Transcript for DHHS Business Forum
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Presenters:
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Please stand by for realtime captions.

Dr. Cohen:
I want to thank everyone who is joining the webinar today. I know we only have thirty minutes, so I'm going to go through some slides very quickly and look forward to hearing some of your questions.

What I wanted to show you all was a round up of data that is being studied from what was happening in China. I circled for you the two numbers that I look at that actually have really hit home to me that we really need to be thinking differently about Covid-19. It looks like we have 19% of folks that need hospital level care. If you go to the next slide, this was a study published that looks like 80% of folks were mild, 13% severe, and 4% critical. If you look at the critical criteria, I will say as a doctor, the severe and the critical are the folks who need the hospitalization. As I think through what we are trying to accomplish in protecting North Carolina, is to make sure that if people get sick and fall into this severe or critical category, that we have the medical capacity and resources available to be able to help those people through their illness.

The problem is if too many people get sick at the same time, it could potentially overwhelm our medical resources. So, all of the work I'm going to talk about doing is to really help prevent fewer people from getting sick at the same time. So slowing the virus so fewer people get sick at the same time.

On the next slide here, I wanted to point out I am particularly worried about the folks falling into the severe or critical category. The CDC has put out additional clarification on who are the high-risk folks, who are more likely to have severe or critical responses. People who are 65 and older, who live in a nursing home with chronic medical conditions, including moderate asthma, heart complications, immunocompromised, people at any age with severe obesity or other underlying conditions. Additionally, while they didn't call them high risk yet, the CDC said women who are pregnant should also be monitored additionally, since they are known to be having more risks if they get other types of viral illnesses. And while we know children are generally at lower risk for severe infection, some studies have been showing a bit higher risk among just infants.

So when folks are saying high risk, high risk, high risk, it’s not saying that these people are more likely to catch COVID-19, it means that if

they catch it, they are much more likely to need hospital level care. So, anyone at any age can catch COVID-19, but it is these high-risk folks who are more likely to get severe disease.

On the next slide, I just want to show you what I am talking about here related to spreading out the number of people who get sick at the same time. I don't want a lot of these folks who are high risk to get COVID at the same time, because they are more likely to need hospital level or ICU level care. What we want to do is social distance and nonpharmaceutical interventions to lower that curve and have people get sick over a longer period of time, so that if they do get sick, the resources at the hospital will be there. I am sorry to keep hammering this home. This is the underlying philosophy and strategy of why we are doing what we are doing.

I will reiterate things what you already know, but we do not have a vaccine for Covid-19 nor do we have treatment. We don't have other tools other than these mitigation efforts. In the next slide, I want to talk about the strategies that we have been employing to try and combat the Covid-19 spread in NC. First, it was an aggressive containment posture, this is where we were doing monitoring of individuals and tracing their contacts, if they were positive, trying to see who they had been in contact with. Isolation orders were put into place. That was important to delay the spread of the virus. It did delay the spread of the virus here in North Carolina and did allow us some of that valuable time to prepare for things.

Now, we were later than most other states in starting to see the next phase of the pandemic, where seeing it more widespread. So we actually were being pretty aggressive to try and stop the spread of the disease before it even started. Before we even had laboratory confirmation of it spreading in the community, we were already moving to this right side of the chart, which is community level intervention. So, we very early on ended mass gatherings, limited nursing home visitations; we early on closed schools. We have now closed restaurants and bars. We have gone further even than that, and the idea is to lessen the intensity. Next slide.

Here we are with what we have in North Carolina right now. We have five hundred and four cases. We just put out an announcement, we do have our first death of a North Carolinian. We actually saw two deaths overnight, one was a North Carolinian and one was a gentleman from Virginia who was actually just passing through and got sick. They both were in the same county, Cabarrus County, at the time of their death. It is an expected but unfortunate milestone. There will likely be more deaths to come. Moving onto the next slide.

As you probably know, the governor declared a state of emergency on March 10. It feels like much longer, I guess I will say from my perspective. It is only on March 10 that we started to ramp up here and really try to get ahead of the virus. I know these have been gut-wrenchingly hard decisions with huge ramifications already for your businesses, for your families, for your communities. None of them were made lightly. Again, it is all

trying to get ahead of this virus in a way that we think we can reduce the spread and have fewer people get sick at the same time.

Again, this is where we are as of Monday's executive order. No large gatherings over 50 people and k-12 school closure until May 15. Closure of entertainment facilities and personal care businesses. Sitdown service at restaurants and bars are not permitted. Restrictions at long-term care facility visitation, expanded access to unemployment benefits, and you will hear more about that in the second half of the presentation.

I do want to say right now we are not additionally issuing closures of businesses or shelter in place orders. We know that individual counties or municipalities are moving forward with some of these activities. We support folks tailoring to the individual situation in their county or municipality. We are looking at data and trying to understand the North Carolina picture. I will say all things are rapidly evolving at all times. We will continue to revisit this, which I know is a big, big deal. We do not take that decision lightly. We are trying to consider this very, very thoughtfully.

At the same time that we are trying to slow the spread of the virus we are also trying to mobilize medical resources. We will talk about that on the next slide. So, as we move to this next phase, we are trying to build up our medical capacity. We want to build up our medical capacity and do that in a focused effort around our state working with our hospital system in particular to make sure they are able to surge their capacity. We are waiving all sorts of regulations to make that possible. What I would say is supplies will continue to be a challenge throughout this. We need masks, gowns, gloves to protect our healthcare workers who are in short supply everywhere. It is a big issue as I am sure you have read in the news. We are working literally to scour the planet to bring whatever resources we can here to North Carolina and buy a ton of them whether it is gowns, masks, and ventilators.

We have enough money, there is just literally not enough supplies that we can buy. But we have heard from the business community, and thank you so much for this, there are so many generous offers to say how can we help? That is an enormously generous and amazing offer. We are trying to figure out how to do that in a coordinated way so that folks have certainty for their businesses to know what is happening. Some of this is just you know, doing this on such a large scale at such a fast pace. It is just unprecedented. Bear with us as we try to work through that process of knowing how we can mobilize our manufacturing sector to turn towards creating these supplies.

On the other side of building this, are people. We need to make sure we have the nurses, doctors, and we have called for volunteers. We have more than 900 who have replied. We are going to need more. I have called upon hospitals and ambulatory surgery centers to stop elective surgeries to start conserving resources.

The last thing that I will leave you with is just to give you an update on where we are related to testing guidance, we have taken a big effort to do a ton of testing here in North Carolina. We have done more than

12,000 test results come back at this point with another 13,000 still waiting to be processed. With those results, we obviously mentioned the 500 cases we have. We have been able to get a very good snapshot of what the virus looks like in North Carolina with more than 11,000 of those being negative for Covid-19. That is a good sign. But we still expect to see an upward tick of cases as we go forward here.

The CDC has started recommending a new way of approaching testing. They want folks to do now; if you have mild symptoms, if you have a cough or fever, you want to be staying at home and calling your doctor, so not immediately coming out of your home to a medical setting to get a test. We know that the vast majority of people will have a mild illness and recovery at home. Most people don't need a test, because a test isn't going to change what you and your doctor are going to do. There is no medicine. There is no vaccine. Testing is not going to change what a doctor would do for you. You want to be responsive to the symptoms. Do they need to be seen by the doctor because they are having worsening symptoms? Do they need to be in the hospital to get oxygen support? We want to focus testing on our healthcare workers, hospitalized patients, and patients in our long-term care facilities.

Next on childcare, we know as you continue to run businesses particularly for our frontline healthcare workers, childcare can be critical. Workers that need childcare, we have set up a referral hotline. Kudos to the team that put this up literally overnight. 888-600-1685, someone can call and receive local options for childcare.

With that, I'm going to turn it over.

Antwon Keith:
Good morning, everybody. So, I'm going to talk a little bit about what Governor Cooper did with his executive order number 118 effective as of March 17, 2020. Essentially, and just for everybody's note, this executive order for the unemployment insurance only covers individuals out of work due to Covid-19. And those that are out of work not due to Covid-19, would fall under the regular state unemployment insurance rules and regulations.

So, one of the big things that it did was creating non-charging for any employer who employees filed a claim due to Covid-19. That employer's account would not be charged. We are going to do that automatically; we do not need you to respond to those 551 documents that you get in the mail. We have added two separation reasons for employees, lack of work due to coronavirus, or reduction of hours due to coronavirus. We have also changed it on the employer's side, if you go in, it'll say 'was this person out of work due to lack of work. If you say yes, it will say 'is the lack of work due to Covid-19?'. Those lack of work claims are auto adjudicated so our system will automatically adjudicate them. We still have to give employers 10 days to respond after an individual files for unemployment insurance. We still give the employer 10 days to respond.

Once that 10 days elapses and the employer has not responded, we adjudicate in favor of the employee.

Work search for individuals that out of work due to Covid-19 has been waived by executive order. Your staff that you are laying off due to Covid-19, they do not have to look for work while they are on unemployment insurance. When they do their weekly certification, however, they will need to answer in the affirmative that they are looking for work in order for their claim to go through. Otherwise, it will not go through and it will have to be manually removed. As of right now, the weekly Max that an individual can receive on unemployment insurance is $350, the maximum number of weeks in the state of NC is 12 weeks.

I know that we have some federal legislation that is going through Congress right now, I don't have any insight into how that is going to affect NC. Once they vote on it and the president signs off on it, we will receive instruction from the Dept. of Labor about how to put this into effect in NC.

For employers that wish to file an attached claim that's an employer's file claim for their employees, the rules and regulations are still in effect, meaning you have to be in the black with taxes. You can only do it one time per year. You can only do a for a maximum of six weeks you have to prepay the money. If you have individuals that are working part-time, that you have reduced their hours, they can still file for unemployment insurance. The main thing for that crowd is that any week that they work, the must report those hour's earnings when they are doing their weekly certification. And it must be during the weeks that you earned the money, not the week that you earned the paycheck.

We have taken over 150,000 claims for unemployment insurance since last week with well over 136,000 people out of work due to Covid-19. To put that in perspective, that is equivalent to what we did all last year and how many claims we took all of last year. In February, we took 10,000 claims. During the great recession, the year 2009, which was the hardest year, we took over 1.2 million claims for that year and the worst any month got, was just over 100,000 claims, and we have done that in 8 days. That is all I have.

Hugh:
Well, thank you both for your hard work and for the difficult decisions that you are making. I've got a couple of questions that relate to quarantine. And how employees should know whether they should be quarantined and how employers should respond. A specific question- an individual has been to an area with extensive community spread and has bene in contact with someone with Covid-19, should they self-quarantine for 14 days?

Dr. Cohen:
I think there is a difference between being to an area or having known, household positive contacts, so I do want to separate the two. I think that if someone has been to an area with known Covid-19, because that's North Carolina at this point, folks should be self-monitoring and paying really close attention to their own personal health. Are they developing

a fever, are they developing a cough, and at this is the first sign of symptoms, they should self-isolate. So if you have a worker who has been to NY in the past couple of days, I would say they should be very actively self monitoring for any signs of symptoms. If they are able to telework, that would be even better, we are encouraging everyone to telework already. If they do need to come in though, they need to be maximizing their self-monitoring and if they have any symptoms, they need to be home. But, if one of your workers has a household contact that has become positive, I would ask them to be staying at home. The advice we are giving to patients is that they should be self-isolating and their household should be quarantining themselves for 14 days.

Hugh:
Thank you. Question about planning, businesses need to plan. Do you have any idea how long these restrictions will be in place?

Dr. Cohen:
Yes. Thank you for the question. We get it a lot. I am sorry I don't have the most satisfying answer for folks. Things are moving so quickly. We are trying to get as much data as we can to inform these decisions and look at states that are ahead in this pandemic and look in other countries. And we are trying to give folks as much certainty as we can

I think back to normal by Easter is overly optimistic. I just want to be honest from my medical and public health perspective. I still expect to be seeing an increase in cases. However, my hope is that we see a slow in the number of increase in cases and that may help to inform us enough to say, do we have to take additional steps or do we think we can hold steady where we are and what does that mean for extending things or loosening up on things? But I don't have a good answer yet. We are meeting to see how the trend is going in North Carolina, try to look at the data coming in from other states and learn from what they are doing. I know that is incredibly hard. Certainty is so helpful in times like this. I wish I could give you more than that.

Hugh:
Great. Let me just remind everybody, if you have questions, submit them to the Q&A function. The only other question we have gotten is where should businesses go that want to help, if they want to make masks or gowns? Where should they go to offer to help and to get specs about what is needed?

Great question. I am going to turn over to Persia, who is here. She works for emergency management and manages our private sector engagement.

Persia:
Thank you. It is Persia. Any business that wants to help us out or is doing some other type of manufacturing that is going to help healthcare workers, you can email those to me. Thank all of you for being so creative during this time.

Hugh:
Would you repeat that email address for time, please.

Persia:
Sure. It's phurley@ncem.org.

Hugh:
So, those are all of the questions that we have received. Let me know if you guys have any final comments that you would like to make. Let me just thank you so much for all that you are doing. It's a very challenging time, and I think all of North Carolina is grateful for your passion and your persistence, and your hard work. Thank you so much.

Dr. Cohen:
Thank you. We would be happy to continue this to make sure we are sharing good information in a timely way, so thanks for setting these up.

Thank you, everybody. You take care.
Bye-bye.

The recording has stopped.

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