Transcript for DPH and NC AHEC Weekly Forum for Providers
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12:30 p.m. – 1:30 p.m.

Presenters:
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Hugh Tilson:
Good afternoon everybody, thank you for participating in today's webinar on Navigating COVI-19. This webinar is a part of series put on the NC Division of Public Health and supported by North Carolina AHEC. We particularly thank you for joining us today, the Friday before a holiday weekend. The purpose of our webinar today is to provide a brief update on the state's COVID-19 response and then provide a forum where you can ask questions of DPH experts. My name is Hugh Tilson and I will be moderating today's webinar. Before I get started I want to thank you again for the important work you do everyday. We hope the information you get today will make that important work and navigating these trying times a little bit easier. Next Slide.

Today we will hear from Dr. Erica Wilson and Teresa Fisher. Thank both of you for all you do everyday and for carving out sometime to be with us today. Next Slide.

After you hear from our panelists, we will turn to your questions. Please note that everybody participating on this webinar is muted. If you are on the webinar, you can submit your questions via the Q&A function on the black bar at the bottom of the screen. If you are on the phone, you can't do that and the only way we can hear from you is if you send us an email at questionsCOVID19webinar@gmail.com. We will record this webinar and we will make that recording, a transcript of it and these slides available on the NC AHEC website as soon as possible, probably on Tuesday of next week. And let me turn it over to Erica, Erica thank you so much.

Dr. Erica Wilson:
Good afternoon everybody. Thank for having me here again today. I will start again with a quick situational overview on the cases in the world and our state. So we are at just about 5 million cases world wide with 1.5 million of those being in the US and in North Carolina we have over 21,000 cases. As for updates from the past week, we had two new memos come out last week and one this week that I will go over before passing it over to Teresa. The first memo that came out last week was a revised testing guidance. It recommends testing of anyone suspected of having COVID-19 and as well as ensuring that there is access to testing for a wide variety of patients that are at higher risk of either contracting COVID 19 or of having severe complications. And that memo can be found on the DHHS website under the guidance tab. It also contains the criterias for testing at the state laboratory of public health which is focused on symptomatic, high-risk patients and patients who otherwise would not have access to testing due to cost.

The second memo was on being the Multisystem Inflammatory Syndrome in children potentially linked to COVID19. And we have confirmed our first case of this syndrome in North Carolina and this is children presenting with symptoms that include features of toxic shock syndrome or Kawasaki disease either full Kawasaki disease or partial Kawasaki disease, as well as laboratory evidence of inflammation and multi-organ disfunction. And we are asking that physicians do report any possible

cases of this new syndrome to the Division of Public Health by our epidemiologist on-call. Cases that should be reported are in patients that are under 21 years of age, with fever for at least 24 hours, laboratory evidence of inflammation and clinically sever illness requiring hospitalization with multi-system organ involvement of at least 2 organ systems, no other possible diagnosis and a positive test of some sort of SARS-CoV-2. And that could be a PCR, serology or antigen testing. Or if they have exposure in the 4 weeks prior to onset of symptoms with somebody who is positive for SARS-CoV-2. And again, there is a reporting form on the last page of the memo that can be faxed to the Division of Public Health, or you can call our epidemiologist on call to report these cases. And if they do meet criteria, we will follow up with you.

The third memo that came out just this week is a call for cases that was issued by CDC as well as Emerging Infections Network which is part of the Infectious Disease Society of America. They put out a call for cases for physician suspected reinfection. And those are adults 18 years or older with laboratory confirmed SARS-CoV-2 infection, clinical recovery or if they are asymptomatic then subsequently have two documented negative PCRs with a subsequent positive recurrence of symptoms with positive PCR results or a positive PCR more than 30 days after their initial diagnosis without any reoccurrence of symptoms. And these cases, if there is clinician suspected reinfection, should be reported directly to the Emerging Infections Network and the CDC via link on the memo that went out and that url is https://ein.idsociety.org/surveys/survey/125/ . And so if you have any cases that you think maybe are a case of reinfection and they meet those criteria, you can report that directly to the EIN using that link.

Some other interesting developments in the world of COVID-19 that have happened in the past week is we are starting to see some studies come out looking at Seroprevalence surveys that have been done in various parts of the country. And they are getting varying results depending on the populations sampled. The studies I have seen results for ranged between 2.8 and 4.3 percent in the population sampled, and those generally speaking, a convenient sample and all of the caveats that that implies. And so we expect more of those studies to be coming out in coming weeks to give us a better idea of prevalence of COVID-19 and SARS-CoV-2 infection and there are also several studies underway here in North Carolina looking at prevalence in our communities that will not likely have results very soon but will be coming out with results in the future. And I will pass it on to Teresa.

Hugh Tilson:
And just real quick, we got a question asking you to please repeat the seroprevalence rates on those studies?

Dr. Erica Wilson:
I believe the ones that I saw, there was one out of Indiana that has not been published yet, the results were published in a press release, and that had 2.8 percent. There was one out of California that was at 4.3 percent. And as always its really important to look at the population sampled, as there are definitely populations that are going to have higher seroprevalence rates than others. And they were both, I believe, convenient samples.

Hugh Tilson:
Thank you. **And then we got another question about repeating the reinfection reporting criteria.**

Dr. Erica Wilson:
There is a memo about that that I believe is on the website, although I have not double checked. And those are adults 18 years and older, with laboratory confirmed SARS-CoV-2 by PCR, and clinical

recovery approximately 10 days after symptom onset, or if they were asymptomatic, after diagnosis and then subsequently had either 2 documented negative PCR tests followed by a positive, or recurrence of symptoms with positive PCR results, or positive PCR results greater than 30 days without any recurrence of symptoms. And I would a caveat for that last one, we have seen many people that can continue to be positive via PCR results kind of continuously for more than 30 days after infection. This is clinician suspected reinfection, so if you don't think this person was re-infected, they don't have any risk-factors or exposure for having gotten re-infected, and they've been persistently positive then it is not required that you report those.

Hugh Tilson:
And last question before we move on, do you have the prevalence rate for North Carolina?

Dr. Erica Wilson:
Our prevalence studies in North Carolina have not been completed yet but there are several underway.

Hugh Tilson:
Thank you. Teresa can we turn it over to you now?

Teresa Fisher:
Hi everybody this is Teresa, thank you for taking time out of your busy schedules today. We really appreciate everything that you are doing in the community. The CDC continues to update guidance daily and North Carolina continues to review the guidance documents and work with our partners to make sure that we are following the updated recommendations. CDC has posted updates to several documents that may be relevant to providers so there are just a couple of things that we wanted to bring to your attention. And the information for Healthcare Professionals about Coronavirus, that's the CDC document, they did update that to include the Multi-System Inflammatory Syndrome in children that Dr. Wilson was just talking about. That was updated on May 19th. They also, in the interim infection prevention and control recommendations for patients with suspected or confirmed COVID19 in healthcare settings was updated, and the updates in the guidance are online with the information that was shared in the Secretaries letter on surgical procedures that was dated May 1st and can be found on the DHHS website.

The changes with this guidance on May 18th just added additional strategies to minimize chances for exposure, and the prior recommendation for all elective procedures to be postponed was removed from that. And key considerations in performing non-COVID19 clinical care during the COVID19 pandemic including potential for patient harm if care is deferred. And levels of community transmissions are summarized in the framework of the healthcare systems. Providing non-COVID-19 clinical care during the COVID-19 pandemic. There are just reminders in that to also remember to make sure you reduce facility risk , isolate symptomatic patients as soon as possible to protect healthcare personnel. There has been broader guidance around preparedness for lifting of restrictions around nursing homes, and we understand that many parts of our healthcare systems overlap so we wanted to mention that our work with long term care facilities and congregate living settings. North Carolina is reviewing the CDC and CMS documents to help develop guidance to assist with lifting restrictions for long-term care and Congregate living facilities. We are also working on how testing may be added to other infection prevention control practices to keep COVID-19 out of nursing homes, detect cases quickly and stop transmission. That is a quick summary of what the infection provided was this week. I will turn it back over.

Hugh Tilson:
Great. Thank you all very much. Let we remind you if you have questions use the Q&A function or send us an email at questionsCOVID-19webinar@gmail.com if you're on the phone. I did want to let everybody know that a couple of the links that Erica mentioned, I stuck them in one of the answers to one of the questions. So the question that we got can you repeat the seroprevalence rates on those studies again and if you look under the answer to that, you can see a couple of the links that were distributed, I wanted to make sure you have those. I also wanted to let you know we hosted a webinar last night on testing so if you go to the NCAHEC website under the webinars, you can get an hour-long discussion on testing. If you want more information, the slides and the recording of that are also available. I'm kind of stalling because we don't have any questions. So if you have additional questions or thoughts, please submit them. Again, Q&A or questionsCOVID-19webinar@gmail.com. Well, I think we are not getting any so Erica and Teresa thank you so much for your time. Thank you for your updates. Thank everybody who participated for carving out some time on a Friday before Memorial Day. I hope everybody is healthy and safe and follows the 3W's this weekend. Make sure all your colleagues do as well. Do y'all have anything you want to say before we end? Erica or Teresa?
No thank you very much. Ok, everybody have a great weekend. Thank you.
Bye-bye. [Event concluded]