



Communicable Disease Branch Local Health Department Monthly Webinar Key Points – April 8, 2025

The North Carolina Division of Public Health (NC DPH) Communicable Disease Branch will be releasing key points that include information discussed on the monthly Tuesday Local Health Department call. Please use the information below as a summary of the topics presented on the call. As guidance changes, please use the most recent information provided. For questions, contact the NC DPH Communicable Disease Branch 24/7 Epidemiologist on Call at **919-733-3419**.

Important Updates

- Available online at [NC Communicable Disease Manual - Other Diseases of Public Health Significance \(ncdhhs.gov\)](https://www.ncdhhs.gov/communicable-disease-manual)
- **New:** NCDHHS LHD Monthly Webinar 04-08-2025.pdf

Video recording: <https://vimeo.com/manage/videos/1073706471/9d2c058039>

Questions & Answers

Q. Is the RIPS team still active?

A. Yes

Q. Why would we not be prophylaxing people who are in counties that border the ones listed or ones that have red that has seen an increase?

A. I think it could be considered. We had to draw a line at some point, and we felt that, based on the human and tick surveillance data we have, our list represents the best estimate of where PEP should be considered.

Q. When will that provider memo on ticks that Carl mentioned be sent out?

A. We hope to have it sent out within the next week.

Q. Does NC DHHS have information on private school vaccination rates or just public schools?

A. Our kindergarten dashboard covers both public and private school vaccination rates. Here is the link: <https://www.dph.ncdhhs.gov/programs/epidemiology/immunization/data/kindergarten-dashboard>

Q. Are there funds available for IG purchase if LHD is unable to afford?

A. AA 546 would be allowed to be used for this if you have funding left

Q. In regard to measles spread, we have been in conversation about preparing schools and daycares to identify symptoms and prepare in any way that is recommended. Do you all have any specific resources available for daycares? For schools with very low vaccination rates, beyond catch-up vaccines and working to improve MMR compliance, do you all have any recommendations on proactive messaging or where to offer support with the goal of minimizing potential spread and the impact an exposure would have? In under vaccinated schools it can of course spread rapidly, which is on our mind, with a few schools with concerningly low vaccination rates in the High Country.

A. We are working on materials for childcare centers specifically and will share them as they're completed. We do have some handouts for the general public available on the measles website:

<https://www.dph.ncdhhs.gov/programs/epidemiology/communicable-disease/measles/about>

Q. Apologies if you answered this, but what is the process/criteria for getting PEP (iv ig) ahead of time (for example from SNS) if we have a suspected case, but not confirmed. Asking as there is the 72 hour window for those exposed.

A. The CDB Epi On Call team would work with the LHD to understand the risk for the suspected case. We may recommend PEP before a lab result depending on the risk discussion, but not always. If you loop in the CDB team early we can try to expedite testing results by using the SLPH.

Q. So, just to clarify, if we still have Farmworker Flu doses, we can continue to use them?

A. Yes--that is correct!

Q. Is there a threshold at which there should be concern about the human impact (to inform provider education and outreach efforts) for the prevalence of a pathogen within tick populations? I'm curious in general, but thinking specifically about B. miyamotoi from the data from NC ixodes tick dragging/flagging numbers.

A. Historically, the CDC and IDSA used a 20% infection rate for B. burgdorferi in Ixodes ticks as a threshold for recommending PEP. Now they simply say, is the tick "likely to be infected." For other pathogens no infection prevalence has been defined to indicate a specific risk. Ehrlichia is now the most commonly reported tick borne infection in NC so the best, simplest, message is to recommend DEET on exposed skin and permethrin treated clothes.

Q. For childcare programs, will there be a link available for programs to see the resources available here: <https://healthychildcare.unc.edu/resources/communicable-disease-resources/> ?

A. We will share any childcare resources with the UNC team and ask that they update their website.

Q. Hi all, thanks again for all of the information presented and the conversation - this is super helpful. Will the plan be to send out these slides this afternoon? Eager to pass along to a few colleagues who were not able to attend the call today. thanks again

A. Slides and recording will be posted on the CD Manual and sent out to list serves, usually by Friday.

Q. Did the letters sent to low kinder vaccination rate schools include both public and private schools?

A. Yes, it went to both.

Q. Can the county LDH get a list of the schools that received a letter?

A. Yes, we will work on getting that out.

Q. Will wastewater surveillance continue?

A. Yes.

Q. Is PCR testing available at SLPH?

A. PCR measles testing is available at the SLPH. Please see their one-pager for details:

<https://www.dph.ncdhhs.gov/epidemiology/communicable-disease/ncslph-measles-specimen-collection-and-shipment-guidancepdf/open>

Q. Will there be a provider memo for all vector borne diseases or just Lyme dz?

A. We are going to send out a memo on tick borne diseases soon