



STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

KODY H. KINSLEY
SECRETARY

Remarks to the Local Health Directors Monthly Meeting
July 21, 2022

Secretary Kody Kinsley

Introduction

Let me begin by saying thank you . . . to you and all your staff, working to improve the health and well-being of people across North Carolina. You make a difference in managing COVID, while also delivering on the numerous other public health responsibilities that you have. And of course, now, you are making a difference as we respond to the monkeypox virus.

We have made tremendous progress through your leadership, perseverance, and partnership.

COVID-19

First on COVID. This virus has thrown us curve balls throughout the pandemic and will continue to evolve. Now with the rise of the BA.5 subvariant, it's clear that we're having another upswing in viral spread.

We have the tools to manage COVID, so it doesn't manage us. Because of our collaborative work, we are in a much better place now than we were in other surges. We are prepared as a state with extensive tools at our disposal. Those tools include vaccines and boosters, tests, treatments, and other layers of protections. Now is the time for people to ensure they are prepared for this upswing, similar to how North Carolinians get prepared for hurricanes and other storms. Thank you for continuing to work together to ensure North Carolinians have convenient access to these tools.

Vaccines and boosters are readily available and still highly effective in protecting people against severe illness, hospitalizations, and death. Our data makes it clear: unvaccinated individuals are more likely to end up in the hospital and sadly, significantly more likely to die of COVID-19. If you need help in operationalizing vaccine clinics or increasing communications about the importance of boosters, we stand ready to assist.

On testing, we have made access to at-home tests more convenient by establishing Community Access Points, with currently more than 180 locations across the state, and more opening every day. At these sites, people can pick up free at-home tests. If you need additional access points in your county, we will make that happen. We have nearly two million tests in our stockpile, with more arriving daily. Meanwhile, the private market continues to signal wide availability of tests. Building a personal stockpile of at-home tests is a step everyone can take. Now is a good time to remind your communities that these access sites are available, in addition to other options like free tests from the federal government and insurance covering eight free at-home tests per person per month.

Additionally, I'm asking that all of you encourage individuals in your community to develop a plan for how to get access to treatment should they test positive. We've made finding treatment options easy with a treatment finder on the NCDHHS website. We have an ample supply of Paxlovid, which remains highly-effective against BA.5. The federal government recently made it easier for pharmacists to directly dispense Paxlovid, and we have communicated that information to providers. There are also a number of Test-to-Treat programs across the state,

which help streamline access to treatment. Encourage individuals to make a plan for treatment now, whether that's finding the closest Test-to-Treat program or knowing how to connect with their provider. Planning ahead will speed up their access to treatment when they really need it.

Finally, it's also important to remind individuals in your communities that increasing ventilation of indoor spaces and wearing a mask in crowded indoor settings, provide added layers of protection.

We can all do our part to slow the spread, and continue to manage COVID-19. Now's the time for everyone to be doubly sure they are prepared. We are eager to partner and support you every way we can.

Monkeypox

In a moment, Dr. Tilson will give more information on the course of the current COVID-19 surge, but before that, I want to talk a moment about monkeypox.

I know how hard it is, as we continue to manage COVID-19 and many other public health needs, to ramp up our response to a challenging new communicable disease. You and your teams are responding by leveraging the best practices we established in our COVID-19 response: mobilize quickly, communicate clearly, and reach those most impacted.

Let me talk for a moment about the key aspects of our response.

On testing, we have plenty of capacity. We have had the ability to test for monkeypox at our state lab since before the first cases in our country. I've been in contact with LabCorp executives that confirm they also have capacity, as do other commercial labs. We should all confidently work with providers to communicate clearly to those seeking testing. It is available and encouraged.

At this point in the monkeypox outbreak, contact tracing is an especially important tool. I appreciate you organizing your teams quickly to do this important work to protect your communities. Get contacts connected to vaccine as quickly as possible.

On vaccines, while the supply is limited, we have been assured by the federal government more is coming. And I hope as soon as possible. For now, we need to ensure vaccines are reaching those most at risk, so we can do the most good.

Let me be clear about messaging on this virus. While anyone can get monkeypox, nearly all of the cases in North Carolina are in men who have sex with men. And more than 60% of cases are in Black men. Like any other health disparity, we need to focus our response to serve those at risk and tackle that disparity head-on.

To that end, the vaccine is currently prioritized for those exposed to monkey pox, and those most at risk: men who have sex with men, specifically those who have had more than one sexual partner in the past 14 days, or sex with a stranger.

As more supply comes available, or as the outbreak shifts into other social networks, we will shift our guidance.

Again, let me say thank you. If you need anything, just reach out. I know our teams are in constant contact. Especially with our public health leadership, including Dr. Kansagra, Dr. Moore, and other members of our DHHS leadership team, including Deputy Secretary Benton and Dr. Tilson. Now, let me turn things over to Dr. Tilson, for more details on the current state of spread of COVID-19 and Monkeypox.

State Health Director Dr. Elizabeth Tilson

Thank you, Secretary Kinsley for your leadership, and for helping us all ensure we are on the same page and prioritizing a fast and equitable response no matter the public health challenge.

The Secretary said it well, the Omicron subvariant BA.5 is highly transmissible and is driving an increase in viral transmission. It spreads more easily than past variants because it can evade immunity. Our data are consistent with data from around the country, COVID-19 infections and re-infections are increasing, including in people with recent past infections with other variants and those that are vaccinated.

This increased viral activity is reflected in our latest COVID-19 metrics. We saw an increase in the number of COVID-19 virus particles found in wastewater – one of our early warning indicators which is not dependent on testing or reported cases. The increase was from 16.5 million last week to 25.7 million particles. This level is about the same as when we were in the Delta surge last fall. Our reported cases of COVID-19 have also increased, though we know this underestimates cases with the widespread use of at-home tests, which are not included in this metric.

While the percentage of emergency department visits due to COVID symptoms has remained stable, the number of COVID-19 positive patients being admitted to hospitals are increasing and adding strain to already stressed health systems. Admissions currently stand at 1,099 in the past week in North Carolina, which is a 23% increase from last week.

41 of North Carolina's counties are now rated 'high' in the CDC COVID-19 Community levels. Over the past 2 weeks, that has increased from 4 counties to 18 counties and now 41 counties. The CDC will be updating that map again today and we will likely see an even greater number of counties in the high category.

However, the good news is vaccines remain highly effective in preventing severe outcomes including hospitalization and death from COVID-19. Recent data shows that people who are unvaccinated are 5.6 times more likely to die from COVID than those that are vaccinated and boosted. And now the youngest members of our community, our children 6 months to 4 years, are eligible for a vaccine and we are making progress with that age group. We are above the national average and have the highest vaccination rates for this age group in the southeast region of the US. We have had high participation by our primary care providers. They have administered the highest percentage of vaccines for our youngest people because they are considered a patient's most trusted medical home. The second most common place for vaccines for this age group is you, our local health departments. Thank you again for all your continued work in providing vaccinations to our people.

We always knew that COVID-19 metrics would rise and fall. We also know we have the tools to mitigate the spread and harm of this virus, which the Secretary just spoke about.

The key message is to be prepared:

- Stay up-to-date on vaccines and boosters. They are still the best protection against severe illness, hospitalization, and death.
- Have a ready supply of tests
- Have a plan to get treatment if you test positive
- Consider an extra layer of protection of masks in higher risk indoor settings and/or if an individual is high risk.

Throughout the pandemic, you all have been trusted sources of information for your communities on COVID-19. Your voices and your leadership for our state are as important as ever – and now encompass a new challenge – monkeypox.

We are seeing increasing documented monkeypox cases. As of July 20th, there were 21 documented cases in North Carolina. We will be adding more in-depth data to our website soon, but so far, although anyone can get monkeypox, our data parallels international and national data that the cases are predominantly in men who have sex with men and we are seeing a disproportionate impact on African American/Black men, which make up 60-

plus percent of the cases. We want to ensure communication reaches this group of people. We want to ensure equitable and easy access to testing and vaccination for the people most at risk of infection.

The key messages around monkeypox are:

- Get checked – If you’ve had close contact — including sexual contact — with someone with monkeypox, see a healthcare provider. If you are experiencing symptoms including bumps, sores or a rash resembling blisters or pimples, seek medical attention.
- Get tested - Testing is widely available through the State Lab of Public Health and through many commercial labs and encouraged if people have symptoms of monkeypox. We are recommending that providers test any patient with a lesion or sore that resembles monkeypox.
- Get protected – Vaccine is available for people with known exposure to someone with monkey pox and men who have sex with men or transgender individuals who have had multiple or anonymous partners in the past 14 days. Vaccine can prevent symptoms or make symptoms less severe if administered within 14 days of monkeypox exposure. We expect vaccines to be more widely available for people at risk over the coming weeks, and we need these vaccines to get out as quickly and fairly as possible.

We continue to simplify and streamline our messages and policies. We are grateful for you all doing the work in your community to get the word out and to make your operational processes as easy as possible for people. This is a rapidly changing situation and our monkeypox website has up-to-date information, so please check that regularly. Thank you all for being on the forefront of this outbreak as well.