

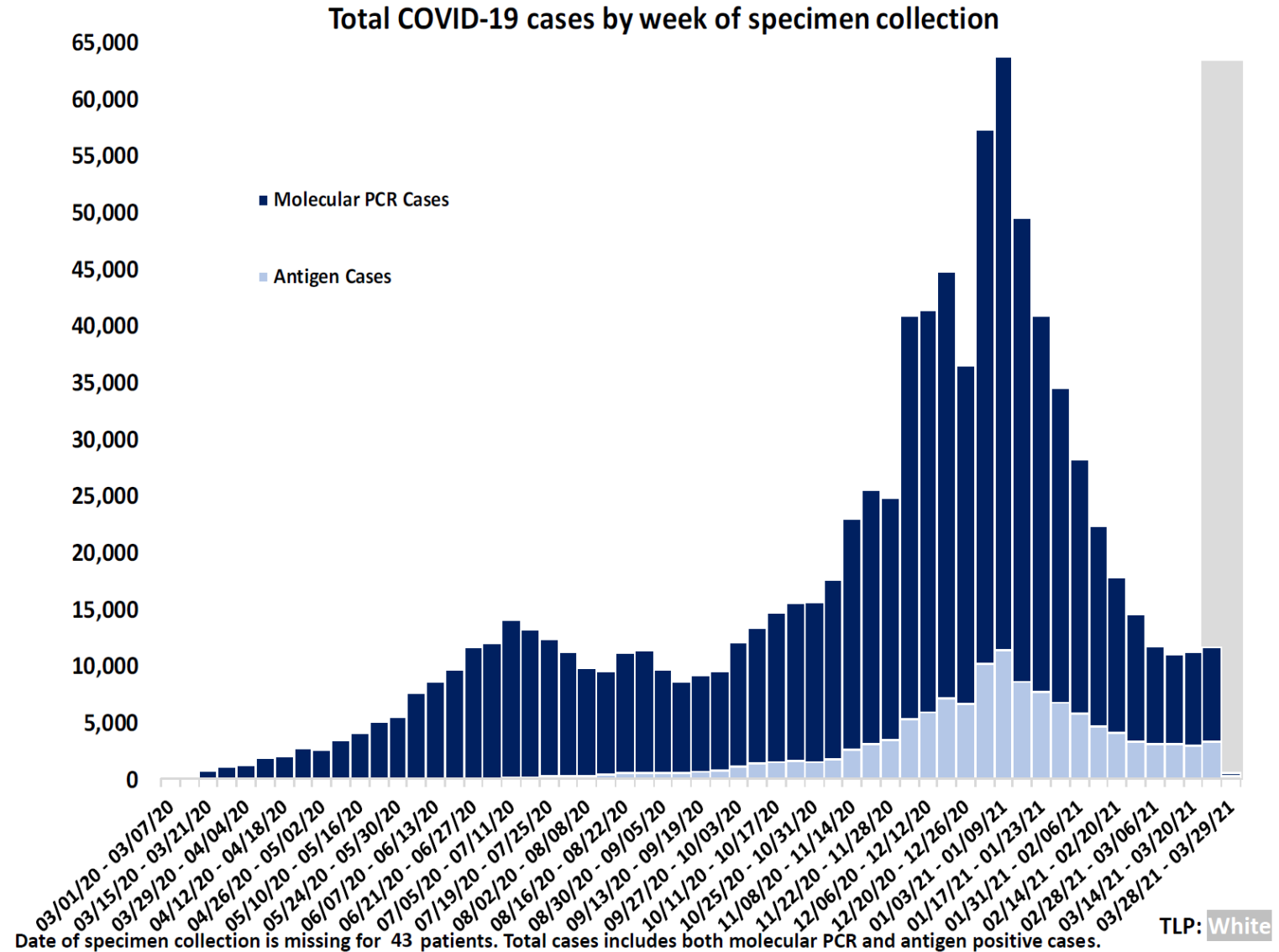
COVID-19 in North Carolina

Update March 30, 2021

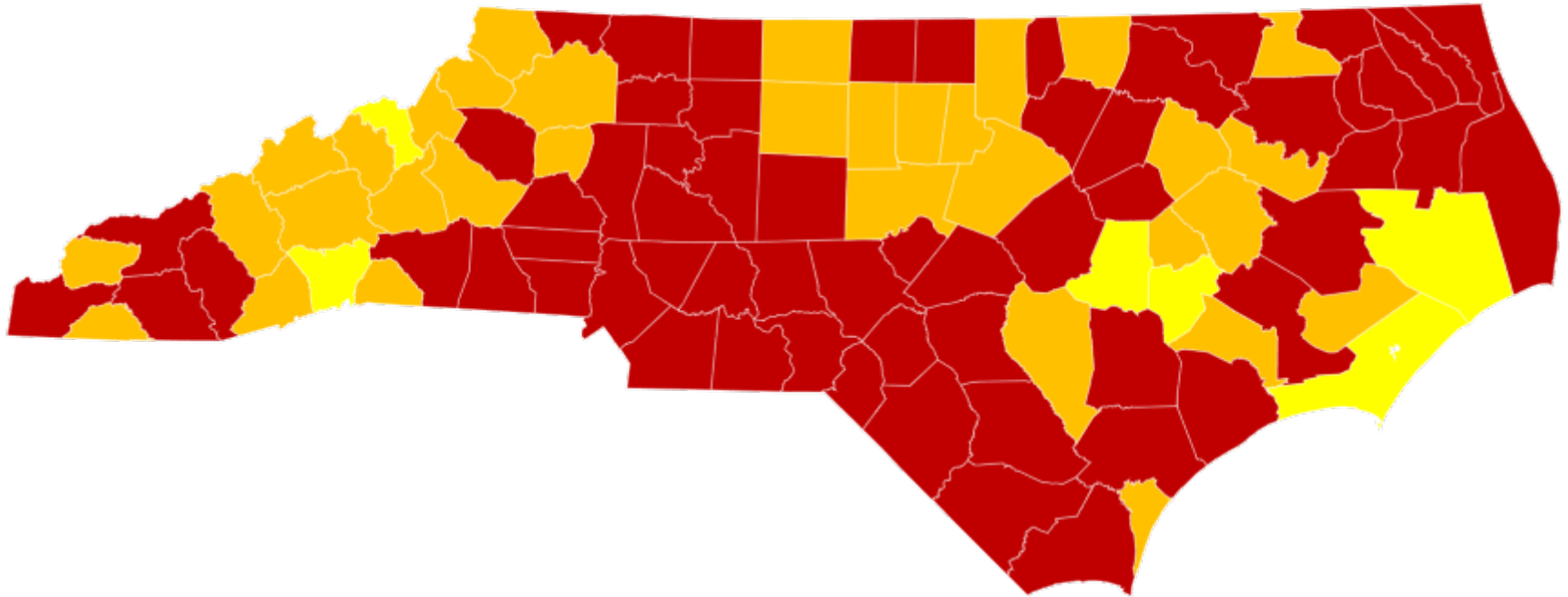
Jean-Marie Maillard, MD, MSc.

Communicable Disease Branch, NC Division of Public Health

COVID-19 - North Carolina incidence

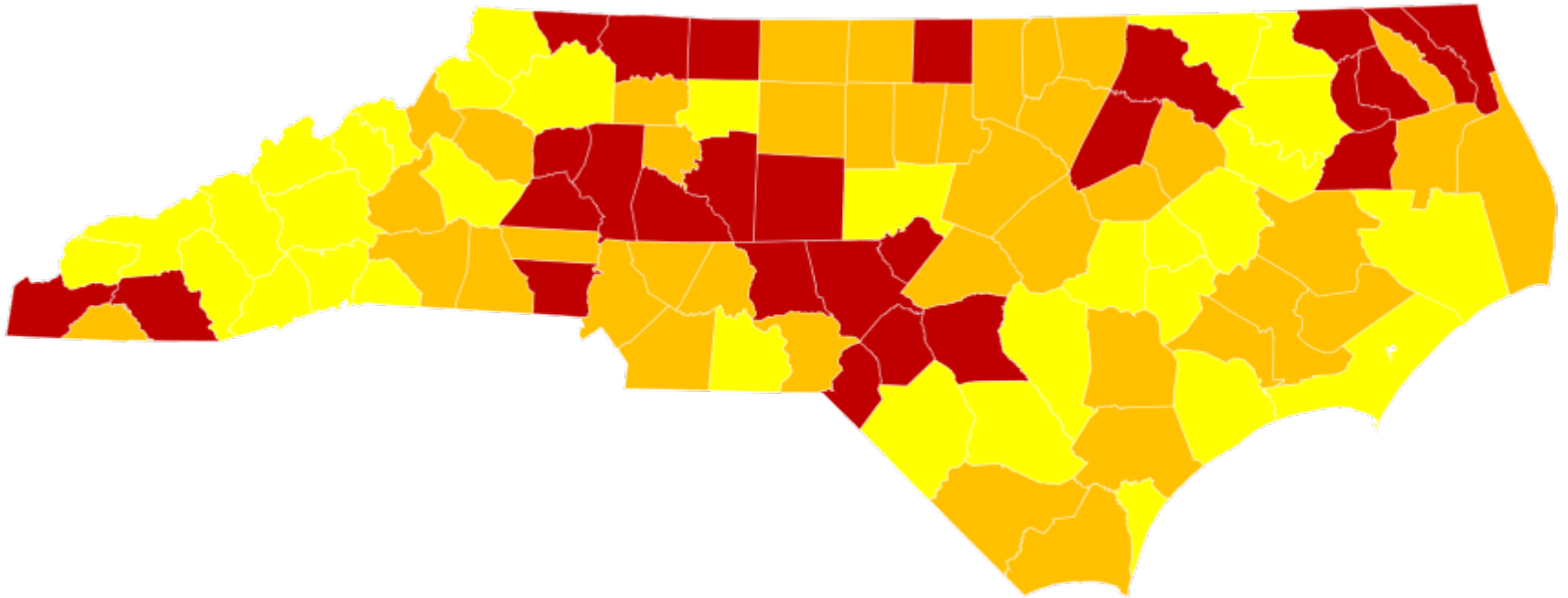


County Alert, February 1, 2021



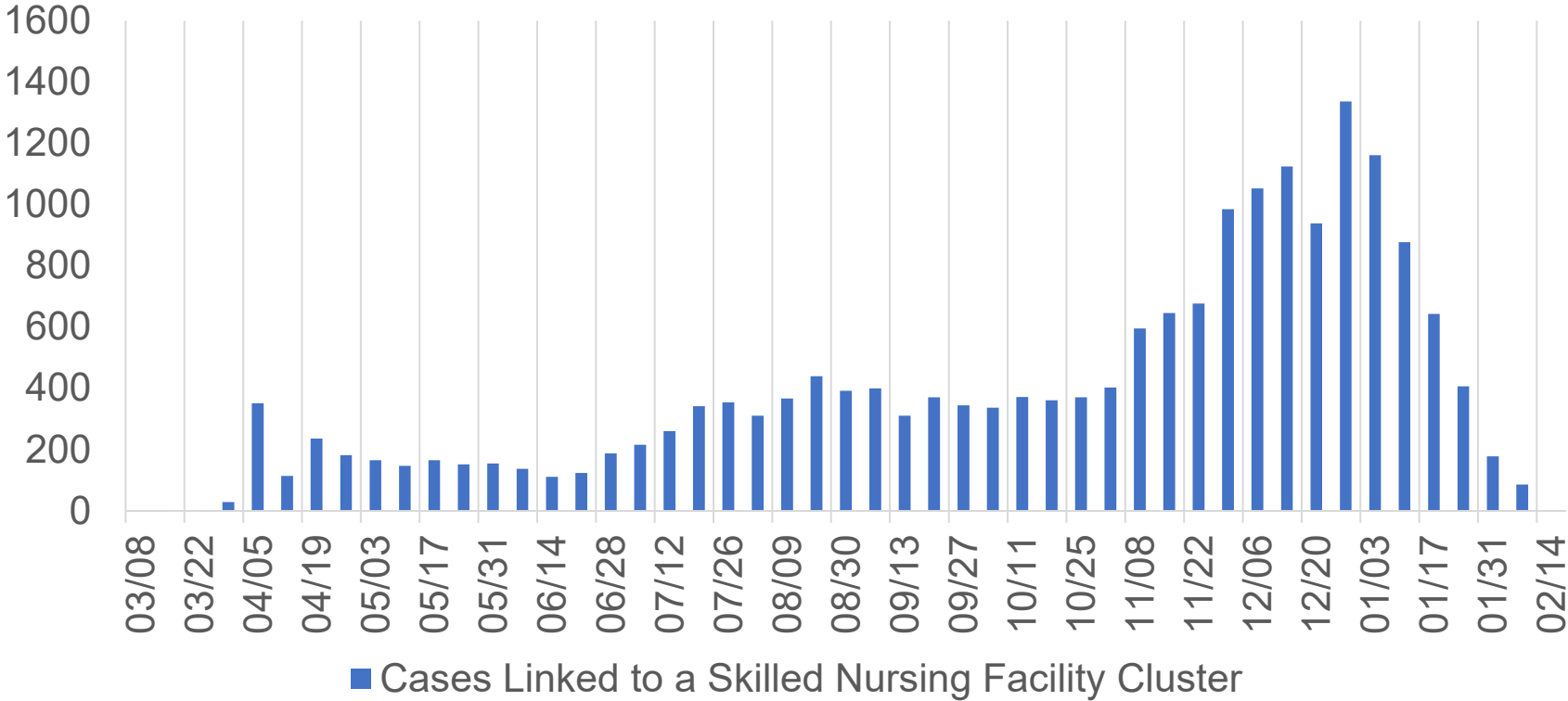
■ Critical/Red ■ Substantial/Orange ■ Significant/Yellow

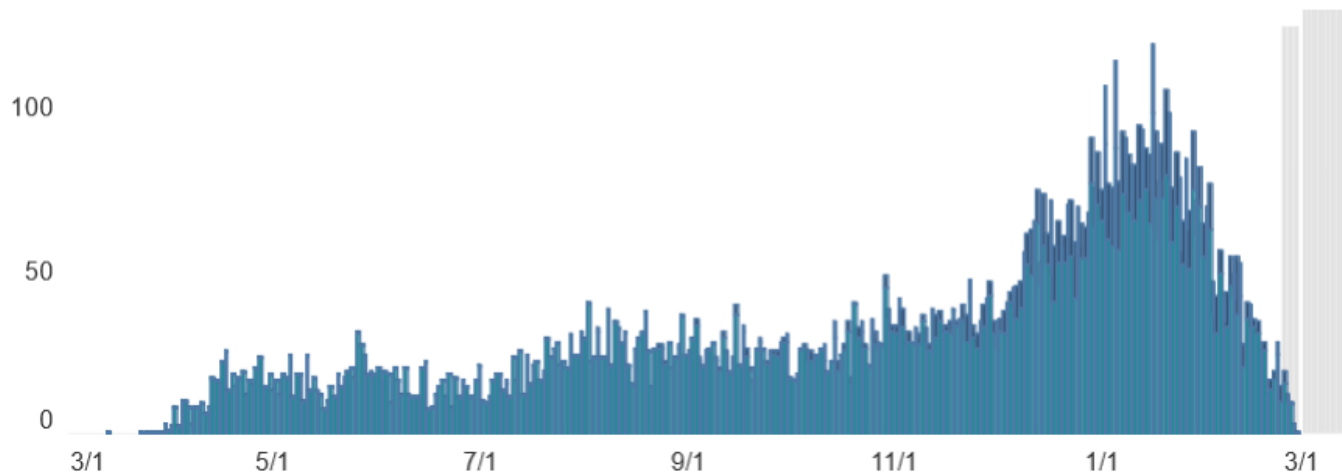
County Alert, February 15, 2021



■ Critical/Red ■ Substantial/Orange ■ Significant/Yellow

Cases linked to Skilled Nursing Facilities have Declined





TOTAL DEATHS
North Carolina

11,254

MOLECULAR (PCR) POSITIVE DEATHS
9,959

ANTIGEN POSITIVE DEATHS
1,295

Date of death
missing for 3 deaths.

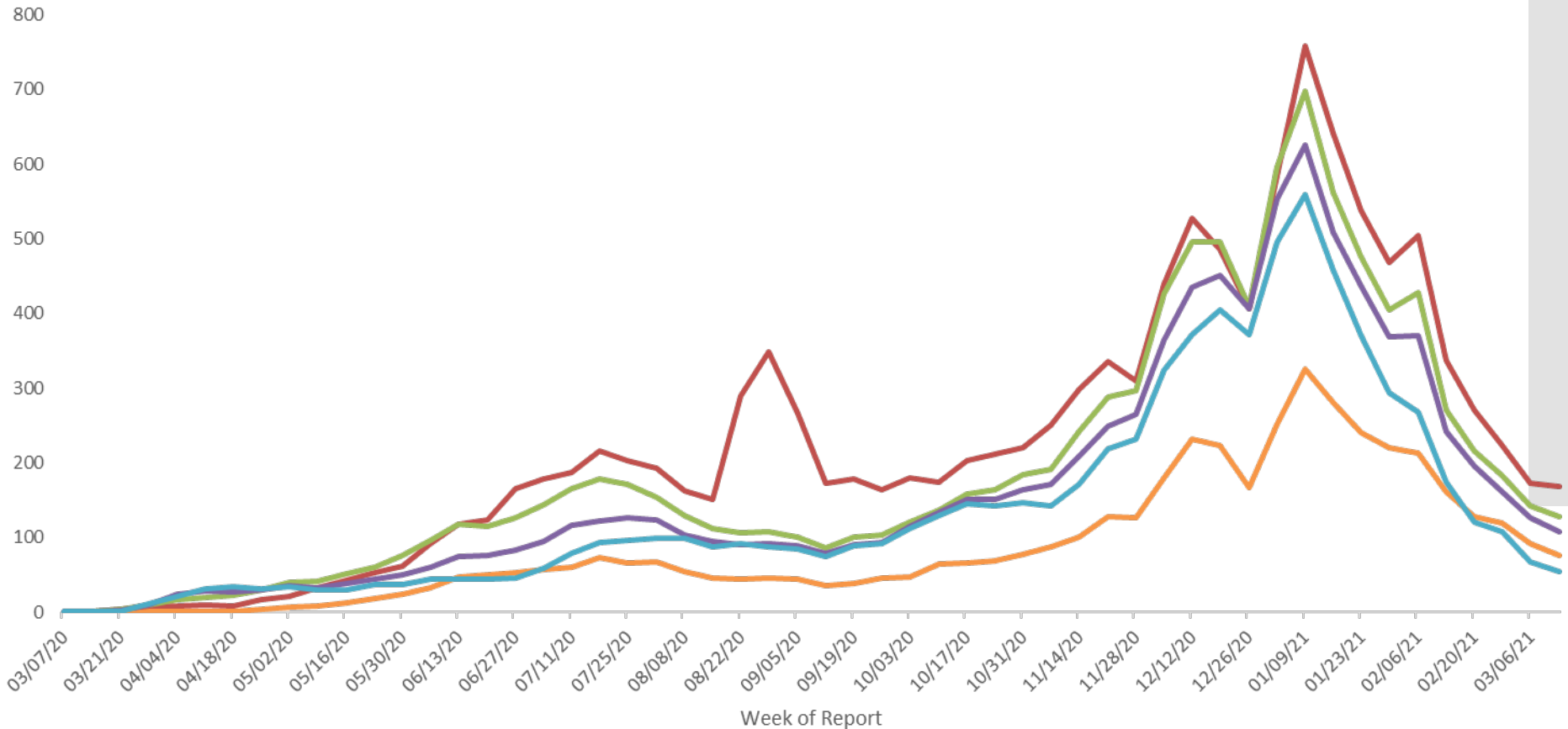
Molecular (PCR) positive cases represent confirmed cases, and antigen positive cases represent probable cases of COVID-19, in accordance with CDC case classification guidelines. The terms "confirmed" and "probable" are used nationally to standardize case classifications for public health surveillance but should not be used to interpret the utility or validity of any laboratory test type.

Case Rates Continue Decline to Mid-November Levels

COVID case rates have declined across all age groups since the start of the year. Rates have fallen to levels comparable to those seen in October and May of 2020.

NC COVID-19 Cases per 100,000 Pop. by Age

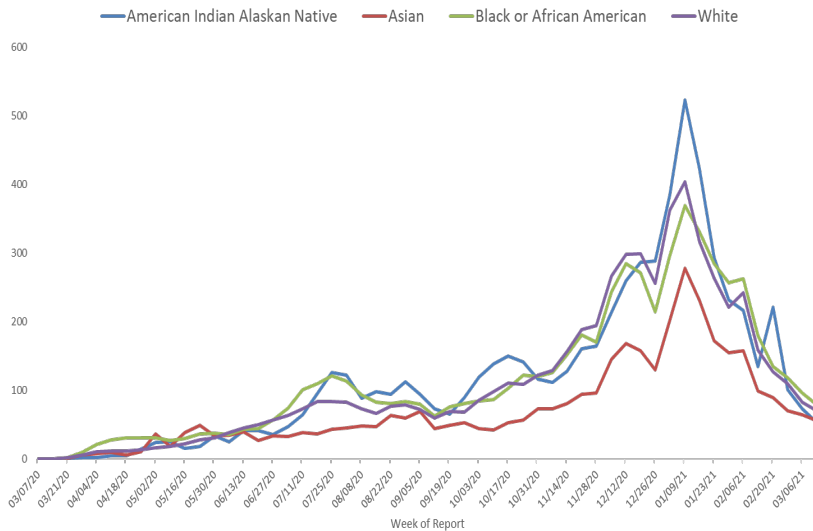
0-17 18-24 25-49 50-64 65+



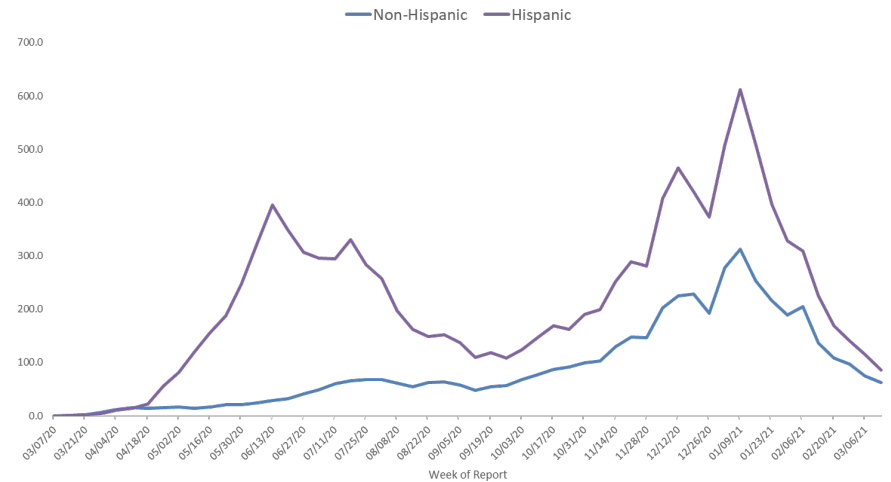
Case Rates Declined Across Race & Ethnicity Categories

Disparities persist but have narrowed.

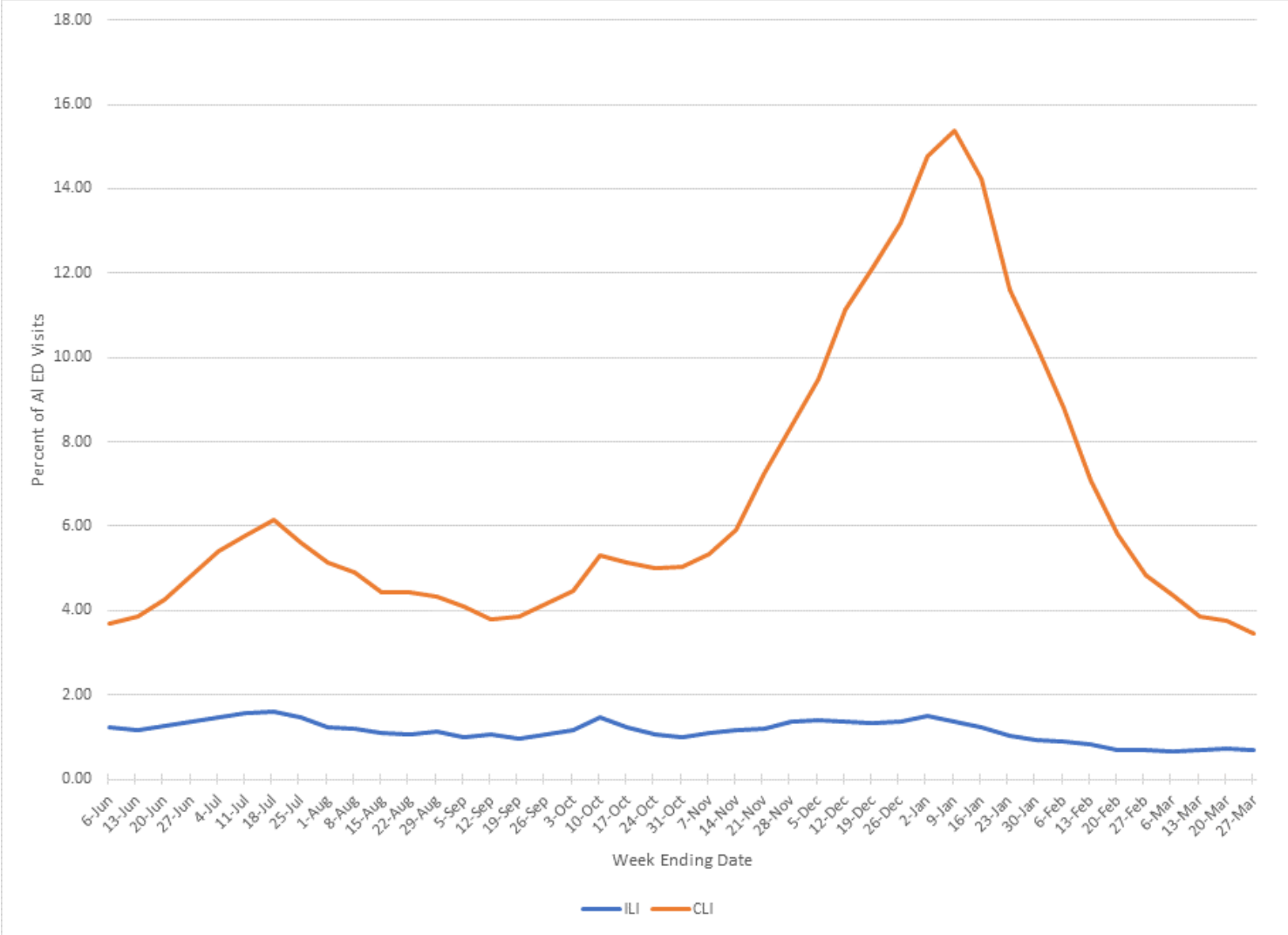
- COVID-19 Cases per 100,000 Population by Race



- COVID-19 Cases per 100,000 Population by Ethnicity



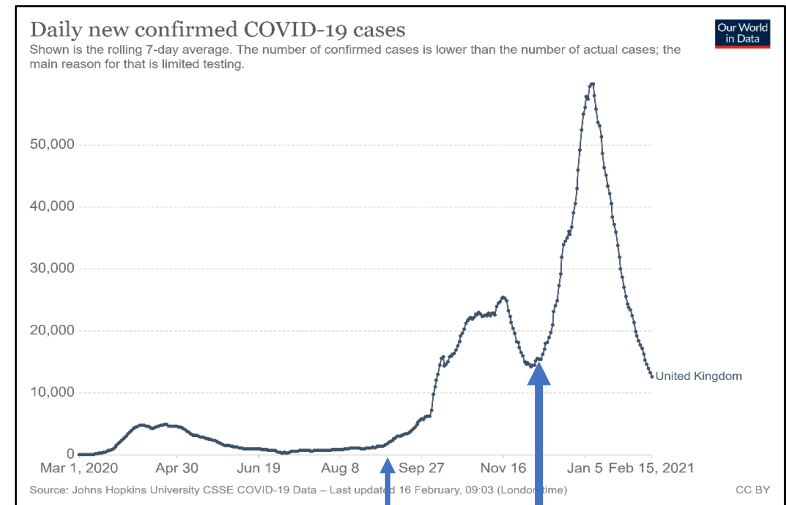
Hospital Emergency Department Surveillance COVID-Like Illness (CLI)



Impact of More Transmissible Variants?

- **New, more contagious variants could reverse our current declines in COVID-19 case trends**
 - Emergence of variants has caused a major surge in the UK and in other countries
 - B.1.1.7 is currently a small fraction of cases in US but rapidly expanding; expected to become predominant in coming weeks
 - Early CDC models suggest B.1.1.7 variant could cause spring surge or at a minimum slow the rate of decline
- **Several factors could determine the impact of variants on COVID-19 trajectory in NC**
 - Which variant(s) become predominant (B.1.1.7, B.1.351, others)
 - Speed of vaccination rollout
 - People's adherence to the 3Ws and mitigation measures
 - Seasonality
- **The next 4 weeks will be critical in determining how emerging variants could affect our trajectory**
 - Goal is to achieve much lower spread before more transmissible and/or virulent strains become predominant to reduce impact

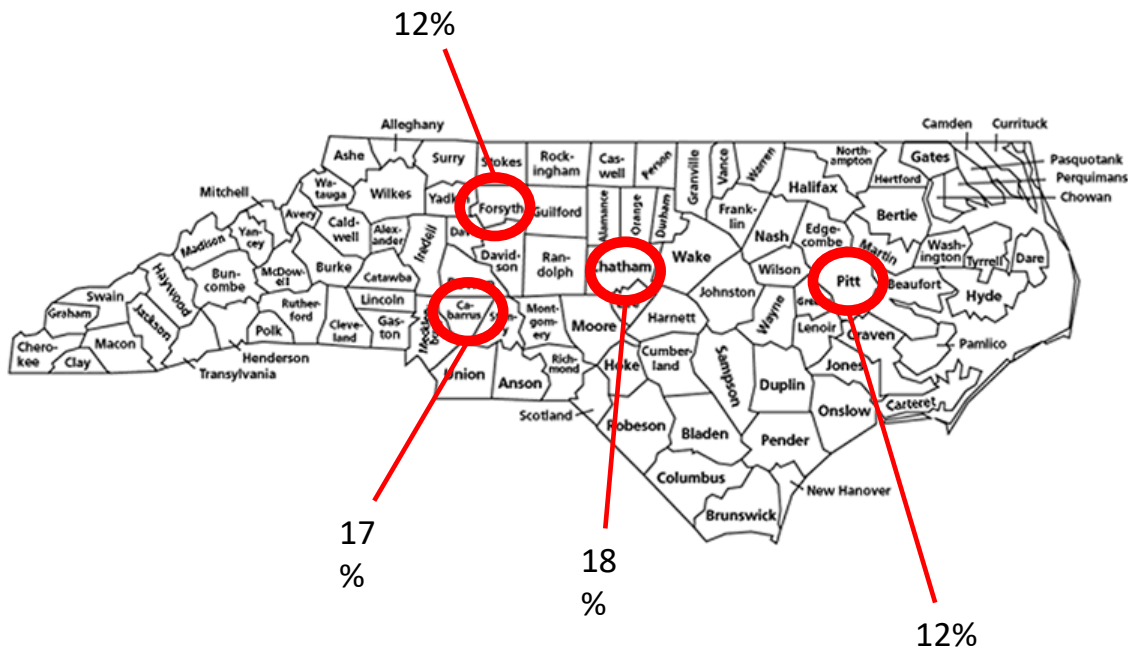
Daily COVID cases in UK



First sample with B117
(found retrospectively)

Widespread transmission
of B117

Cumulative Population Immunity: Natural + Vaccine

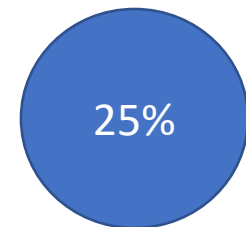


Statewide Sero-Estimates:

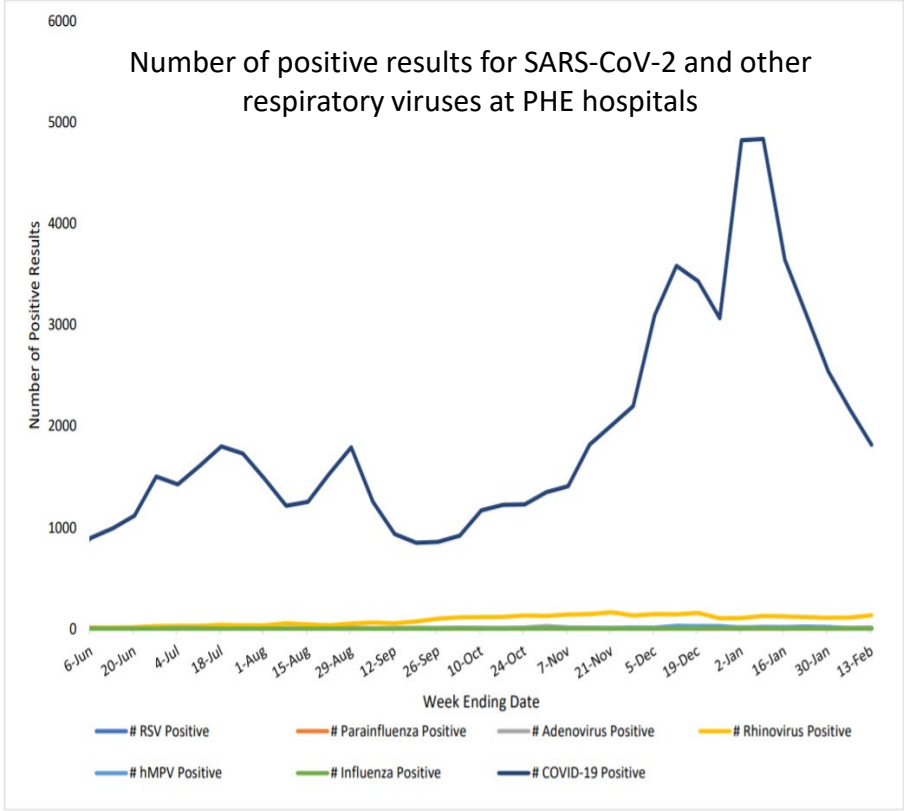
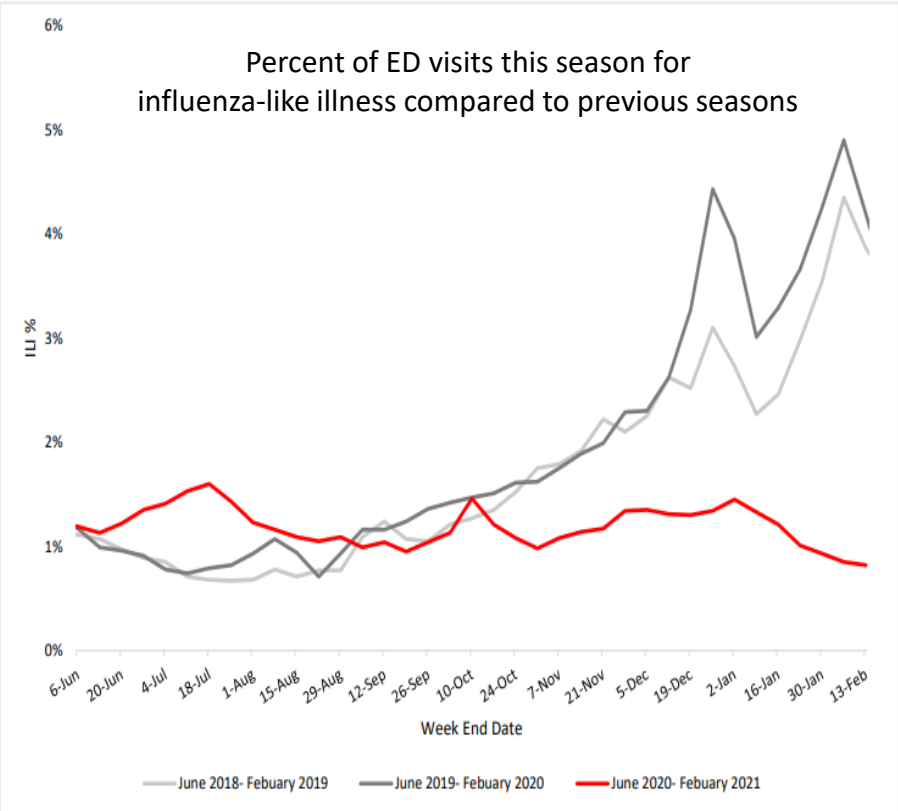
- 15%: Robinson. UNC Anti-natal remnant study.
- 18%: Markman. UNC healthcare remnant study

Vaccine:

- 11%: 1st dose
- 6%: 2nd dose



What about Flu?



Estimate of 70,000 migrant and seasonal farmworkers in NC
(Approximately 20,000 workers with H2A visa, 34,000 migrant and 16,000 seasonal)

