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**Further guidance to Health Systems on Phase 1a roll out**

North Carolina has responded to this unprecedented public health emergency through partnership and a shared goal of protecting the health and well-being of all North Carolinians. While we all play different roles and we come from many different organizations, communities, and settings, we can all come together around the goal to combat the pandemic - **One Mission, One Team.**

North Carolina, like the country and the world, is experiencing a surge of COVID-19 cases and is at a critical point in the pandemic. The four key metrics followed by North Carolina – the percent of people coming to the Emergency Department with COVID-like illness, the number of new daily cases, the percent of total COVID-19 tests that are positive, and the number of hospitalizations for COVID-19 - are all surging. We anticipate these trends could continue over the next couple of months, straining our health care system and potentially compromising the ability to care for patients with severe COVID-19 illness.

While it is encouraging that we have safe and effective vaccines, it will take us many months to have enough vaccine for everyone who needs it and wants it. With limited supply in the beginning, step-wise phasing in of the administration of the vaccine is necessary. North Carolina has developed a prioritization framework based on the National Academy of Medicine Framework for Equitable Allocations of Vaccine for the Novel Coronavirus, informed and modified by a COVID-19 Advisory Committee convened by the North Carolina Institute of Medicine, and refined by the CDC Advisory Committee on Immunization Practices.

The goal of the first phase of vaccination is to stabilize the health care workforce critical to caring for patients with COVID-19 (Phase 1a) and to protect North Carolinians who are at the highest risk of being hospitalized or dying from COVID-19 (Phase 1b). This phase of the vaccination effort will be critically important to respond to and potentially decrease the surge of severe COVID-19 cases that may happen in the next 1-2 months.

Due to very limited supplies, vaccines were available the first week through a small number of hospitals. These hospitals were chosen based on bed capacity, health care workers, ability to manage cold chain logistics, and county population. Additional hospitals and Local Health Departments have begun to receive vaccine in week 2. In just the first week of vaccinations, North Carolinians have seen success. Vaccines have been delivered and have been administered efficiently and quickly. However, as

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with all complex operations that move from planning to operations, lessons are learned early on and system improvements can be made.

**A first lesson is the need for more clarity around the criteria of Phase 1a.** As such, the description of Phase 1a has been refined to aid in the clarity.

**Phase 1a** - Health care workers critical to caring for patients with COVID-19 at high risk for COVID-19 exposure based on work duties or who are vital to the initial COVID-19 vaccine response

Health care workers at high risk for exposure to COVID-19 are defined as those:

- caring for patients with COVID-19
- working directly in areas where patients with COVID-19 are cared for, including staff responsible for cleaning, providing food service, and maintenance in those areas.
- performing procedures at high risk of aerosolization on patients with COVID-19 (e.g., intubation, bronchoscopy, suctioning, invasive dental procedures, invasive specimen collection, CPR)
- handling decedents with COVID-19

Outpatient providers who have an increased risk of exposure beyond that of a typical general outpatient setting should be included in the first phase (1a). This could include outpatient providers who are focused on COVID-19 patient evaluation, respiratory care (e.g., respiratory diagnostic testing centers), members of a dedicated respiratory care team, or those frequently involved in COVID-19 testing sites. Outpatient dentists or dental hygienists are included in Phase 1a if they meet the above criteria for outpatient providers.

In addition, health care workers administering vaccine in initial mass vaccination clinics are part of this first phase.

The following types of people could meet this definition based on their work duties and settings.

behavioral health providers	community health workers
dental hygienists	dentists
EMT/paramedics	environmental services staff
health care trainees (e.g., students, residents)	home health workers
morticians/funeral home staff	nurses
nursing assistants	personal care aides
pharmacists	physicians
public health and emergency preparedness workers	public health nurses
respiratory techs	

Staying consistent with this definition of Phase 1a is important for equity. It is also important to allow North Carolina to move to Phase 1b as quickly as we can to protect people at the highest risk of severe illness and death and to maintain capacity in our health care system for those who need it.

**A second lesson is to create and communicate the process and system by which health care workers in this first phase 1a can get their vaccine.**

Local Health Departments, health care employers, hospitals and health systems all play a role in vaccinating health care workers in Phase 1a.

**Local Health Departments** are compiling lists of health care providers who are not affiliated with a hospital or health system and who meet the criteria for Phase 1a. Local Health Departments can pre-register eligible health care workers in the state’s COVID-19 Vaccination Management System (CVMS) or can register eligible individuals at the time of vaccination.

**Health care employers** (e.g., medical practices, home health, hospice providers, EMS) should determine which of their employees meet the criteria of being at high risk for exposure to COVID-19 as defined above, meaning that they interact with or care for patients with COVID-19 or work in designated COVID-19 areas (e.g., cleaning). If they are not already working with their Local Health Department, health care employers should:

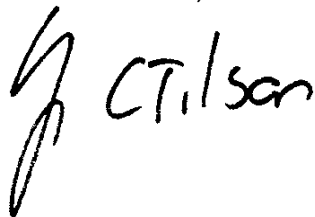
- Contact their local health department to submit their list of eligible health care workers in order to pre-register employees for vaccination.
- Understand that the ability for Local Health Departments to schedule appointments will depend on the supply of vaccine available.
- Know that Local Health Departments will prioritize responding to and scheduling vaccinations first for those with workers eligible for Phase 1a and based upon vaccine availability.
- Contact their local hospital or health system to determine availability of vaccination.

**Hospitals and health systems** are compiling lists of and pre-registering their employees and affiliated staff who meet the criteria for Phase 1a.

- With sufficient vaccine allocations, they can also vaccinate non-employed or non-affiliated community-based health care workers who meet Phase 1a eligibility criteria, even if they indicated a closed system on the initial NC DHHS survey.
- They should work with the Local Health Department to coordinate access to vaccine for non-affiliated health care workers for those they pre-register through the Local Health Department.
- However, they can also coordinate directly with non-affiliated community providers to provide vaccine for physicians and other health care workforce meeting Phase 1a eligibility criteria.

This vaccination campaign is the biggest, most complex, and rapidly moving mass vaccination in the history of the world. As we move through these early stages, we will continue to adjust and get better at serving all North Carolinians and we will do it together. While this pandemic has tested all of us and has caused great suffering and trauma to our people, it has also shone a spot light on the strength of North Carolina - on our spirit of partnership and collaboration. One Mission, One Team.

Yours in Service,

A handwritten signature in black ink that reads "E. Tilson". The signature is stylized and appears to be written in a cursive or semi-cursive script.

Betsey

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