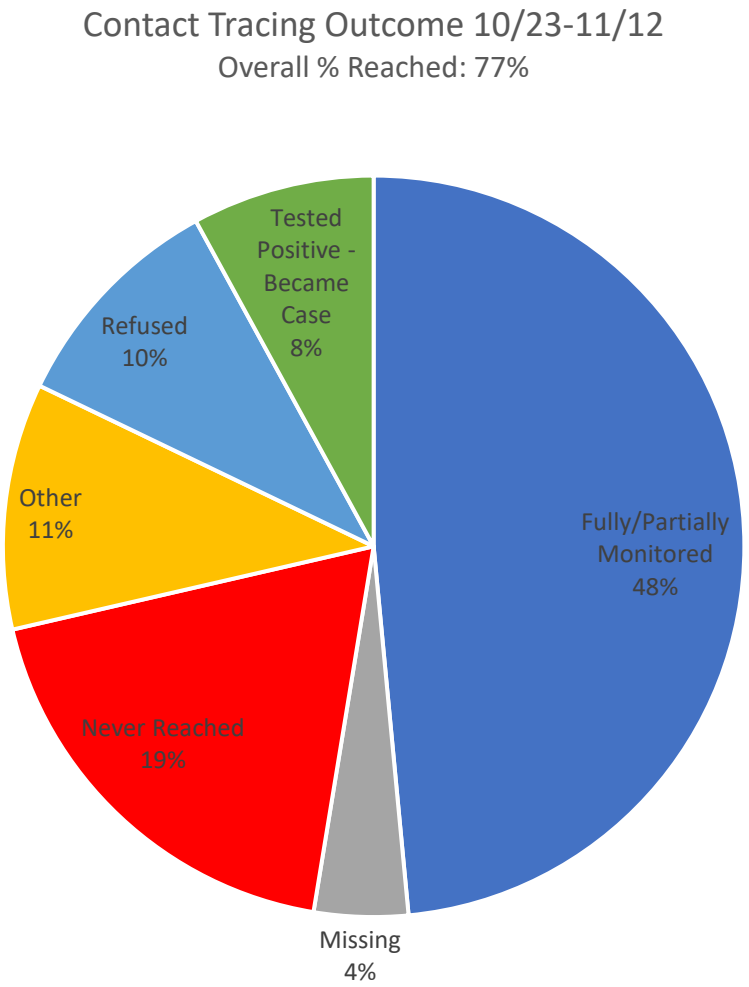
Of the CCTC contact tracers:

- 50% bilingual
- 22% African American, 40% Hispanic or Latino, 1% Native American, 1% Asian, 3% two or more races

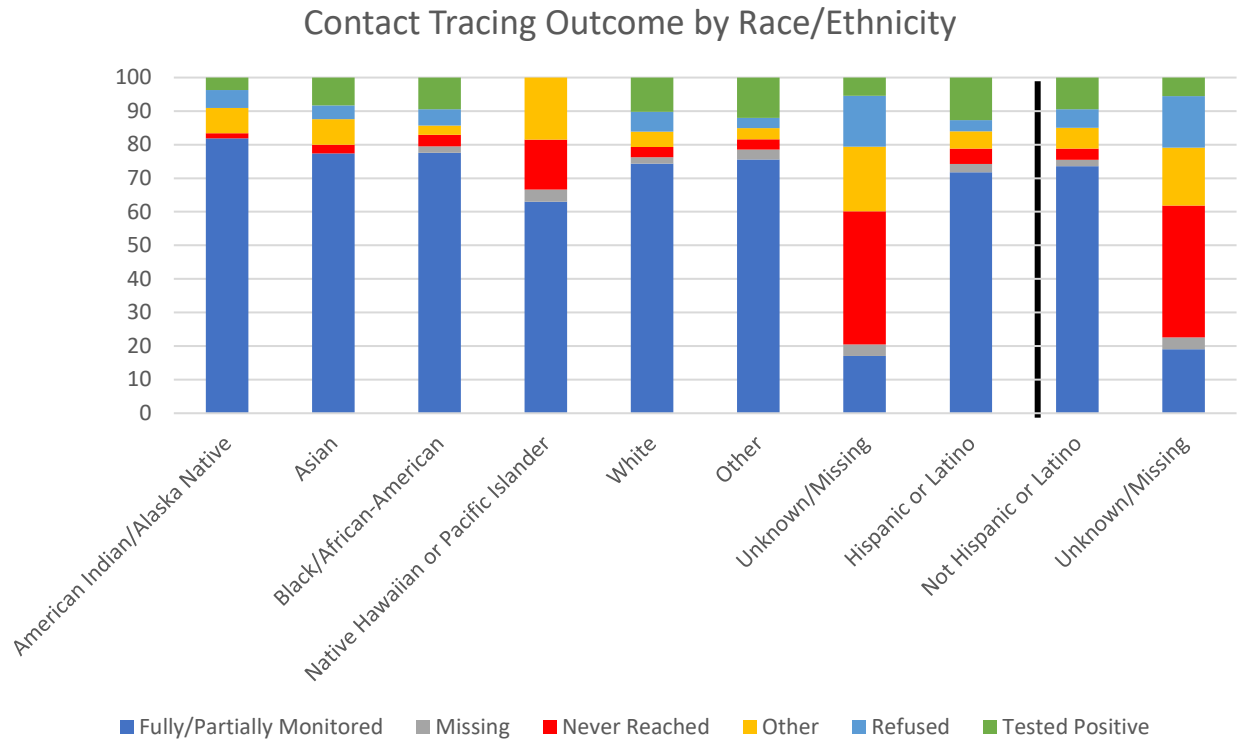
Onboarding universities, military installations, and clinics to partner with LHDs and contact trace their population



Contact Tracing Metrics – Reaching Contacts



Percent of contacts reached out to by race or ethnicity (data from Oct. 23rd to Nov. 12th)



Engagement status

Onboarded

- EBCI
- Ft. Bragg
- UNC Charlotte
- UNC Greensboro

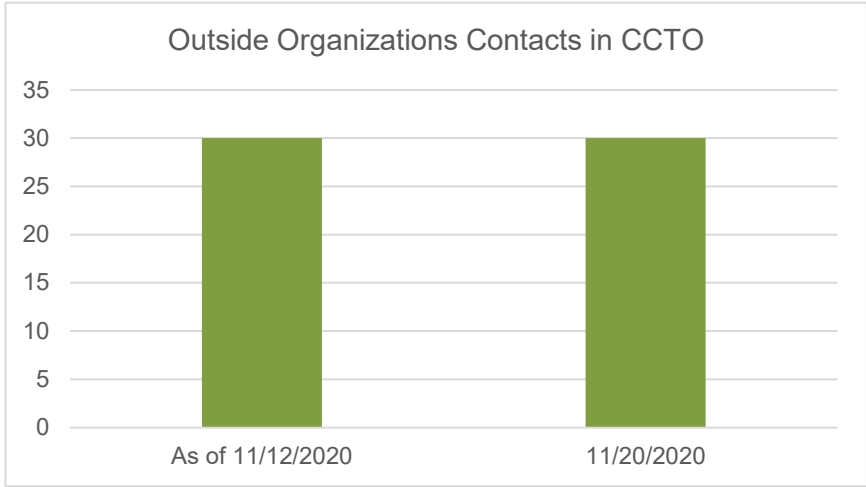
Onboarding

- NC Central
- NC AT&T
- Mustard Seed Clinic

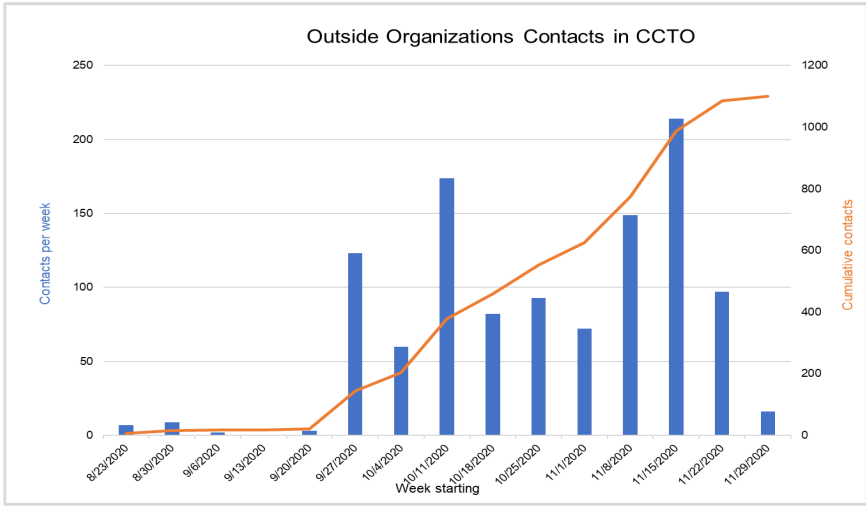
Considering

- Fayetteville State
- UNC Occupational Health
- Wake Forest
- App State

Tracers active in the CCTO: 30



Total contacts to date: 1101



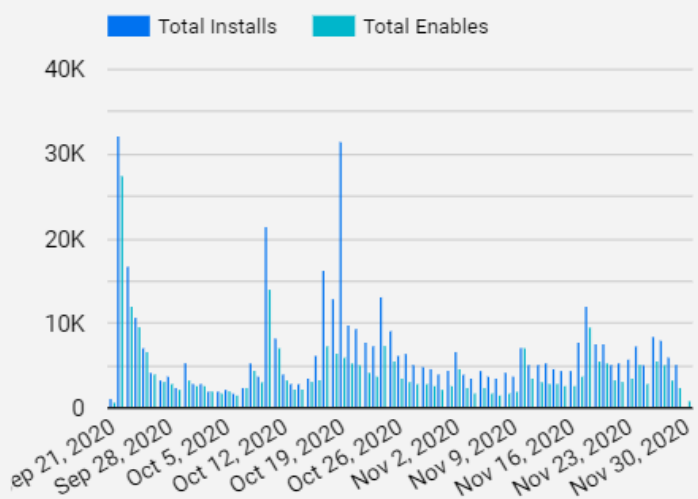
Data as of 11/30/20

DRAFT

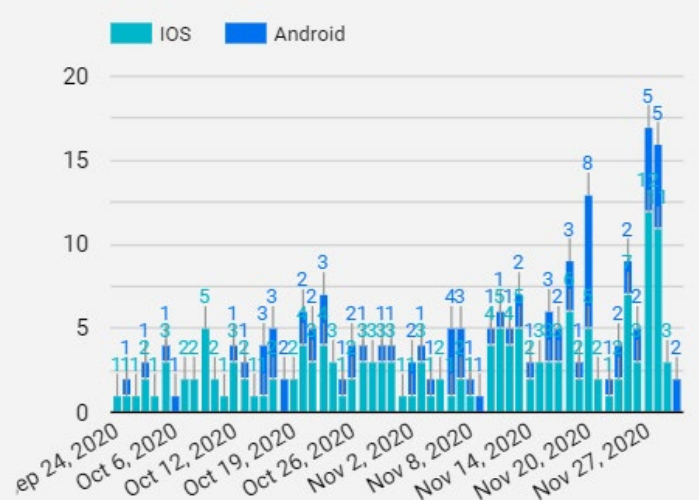
Launch: 9/22/20

SlowCOVIDNC **ratings** **4.8** ★ App Store **3.8** ★ Google Play

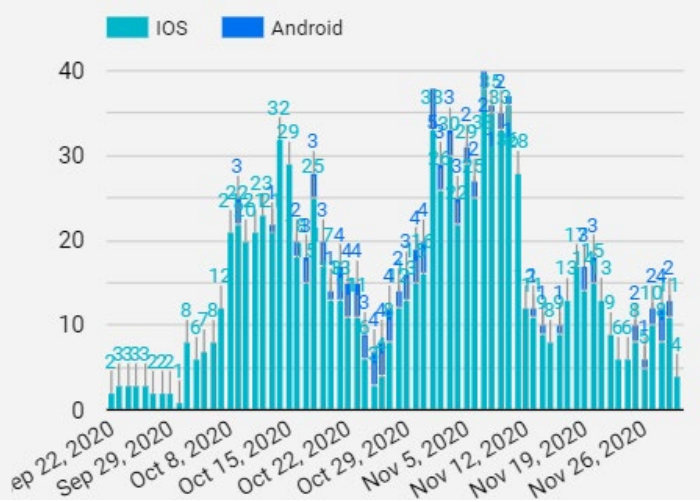
Total downloads: 477,016; (4.55% of pop.)



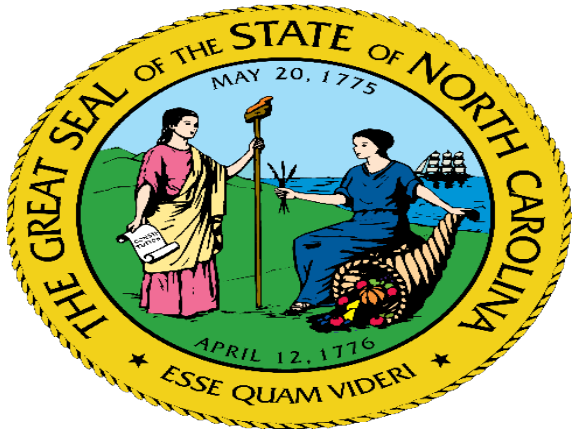
Total PINS successfully submitted: 238



Total exposure notifications sent: 1,073



Data as of 11/30/20



Dr. Tim Davis, PharmD

Eastern Regional Pharmacist

Division of Public Health, Epidemiology

North Carolina DHHS

COVID-19 Vaccine Updates

- Pfizer Vaccine Timeline
  - VRBPAC meeting 12/10
  - If EUA granted, 1st shipments expected to arrive week of 12/14
- Moderna Vaccine Timeline
  - VRBPAC meeting 12/17 (est.)
  - If EUA granted, 1st shipments expected to arrive week of 12/21
- Week 1 allocation estimate for NC = ~85,000 doses of Pfizer candidate
  - Minimum ship quantity 975 doses = ~88 individual shipments
- ACIP met to discuss vaccine prioritization on 12/1
- CVMS development and rollout continues
- Provider enrollment continues
- Federal LTC-retail pharmacy partnership program

COVID-19 Therapeutics – Monoclonal Antibodies

- Two products currently available via EUA
  - Bamlanivimab – 11/9/20
  - Casirivimab + Imdevimab – 11/21/20
- Both products authorized for patients age 12+ who weigh at least 40 kg and are at high risk of progressing to sever COVID-19
- Patients must have COVID (+) test result, be within 10 days of symptom onset and have at least 1 high risk factor listed in the EUA to be eligible for treatment
- Both products are one-time IV infusions given over one hour, followed by a one hour observation period.
- May only be administered in settings in which health care providers have immediate access to medications to treat severe infusion reaction, and the ability to activate the emergency medical system, as necessary.

Monoclonal Antibody Allocation Process

- Phased process determined by HHS/ASPR
  - Phase 1 - States can only allocate to hospitals or hospital affiliated locations
  - Phase 2 - States can allocate to non-hospital affiliated providers
- Allocations occur weekly, product is direct shipped to end users
  - Product currently provided FREE by Federal Government
- Casirivimab + imdevimab – Currently in phase 1
  - To date NC has been allocated 696 patient courses
- Bamlanivimab – Transitioning to phase 2 this week
  - To date NC has been allocated 3,400 patient courses
  - Beginning to allocate to interested LTC pharmacies this week
  - Other non-hospital provider types are encouraged to work with their local hospitals for access for their patients

Open Discussion

- Questions and Comments
- Upcoming Monthly Webinars
  - 2021 First Quarter
    - January 6th
    - February 3rd
    - March 3rd



Thank you for your work in NC to make our state safe!

COVID-19 Healthcare Coalition

December 2, 2020