

Monthly Epi Section Update for Local Health Departments

October 14, 2025



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Agenda

Opening Remarks & Epi Section Update	Zack Moore, MD, MPH State Epidemiologist and Epidemiology Section Chief
Rabies, Vectorborne & Zoonotic Update	Emily C. Herring, DVM, PhD Public Health Veterinarian
Foodborne Update	Nicole Lee, MPH Foodborne Epidemiologist
VPD & Respiratory Update	Emma Doran, MD, MPH Medical Director, Vaccine Preventable and Respiratory Diseases
Vaccine Update	Beth Meadows, MSN, RN, CPHN Provider Clinical Services Unit Lead
Antibiotic Awareness Week November 18-24	Catherine Bryan, MPH, a-IPC Antimicrobial Stewardship Lead & HAI Epidemiologist
Question & Answer Session	Open for Questions — Please use the Teams Q&A function



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Rabies & Vectorborne Update

Emily C. Herring, DVM, PhD
Public Health Veterinarian

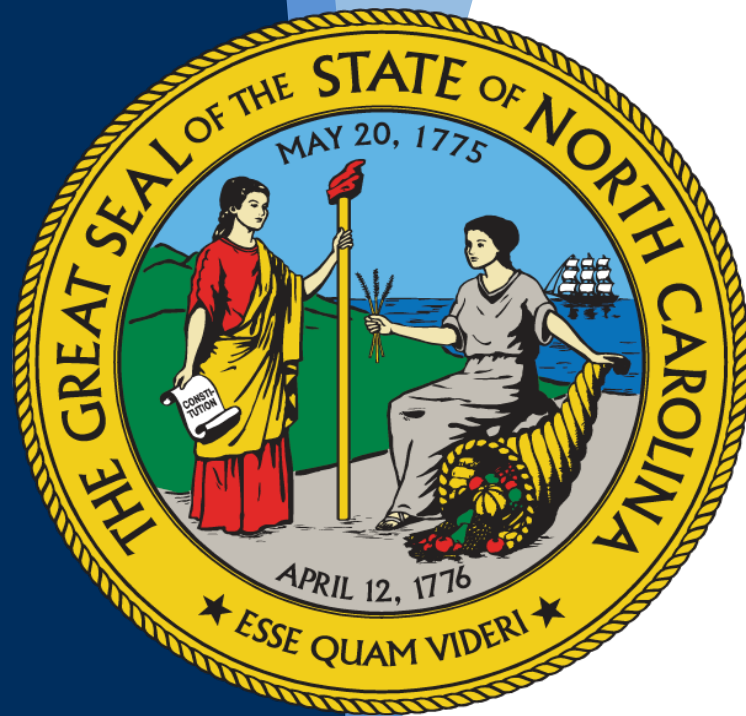
October 14, 2025

Oral Rabies Vaccination Program

- Originally scheduled to start Oct 16
- Postponed due to federal government shutdown
- New dates pending

New World Screwworm (NWS) Provider Memo

- NWS is a parasite that feeds on living tissue and can cause extensive tissue damage
- Primarily affects livestock but can infest people
- Ongoing outbreak in Central America and Mexico
- If providers suspect NWS
- Immediately notify CDB
- Collect larvae/eggs for diagnosis
- Properly dispose of remaining larvae/eggs
- **Memo available on CD manual:** <https://www.dph.ncdhhs.gov/epidemiology/communicable-disease/2025-nws-clinician-memo/open>



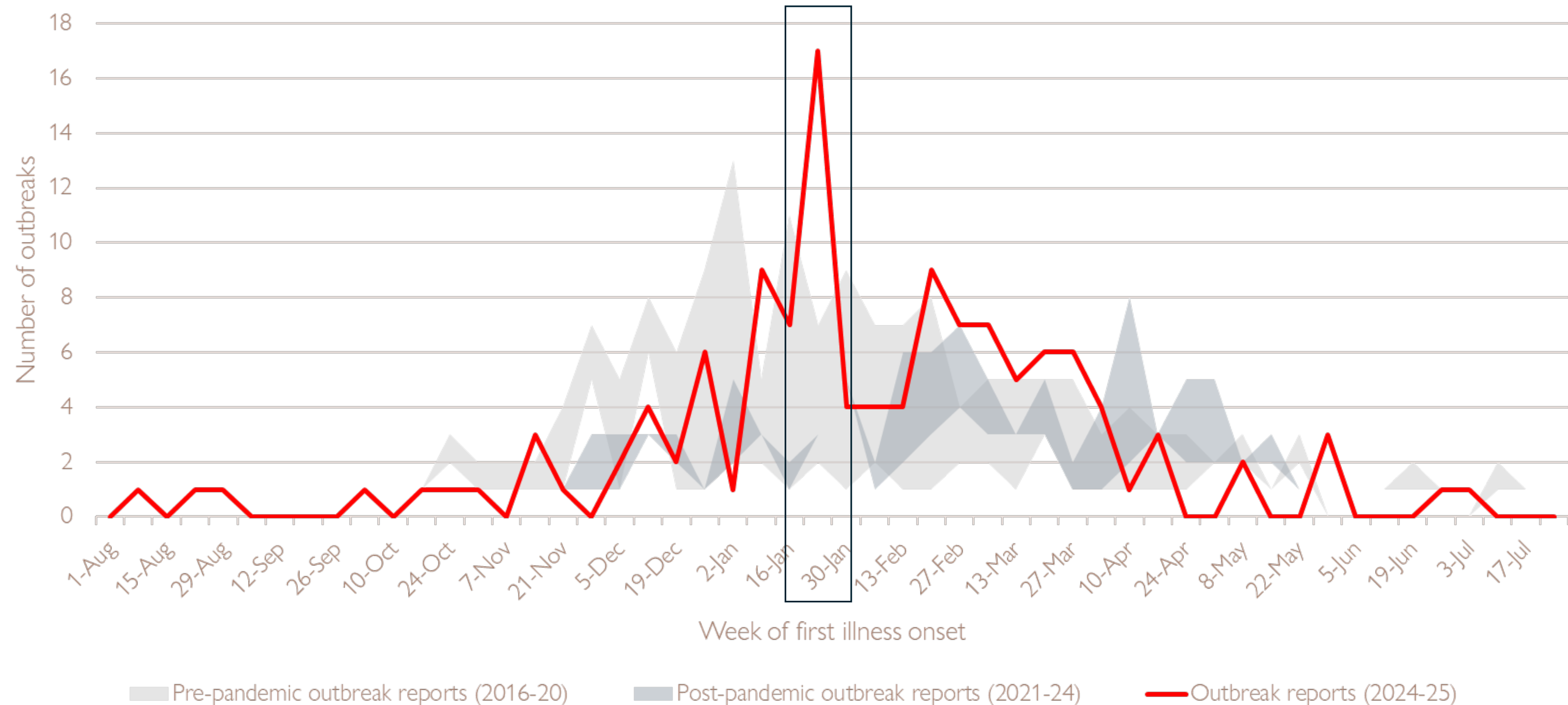
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Foodborne Update

Nicole Lee, MPH
Foodborne Epidemiologist

October 14, 2025

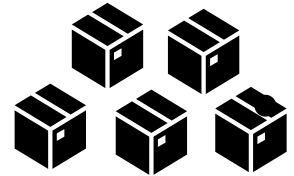
Reports of **NC norovirus outbreaks** peaked **higher than ever** during late January 2025.



Foodborne updates: Norovirus



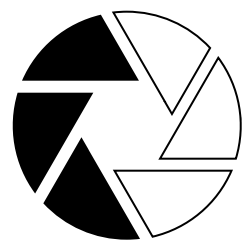
SLPH is back online with norovirus testing



Please submit 3 – 5 specimens from your suspected norovirus outbreaks



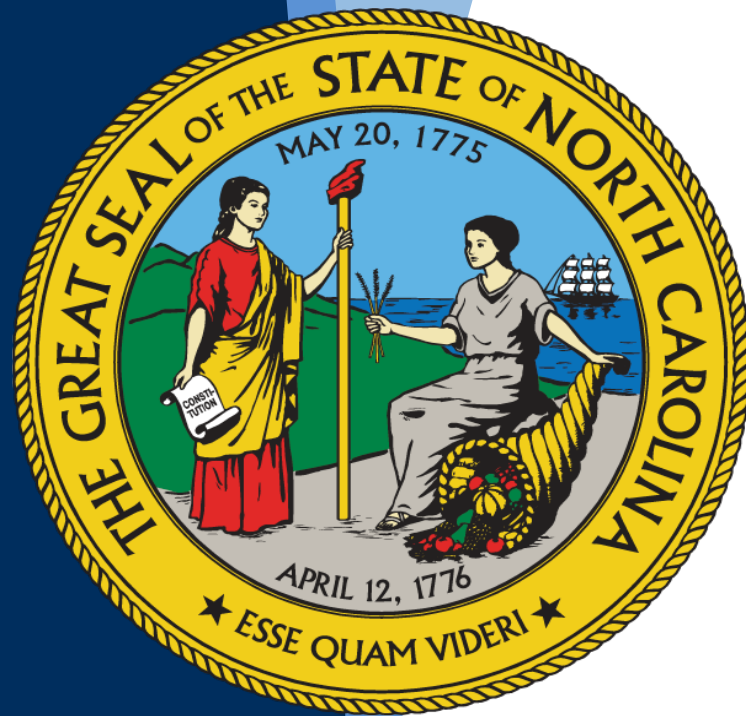
**Free specimen collection kits can be ordered by emailing
slph.norovirus@dhhs.nc.gov**



Individual results will not be reported out – only the total positive.

Questions?

enterics@dhhs.nc.gov



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Respiratory and VPD Updates

Emma Doran, MD, MPH

Medical Director, Vaccine Preventable and Respiratory Diseases

October 14, 2025

25-26 Respiratory Season Memos

- 5 memos covering immunizations, infection control, surveillance, testing, and treatment for influenza, COVID-19, and RSV
- Available in the provider section of the [NC DHHS flu website](#)
- Please err on the side of reporting any possible influenza-associated deaths for review by the respiratory team
 - Influenza-associated deaths may result directly or indirectly from clinically compatible illness
 - Report any cases with a pneumonia diagnosis

	<u>INFLUENZA</u>		<u>COVID-19</u>		<u>RSV</u>	
Infants and Children Birth – 17 years	All infants and children 6+ months (AAP , CDC)	Single-dose formulations, with preference for those that are free of thimerosal as a preservative.	All children 6-23 months (AAP , CDC)	Updated, single dose 2025-2026 vaccine using shared clinical decision making <u>Pediatric vaccine options:</u> - 6+ months old: Moderna (mRNA) - 5+ years old: Pfizer (mRNA) - 12+ years old: Novavax (protein)	All infants birth-8 months entering their first RSV season (OR maternal vaccination at 32-36 weeks gestation; see Pregnancy indications below) (AAP , CDC)	One dose of nirsevimab (Beyfortus) OR clesrovimab (Enflonsia) Most infants only need protection from <u>either</u> maternal RSV vaccine or infant immunization but not both. (Exception for babies born $\leq$ 2 weeks after maternal vaccination)
		Previously unvaccinated children 6 months-8 years should receive 2 doses, given $\geq$ 4 weeks apart	Children 2-17 years who are immunocompromised and/or at high risk of severe disease (AAP , CDC)		Children 8-19 months at high risk of severe RSV entering their second RSV season (AAP , CDC)	
Pregnant & Lactating People	Everyone at any point in pregnancy (AAP , CDC)	Single-dose formulations that are free of thimerosal as a preservative Live attenuated vaccine (FluMist) contraindicated during pregnancy but can be used postpartum	Everyone at any point in pregnancy (ACOG , CDC)	Updated, single dose 2025-2026 COVID-19 vaccine using shared clinical decision making (CDC) <u>Timing:</u> As early as possible during pregnancy	Previously unvaccinated pregnant people at 32-36 weeks gestation (ACOG , CDC) (OR vaccination of infants and children; see indications above)	One dose of bivalent, maternal RSV vaccine (Abrysvo) at 32-36 weeks gestation to prevent severe RSV in infants If RSV vaccine was given in previous pregnancy, infant should receive immunization after birth
Adults 18+ years	Adults 18-64 years (CDC)	Single-dose formulations that are free of thimerosal as a preservative	Adults 18-64 years (CDC)	1 or more doses of updated 2025-2026 COVID-19 vaccine using shared clinical decision making	Adults 50-74 years at increased risk of severe RSV (CDC)	One-time, single dose of RSV vaccine <u>Timing:</u> Any time, but late summer/early fall preferred
	Adults 65+ years (CDC)	High-dose (Fluzone), recombinant (Flublok) OR adjuvanted (Fluad) vaccine preferred	Adults 65+ years (CDC)	2 or more doses of updated 2025-2026 COVID-19 vaccine using shared clinical decision making	All Adults 75+ years (CDC)	
Additional Information	Regarding insurance coverage for RSV immunizations: Doses administered through the NC Immunization Program (NCIP) are for Vaccines For Children eligible children only . Fully insured children must receive privately purchased immunizations. For uninsured pregnant individuals $\geq$ 19 years, please reach out to Pfizer Patient Assistance Program . Doses of Abrysvo obtained through NCIP are available for VFC-eligible pregnant adolescents only. Fully insured, pregnant adolescents must receive privately purchased Abrysvo.					

Guidance for the Management of Healthcare Personnel with Acute Respiratory Viral Infections

- For HCP with a mild suspected or confirmed viral respiratory infection:
 - HCP should be restricted from work until
 - At least 3 days have passed from symptom onset* (or from their first positive respiratory virus test if asymptomatic throughout their infection), AND
 - They have been fever-free for at least 24 hours without the use of fever-reducing medication, AND
 - Symptoms are improving, AND
 - They feel well enough to return to work.
 - HCP should wear source control upon return to work until the end of day 7.
 - HCP should routinely perform frequent hand hygiene, especially before and after each patient encounter or contact with any respiratory secretions from themselves or others.
 - Testing is not required to return to work.

<https://www.dph.ncdhhs.gov/epidemiology/communicable-disease/2025-26-interim-guidance-management-healthcare-personnel-acute-respiratory-viral-infections/open>

Guidance for the Management of Healthcare Personnel with Acute Respiratory Viral Infections

- **For asymptomatic HCP who have a known or suspected exposure to a respiratory virus:**
 - **Work restrictions are not necessary.**
 - **HCP should wear source control from the day of first exposure through the 5th day after last exposure.**
 - **HCP should monitor for development of signs or symptoms of a viral respiratory infection for 5 days after their last exposure.**
 - **Any HCP who develops mild signs or symptoms of a viral respiratory infection should follow guidance as described in the “Mild Suspected or Confirmed Infection” section in previous slide.**

<https://www.dph.ncdhhs.gov/epidemiology/communicable-disease/2025-26-interim-guidance-management-healthcare-personnel-acute-respiratory-viral-infections/open>

Guidance for the Management of Healthcare Personnel with Acute Respiratory Viral Infections

- These recommendations do not address HCP with suspected or confirmed COVID-19 or seasonal influenza who experience severe illness. Guidance for these scenarios is available [here](#) or [here](#).
- These recommendations do not address HCP with suspected or confirmed COVID-19 or seasonal influenza who are moderately or severely immunocompromised. Guidance for these scenarios is available [here](#). HCP with respiratory viral infections who are moderately or severely immunocompromised might shed virus for prolonged periods.

<https://www.dph.ncdhhs.gov/epidemiology/communicable-disease/2025-26-interim-guidance-management-healthcare-personnel-acute-respiratory-viral-infections/open>

Guidance for the Management of Healthcare Personnel with Acute Respiratory Viral Infections

- Our recommendation applies to all healthcare settings; however, this guidance does not apply to nursing homes regulated under the NC Division of Health Service Regulation (DHSR) Nursing Home Licensure and Certification Section. These facilities are still required to develop and implement policies and procedures that are in line with currently posted CDC guidance.
- Questions about this guidance can be directed to the North Carolina Surveillance of Healthcare Associated and Resistant Pathogens Patient Safety Program (SHARPPS) at infectionprevention@dhhs.nc.gov.

<https://www.dph.ncdhhs.gov/epidemiology/communicable-disease/2025-26-interim-guidance-management-healthcare-personnel-acute-respiratory-viral-infections/open>

WEDNESDAY, OCTOBER 8, 2025

NCDHHS Announces First Flu Death of 2025-2026 Season, Encourages Residents to Get Annual Vaccines and Use Other Preventive Measures

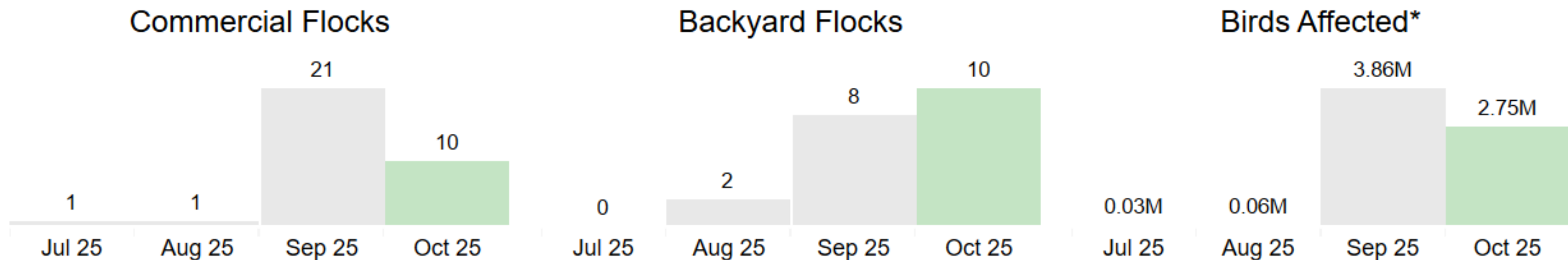
PRESS RELEASE — The North Carolina Department of Health and Human Services today announced the first reported flu-related death of the 2025-2026 flu season. An adult in the western part of the state died due to complications of flu during the first week of October. To protect the privacy of the family, no additional information will be released.

H5N1

- **Detections in two backyard flocks in North Carolina in the last two weeks. These are the first detections in the state since February 2025**
- **43 confirmed flocks nationally in the last 30 days affecting 6.43 million birds**

Detections by Month

Bars reflect most recent 4 months.



<https://www.ncagr.gov/divisions/veterinary/AvianInfluenza>

<https://www.aphis.usda.gov/livestock-poultry-disease/avian/avian-influenza/hpai-detections/commercial-backyard-flocks>

NCDHHS, Epidemiology Division | LHD Updates | October 14, 2025

Measles Update

- **As of October 7, 2025, a total of 1,563 confirmed measles cases were reported in the United States in 42 jurisdictions**
- **44 outbreaks reported in 2025, and 87% of confirmed cases are outbreak-associated**
- **21 measles cases were reported among international visitors to the U.S.**
- **CDC map now only shows cases among U.S. residents**

South Carolina Measles Outbreak

DPH Confirms Measles Outbreak in Upstate Region

FOR IMMEDIATE RELEASE:

Oct. 2, 2025

COLUMBIA, S.C. – The South Carolina Department of Public Health (DPH) has confirmed an outbreak of measles in the [Upstate](#). As of Oct. 1, 2025, a total of eight measles cases have been reported to DPH in the Upstate. Five out of the eight cases became sick within the past month and are part of a newly identified outbreak of measles.

Updated Oct. 10, 2025

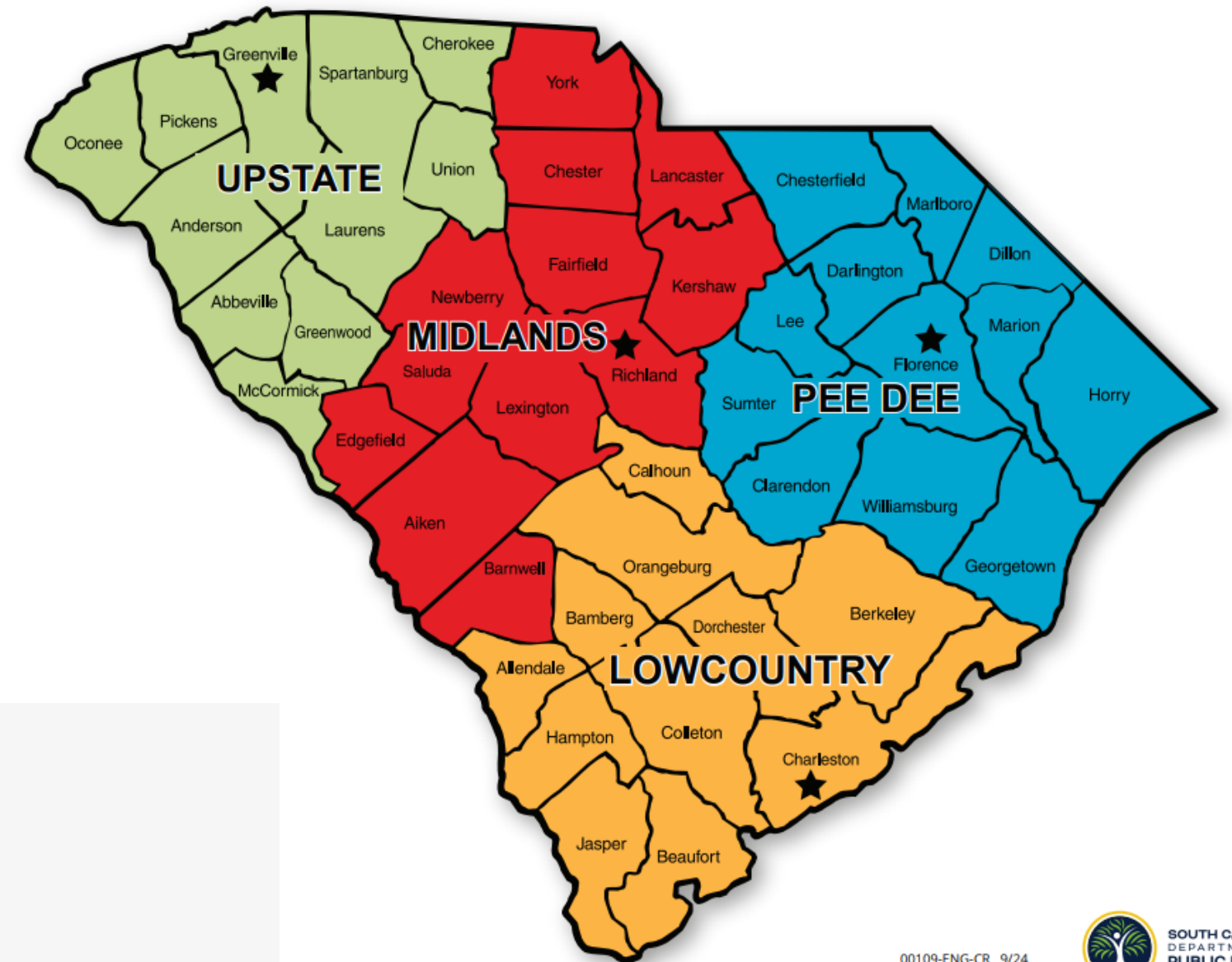
Current Situation

DPH is actively responding to a measles outbreak in the Upstate Region. As of Oct. 9, 2025, [DPH is reporting 11 cases of measles, eight in Spartanburg County](#), since July 9.

On Oct. 2, 2025, [DPH confirmed a measles outbreak in Upstate Region](#). An outbreak is defined as three or more cases of the same infectious disease linked to a common exposure.

<https://dph.sc.gov/news/dph-confirms-measles-outbreak-upstate-region>

NCDHHS, Epidemiology Division | LHD Updates | October 14, 2025



00109-ENG-CR 9/24



Measles Specimen Collection

- **For high priority measles rule out situations (score 4 or above), an NP swab in Viral Transport Media (VTM) sent to SLPH is the *fastest* way to get results.**
- **Other specimen types (e.g. OP, serology) or other transport media (e.g. UTM) may be sent, but they will not result in as timely a manner since they must be sent out to commercial labs or reference labs.**

NC DHHS Measles Resources

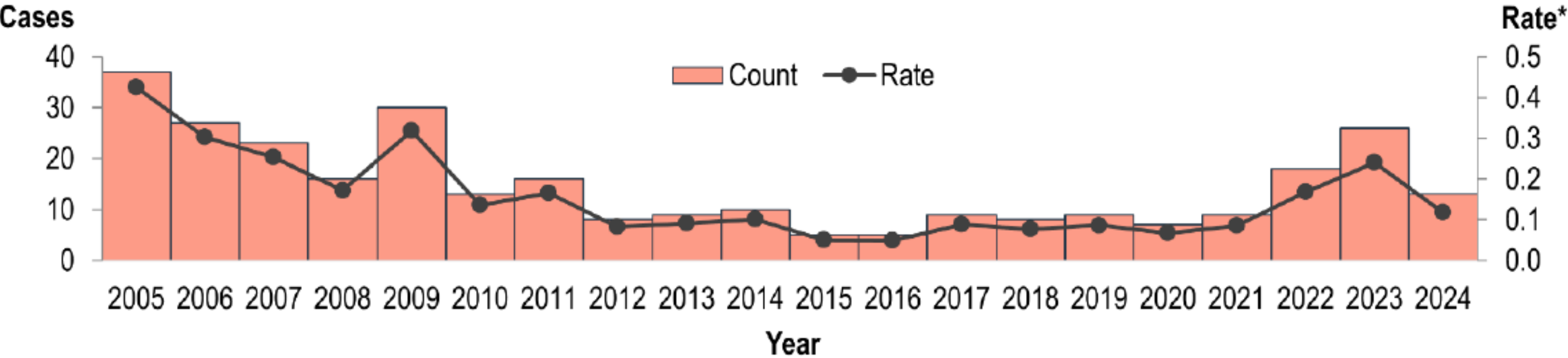
- **New to the measles website:**
 - [Check Your Measles Immunity Tool](#)
 - [Measles Vaccination Dashboard](#)
- **CD manual resources:**
<https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/measles.html>
- **Measles website resources:**
<https://www.dph.ncdhhs.gov/programs/epidemiology/communicable-disease/measles/providers>

Meningococcal Resistance Memo

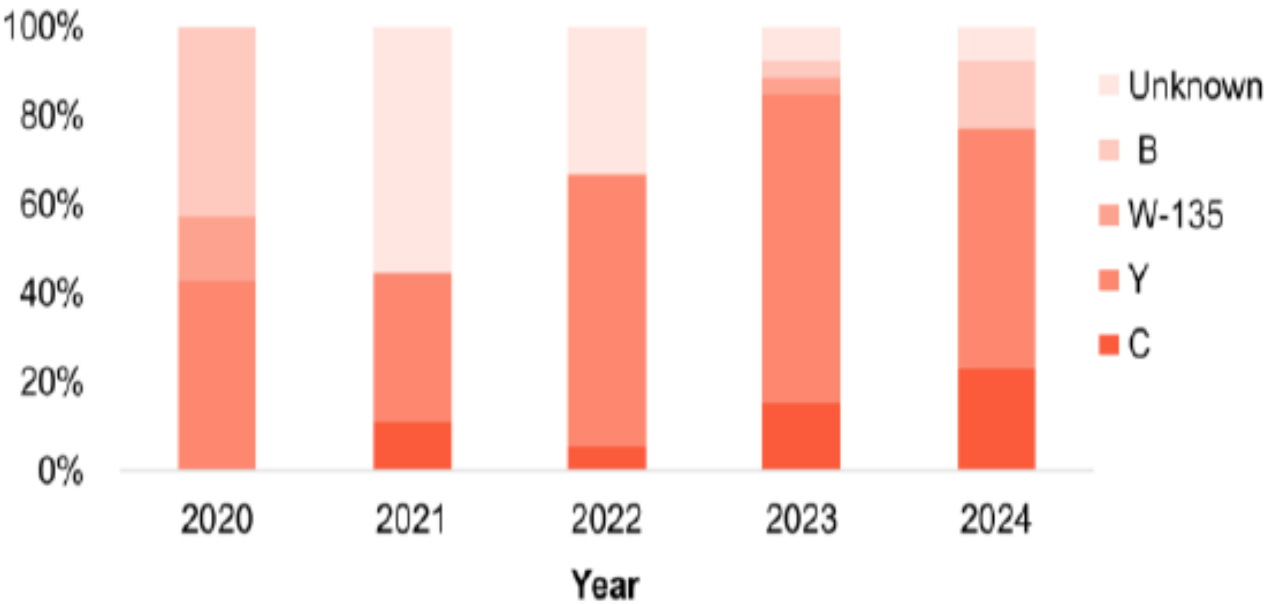
- An additional ciprofloxacin- and penicillin-resistant case of invasive meningococcal disease caused by *Neisseria meningitidis* serogroup Y (NmY) was identified in the Charlotte Metropolitan region.
- NC DHHS recommends that providers in the Charlotte Metropolitan region including Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, and Union Counties avoid the use of ciprofloxacin for prophylaxis of close contacts of invasive meningococcal disease cases and prescribe rifampin, ceftriaxone, or azithromycin instead.
- Providers treating residents from Chester, Lancaster, or York counties in South Carolina were also recommended to follow this guidance for patients being treated in North Carolina medical facilities.
- Providers should continue to follow these recommendations through April 2027 unless additional cases with resistance are identified in the catchment area and the timeline is extended.

<https://www.dph.ncdhhs.gov/epidemiology/communicable-disease/meningococcalprophylaxismemofinalpdf/open>

Meningococcal cases decreased in 2024 after a stepwise increase the last few years.
NC 2005-2024 meningococcal case count and rate by year



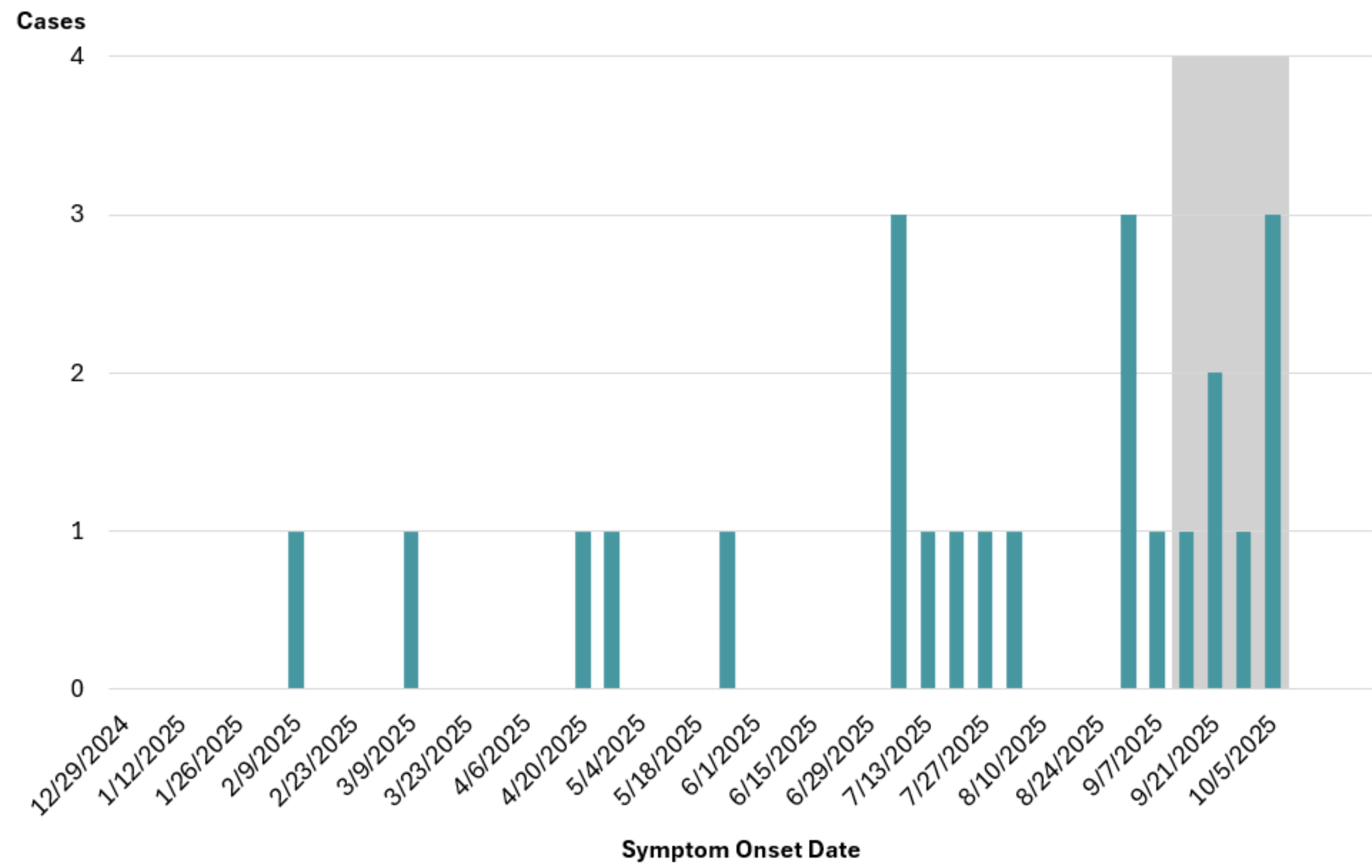
NC 2020-2024 meningococcal cases by serogroup



Varicella events for individuals over 50 years old

- **Each morning, the VPD team will start closing events that feed in via ELR for varicella in those older than 50 years.**
- **An analysis performed last year supports closing these events as does not meet criteria, assuming they will be shingles, and not primary varicella infection.**
- **No further follow up will be asked of LHDs, but these events will remain in NCEDSS as 'not a case'.**
- **If someone with shingles is tied to an outbreak, we can either open the closed event or manually enter**

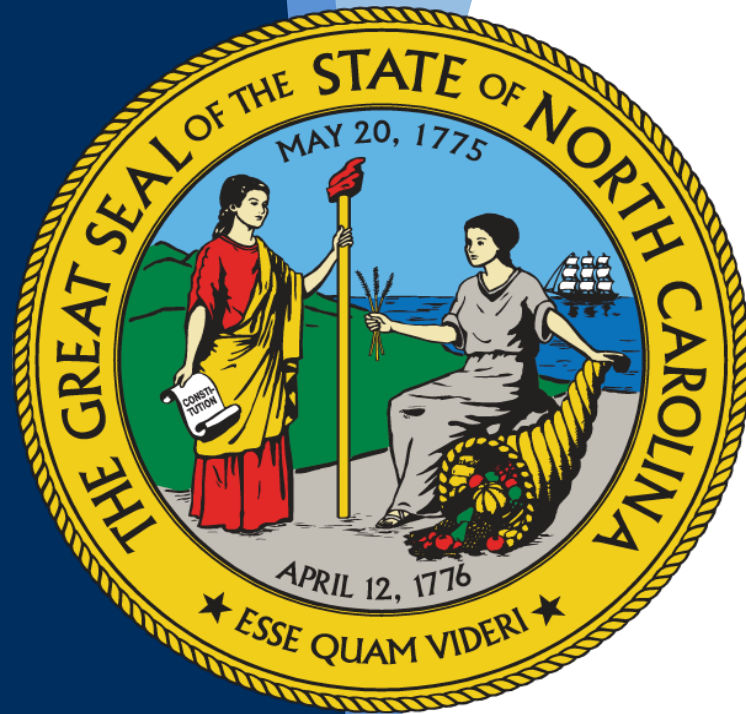
North Carolina Mpox Cases in 2025



Data as of 10/13/2025. Data appearing in the gray are subject to change as case investigations are still ongoing.

Mpox

- **Keep mpox on your differential when seeing patients with symptoms consistent with mpox.**
- **Offer vaccine to at risk individuals. Vaccination remains an important strategy against both clades of mpox.**
- **Ask patients with suspected mpox infection about:**
 - **Travel to Central or Eastern Africa**
 - **Close contact with someone with such recent travel**
- **Contact the Communicable Disease Branch epidemiologist on call at 919-733-3419 to coordinate clade-specific testing for patients with these risk factors**



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Vaccine Update

Beth Meadows, MSN, RN, CPHN
Provider Clinical Services Unit Lead

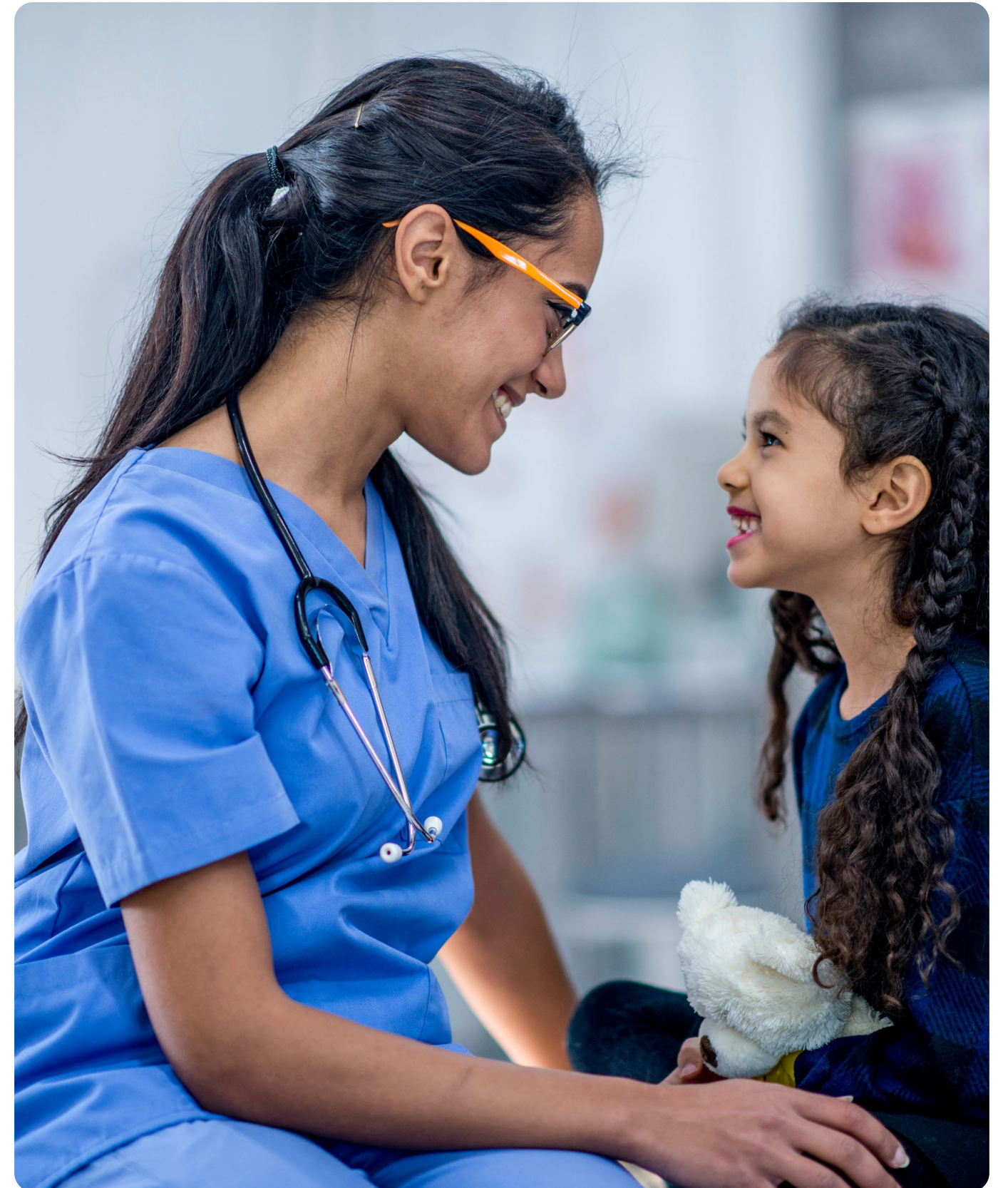
October 14, 2025

LOCAL HEALTH DEPARTMENT WEBINAR

October 14, 2025



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**





Today's Agenda

- General Updates/Reminders
- Measles Updates
- COVID19 Updates
- RSV Updates
- Flu Updates



General Updates & Reminders

Annual Health Assessment and Compliance Reporting for Childcare and K-12 Schools

- Per North Carolina immunization law, all schools providing Pre-K, all licensed childcare facilities, and K-12 schools are required to file an annual immunization report on children aged newborn through 12th grade.
- The assessment is used to determine the number of children protected/unprotected against vaccine-preventable diseases.
- Students must be compliant with all requirements within 30 calendar days from the first day of childcare or school attendance.
- Deadlines:
 - K-12 – November 1, 2025
 - Childcare – November 15, 2025
 - College – December 1, 2025



[2025 Annual Childcare Immunization
Report Memo Communication](#)

[Annual Health Assessment and Compliance
Reporting for Public Schools Memo](#)

2025 Local Health Department Annual Immunization Assessment

Key Points

- Purpose of the assessment is to review immunization status of children aged 24-35 months in NCIR.
- Pertains to children labeled “active” in NCIR under the LHD site + all county residents.
- Data was extracted October 1, 2025 from NCIR.
- Assessment results will be reviewed with you in early 2026 by your Regional Immunization Consultant (**RIC**).
- Questions regarding this memo or the assessment process, contact your RIC.



[2025 LHD Annual Immunization
Assessment Memo Communication](#)

[Link to Signed Memo](#)

Now Available: PENMENVY™ (GSK) Pentavalent Meningococcal Vaccine

VFC Ordering

- Providers can now order the pentavalent meningococcal (A,B,C,W, and Y) vaccine, **PENMENVY™** via **NCIR**

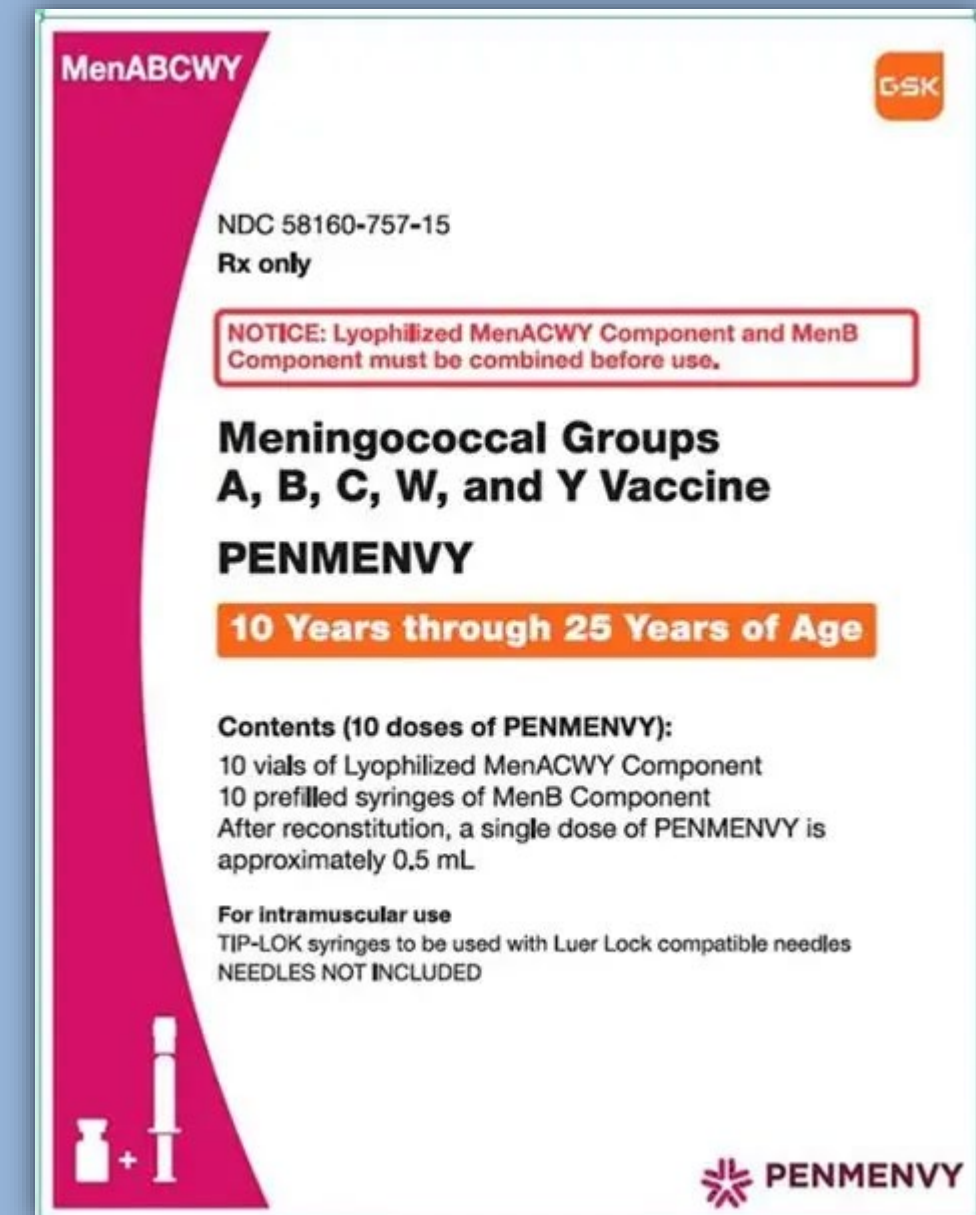
About PENMENVY™

- Licensed as a two-dose series (6 months apart)
- Prevents invasive meningococcal disease caused by serogroups A, B, C, W, and Y
- Licensed for individuals aged 10–25 years
 - VFC eligibility** is only through 18 years

ACIP Recommendations

- Use when both MenACWY and MenB vaccines are indicated at the same visit
- Routine Schedule:** Healthy individuals aged 16–23 years when shared clinical decision-making supports MenB vaccination
- At-risk groups:** Individuals aged 10+ at increased risk who are due for both vaccines

*Reminder: MenB vaccines are **not interchangeable**.

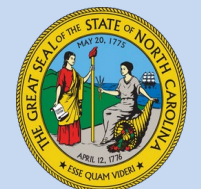


[PENMENVY Communication Link](#)

Katz Award Call for Nominees

The Samuel L. Katz, M.D. Excellence in Immunization Award

- NCIP will present the **Samuel L. Katz, M.D. Excellence in Immunization Award** during the 2026 NC DHHS Vaccines for Children Conference, March 4–6, 2026.
- Nominations are now open. To be considered, nomination materials must be submitted by **Friday, October 31, 2025**, via the [Samuel L. Katz, M.D. Excellence in Immunization Survey](#).
- This award recognizes individuals or organizations that have demonstrated exemplary and innovative efforts to improve immunization coverage among children, adolescents, and adults.
- The recipient (or a designated representative) will receive complimentary conference registration and lodging for two nights (March 4–5, 2026).
- For questions or further information, please contact **Brandon Rector** at **919.218.8932** or **brandon.rector@dhhs.nc.gov**.



Save the Date! 2026 NCDHHS Immunization Conference



**2026 NCDHHS
VACCINES FOR CHILDREN
CONFERENCE**

**Join us for the upcoming in-person 2026 VFC Training
Conference in Greensboro!**

This conference will address new immunization recommendations, best practices, and meets the VFC training requirements for primary and back-up coordinators. A registration fee will include attendance, handouts, continuing education credit, and some meals.

 **Wednesday-Friday
March 4-6, 2026**

 **Koury Convention Center
3121 West Gate City Boulevard
Greensboro, NC, 27407**

REGISTRATION DETAILS TO COME!

 NC DEPARTMENT OF
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WAKE AHEC
PART OF NC AHEC

RECRUIT
TRAIN
RETAIN

Website for Conference Updates and Information: [2026 NCDHHS Vaccines For Children \(VFC\) Conference | Division of Public Health](#)

NCIP Provider Lunch and Learn October 15th

Join Us!

- Date: October 15th, 2025
- Time: 12:00-1:00 pm

Register in Advance!

Zoom registration link: [Click here to register](#)

Meeting ID: 161 461 6668

Passcode: 317291



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Lunch and Learn:

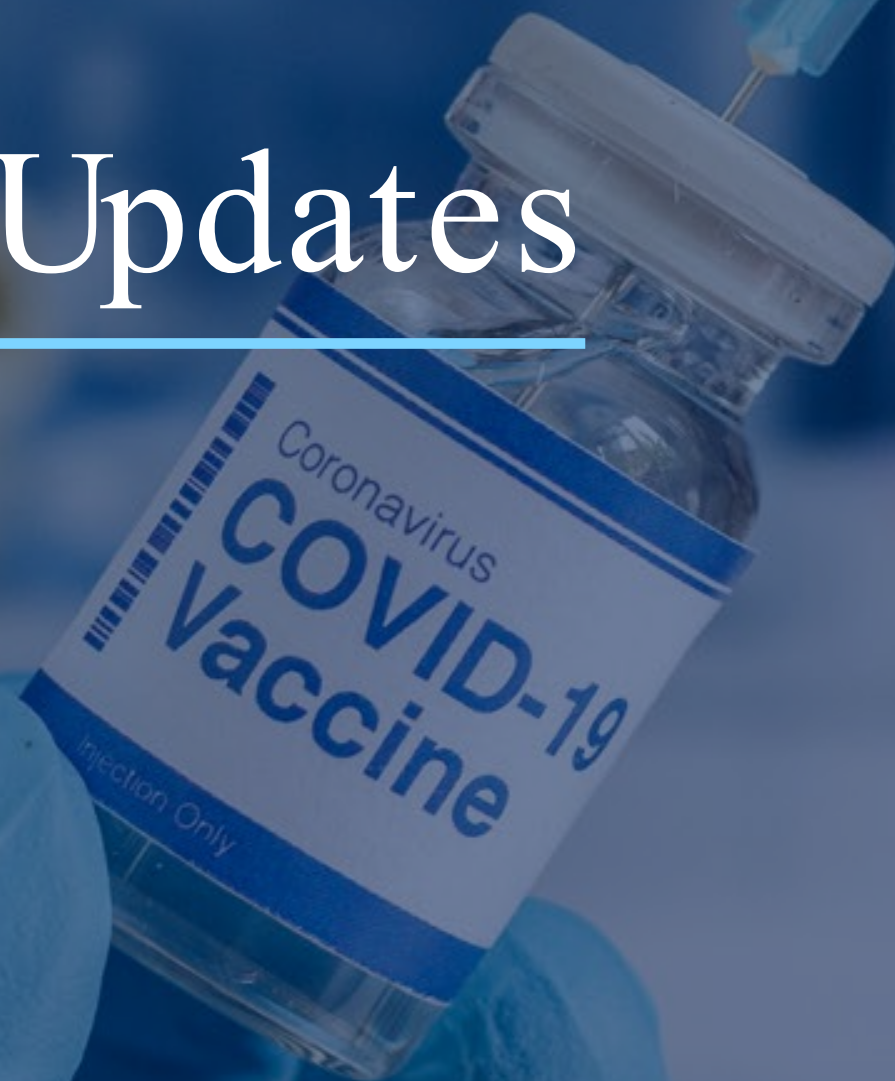
Best Practices for Immunizations:
Respiratory Illnesses

Speaker: Heather Goodson, RN

October 15, 2025



COVID-19 Updates



COVID-19 Vaccine Update for LHDs

VFC COVID-19 vaccine is available to order in NCIR for the 2025-2026 season

CDC/ACIP Updates

- Oct. 6, 2025, CDC approved ACIP COVID-19 vaccine recommendations
- **Individual-based decision-making** now applies to COVID-19 vaccines for ages 6 months +
- Pharmacies may vaccinate individuals **age 7+ without a prescription, in accordance with ACIP recommendations**

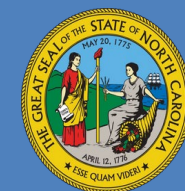
State Updates

- Standing orders were rescinded Oct. 13, 2025 to align with new CDC/ACIP guidance
- NC pharmacies must update protocols accordingly

VFC Provider Guidance

- LHDs are VFC-eligible children's safety net. Should maintain **minimum VFC stock**
- 317 VFA vaccine **not available** this season
- Clinical & nursing guidance is in progress

[COVID-19 Vaccine Update for LHDs Communication](#)



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Pfizer & Moderna Vaccine Programs - Patient Assistance ResourcesTM

Pfizer Patient Assistance Program for Vaccines

Helps eligible, uninsured* patients receive their Pfizer vaccines for free** through their doctor's office.

*Eligible patients cannot have prescription or medical insurance.

**Age and other eligibility restrictions apply.



To receive assistance with your Pfizer Vaccines, please have your Prescriber call us directly at [1-866-706-2400](tel:1-866-706-2400).

[Retail Vax Assistance -Pfizer](#)

Moderna continues its collaboration with Project HOPE and Direct Relief, organizations renowned for their commitment to improving healthcare access in underserved communities. With their deep expertise and established networks, these partners help ensure that vaccines reach those most in need, enhancing our collective impact on public health.

[Federally Qualified Health Centers](#) and [Free & Charitable Clinics](#) enrolled in these networks can request vaccines at no cost.

[COVID-19 Vaccine Access – Moderna](#)

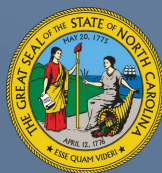




RSV Updates

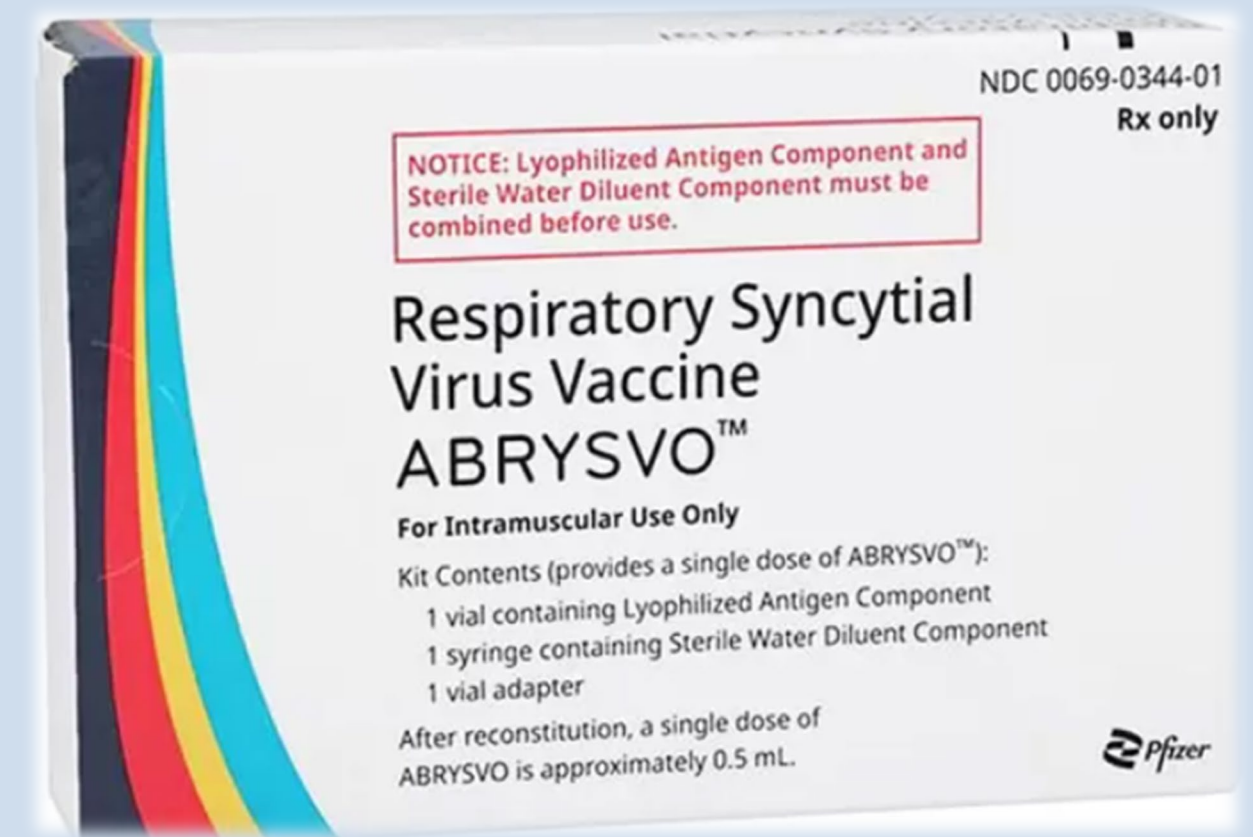
RSV Requirement Reminder!

- ✓ All VFC-enrolled providers that serve VFC-eligible children 19 months of age or younger are required to carry **VFC-supplied RSV monoclonal antibody products** at the start of RSV administration, which begins October 1.
- ✓ **Important:** Failure to order required vaccines will result in a temporary hold for **all** VFC vaccine orders.
- ✓ **Recommendation:** Order the minimum order quantity for RSV to avoid overstocking.

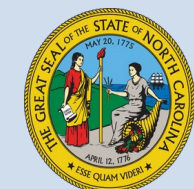


Reminder-317 Funded ABRYSVO® for LHDs Still Available

- NCIP has a limited amount of 317 VFA funding to support maternal RSV vaccine availability for Local Health Departments.
- Doses are available for all uninsured pregnant adults receiving services at the LHD.
- 317 VFA Abrysvo™ is now available for LHDs while supplies last.



[Order ABRYSVO® Vaccine Doses](#)



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Flu Updates



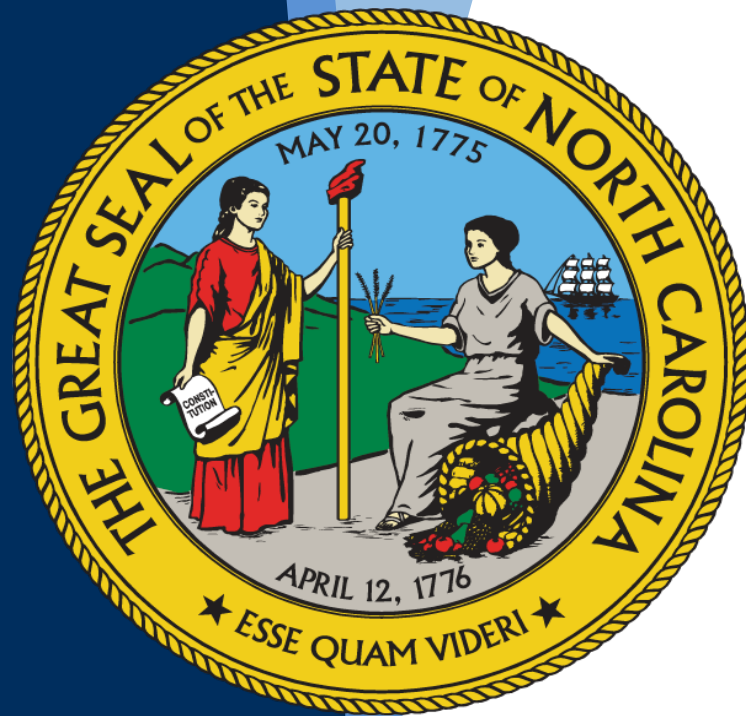
2025-2026 Flu Vaccines Availability and Ordering Information

- Ordering for flu vaccines for the 2025-2026 season began August 11, 2025
- The NCIP offers several brands of flu vaccine in various presentations, all are trivalent and protect against H1N1, H3N2 and one influenza type B virus.
- Providers should:
 - Order enough for VFC patients throughout the flu season to replenish supply and ensure safe storage by ordering every 4 weeks.
 - Place vaccine orders directly through the North Carolina Immunization Registry (NCIR).
 - Order **private stock** for non-VFC-eligible patients

Note: Due to recent ACIP recommendations, multi-dose vial flu products will not be available this season through the VFC Program.

[2025-2026 CDC Seasonal Flu Recommendations MMWR](#)

[Flu Vaccine Product Availability and Ordering Information 2025-2026 Memo](#)



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Antibiotic Awareness Week

Catherine Bryan, MPH, a-IPC

Antimicrobial Stewardship Lead & HAI Epidemiologist

October 14, 2025

U.S. Antibiotic Awareness Week

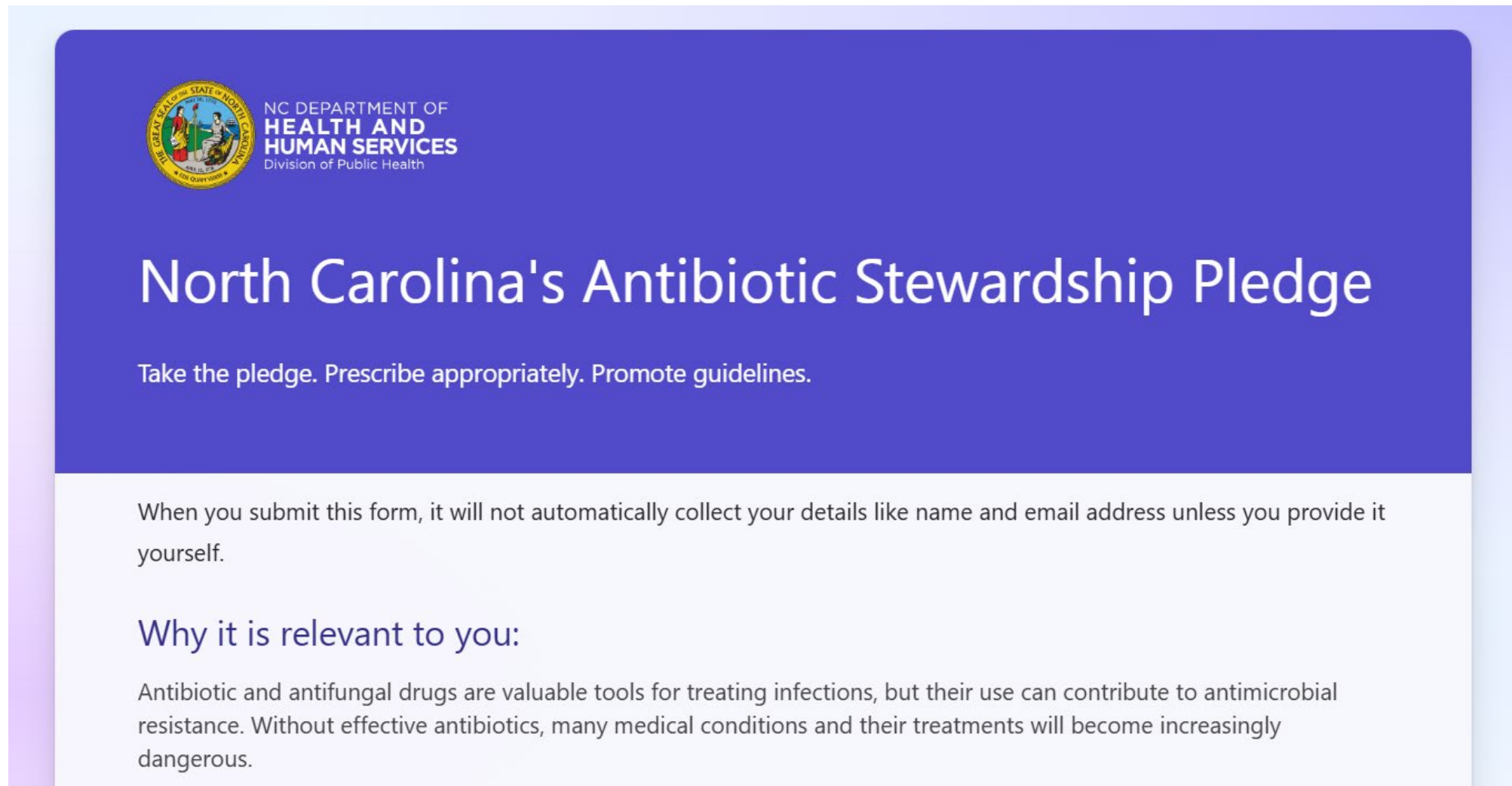
November 18-24, 2025 | bit.ly/USAAW2025

- Wear purple
- Repost our social media messaging
- Sign and promote the North Carolina Antibiotic Stewardship Pledge!



NC Antibiotic Stewardship Pledge

- Open year-round
- Microsoft Forms
- Email signature banner
- Certificate of completion



The form features a purple header with the NC Department of Health and Human Services logo and the title "North Carolina's Antibiotic Stewardship Pledge". Below the header, it says "Take the pledge. Prescribe appropriately. Promote guidelines." A disclaimer states: "When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself." A section titled "Why it is relevant to you:" explains that antibiotic and antifungal drugs are valuable but their use can contribute to antimicrobial resistance.

 NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Public Health

North Carolina's Antibiotic Stewardship Pledge

Take the pledge. Prescribe appropriately. Promote guidelines.

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

Why it is relevant to you:

Antibiotic and antifungal drugs are valuable tools for treating infections, but their use can contribute to antimicrobial resistance. Without effective antibiotics, many medical conditions and their treatments will become increasingly dangerous.

ADULT ANTIBIOTIC PRESCRIBING GUIDELINES

ADULT OUTPATIENT TREATMENT RECOMMENDATIONS 2024:

Summary of Guidelines¹

Adapted by experts in antibiotic prescribing, including primary care providers, academic infectious disease physicians, clinical pharmacists, and health care systems antibiotic stewardship leaders from across North Carolina from 2018 guidelines produced by the New York State Department of Health.



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Interactive Q & A



Please submit your questions through the Q&A feature.

If you prefer to ask a question verbally, use the “Raise Hand” function, and a meeting organizer will unmute your microphone at the appropriate time.