

Monthly LHD Update Meeting

June 10, 2025



Agenda

Epi Section Update	Amanda Fuller Moore Clinical Pharmacist
Rabies, Foodborne, Vectorborne Update	Carl Williams, DVM, DACVPM State Public Health Veterinarian
Respiratory Update	Neeti Karmacharya, MPH, CHES Legionella Epidemiologist
Vaccine Update	Beth Meadows, MSN, RN, CPHN Provider Clinical Services Unit Lead, Interim Immunization Branch Director
Question & Answer Session	Open for Questions — Please use the Zoom Q&A function

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Epi Section Update

Amanda Fuller Moore

Clinical Pharmacist

Rabies, Foodborne, Vectorborne Update

Carl Williams, DVM, DACVPM

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Respiratory Update

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Legionella Epidemiologist

Vaccine Update

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Provider Clinical Services Unit Lead, Interim Immunization Branch Director

Question & Answer Session

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Rabies, Foodborne, Vectorborne Updates for Summer 2025

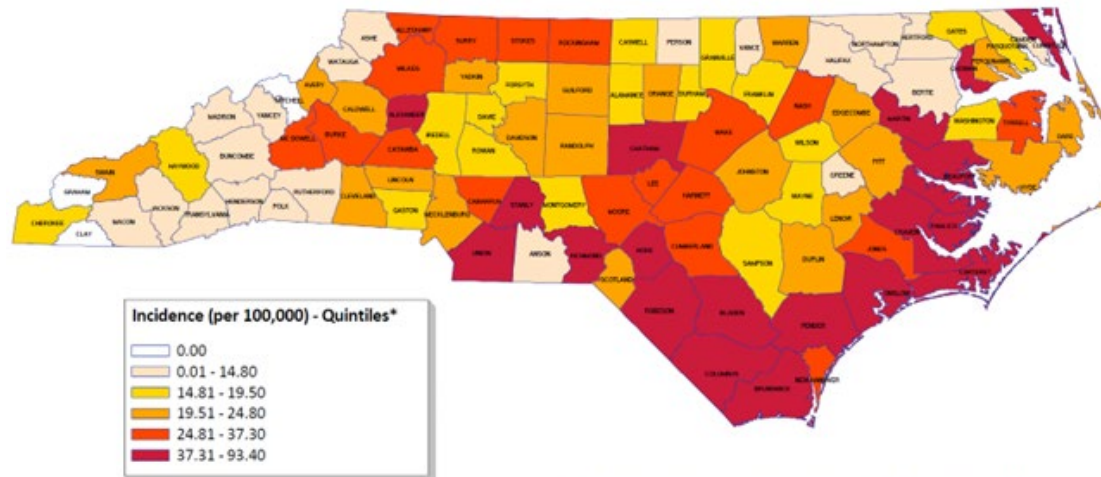
Carl Williams, DVM, DACVPM
State Public Health Veterinarian

Epi Section Updates for LHDs
June 10, 2025

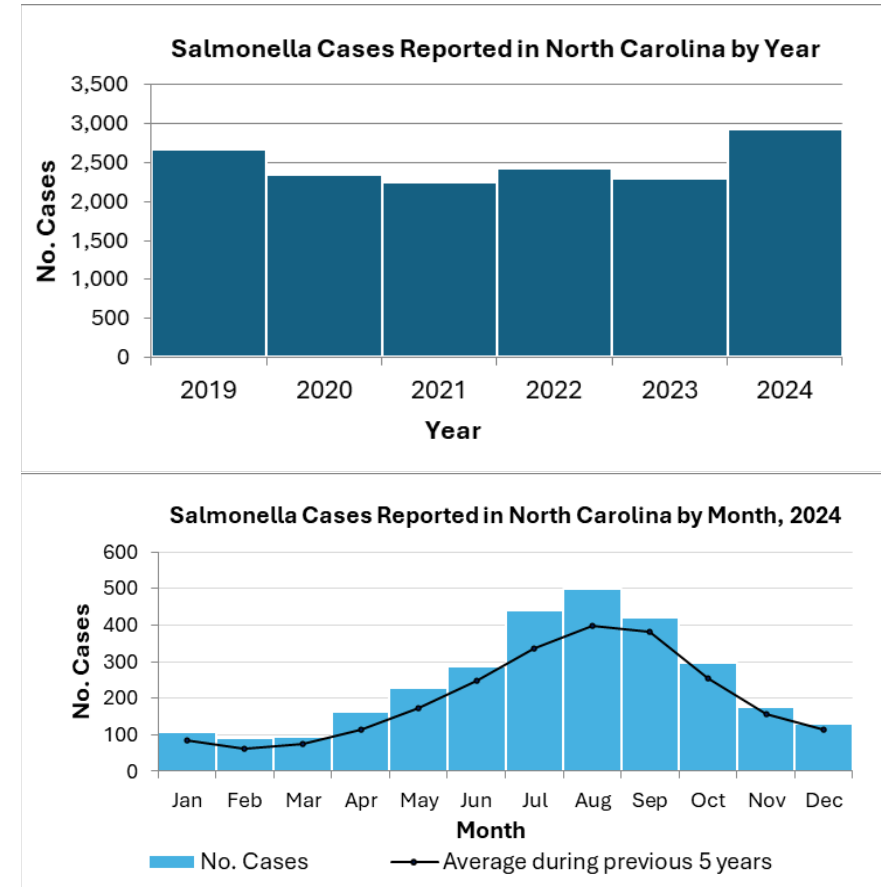
Surveillance Tips for Foodborne Conditions Peaking in the Summer

- **It is important to complete the surveillance forms as quickly as possible.**
- **Cases may be genetically linked to other cases long after the form is completed. It is important to collect exposure (food history) details as quickly as possible after the event is created.**
- **Remember to request isolates or clinical specimens**

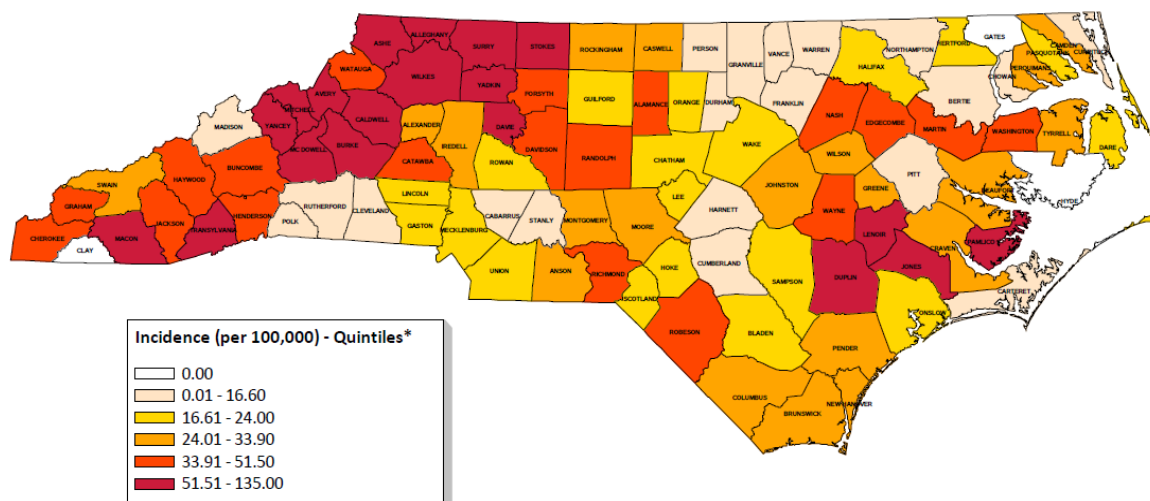
Salmonellosis Surveillance Summary, 2024



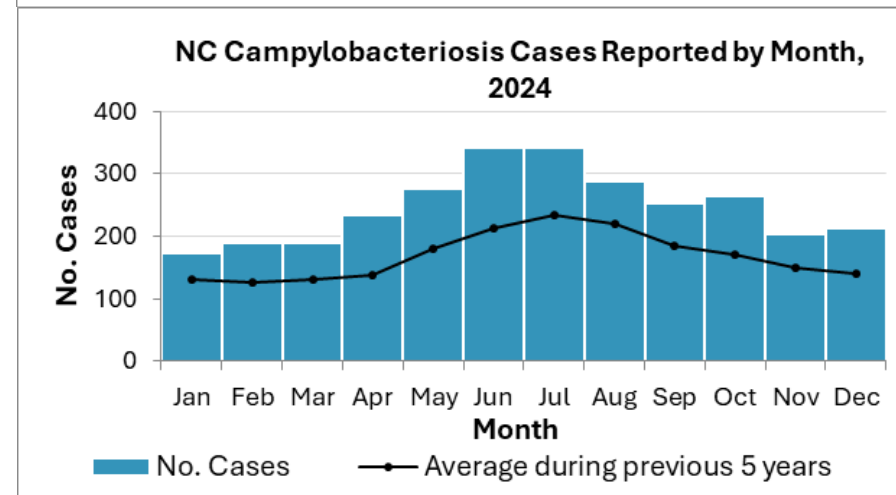
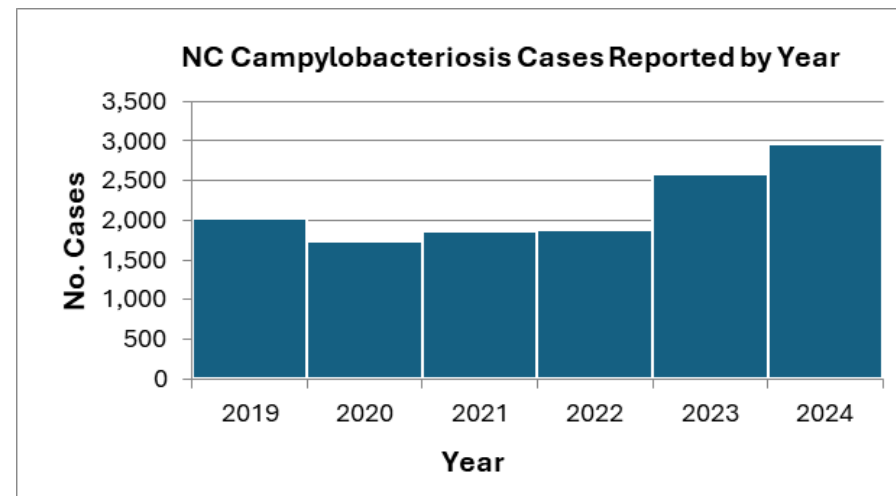
*Counties with at least one case were ranked by incidence rate and placed into quintiles (5 roughly equal groups divided at 20-percentile intervals).



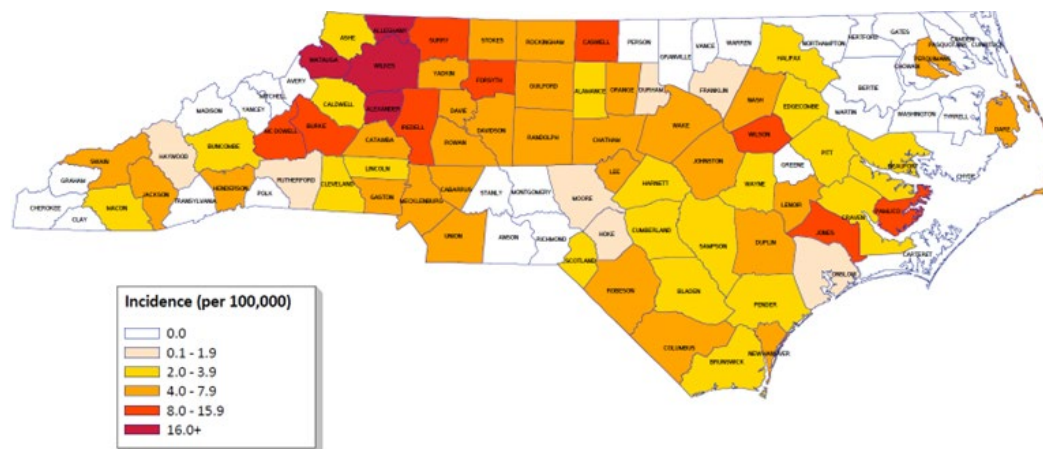
Campylobacteriosis Surveillance Summary, 2024



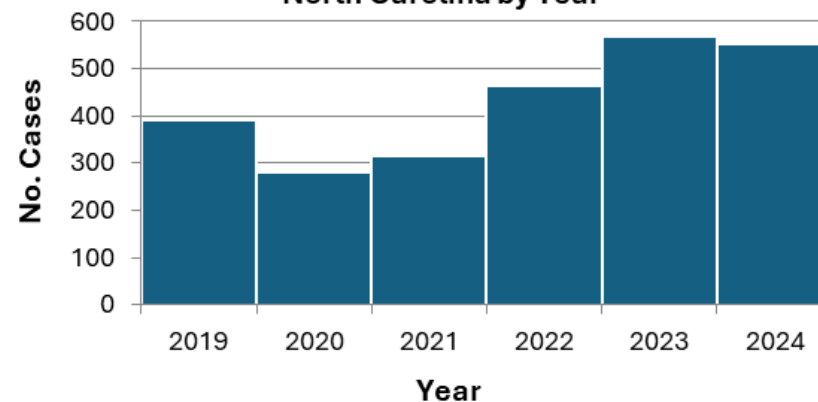
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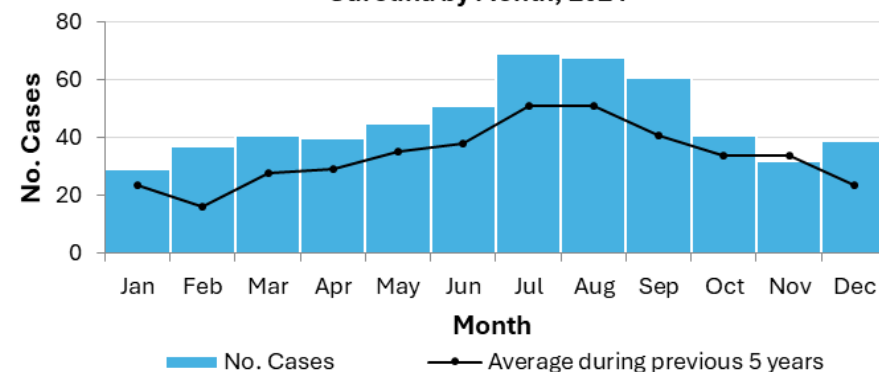
STEC Surveillance Summary, 2024



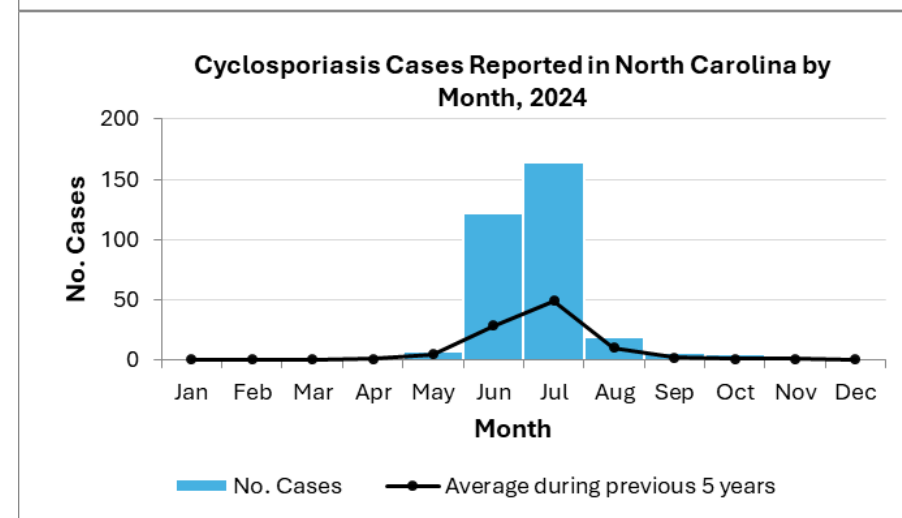
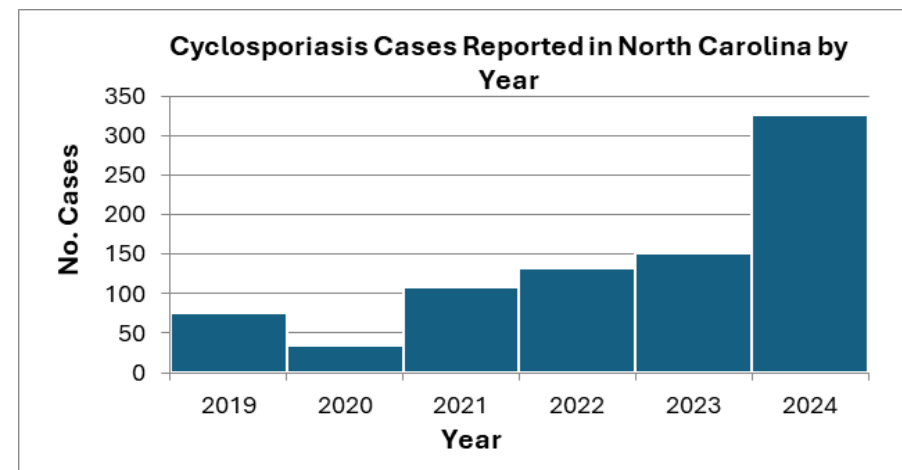
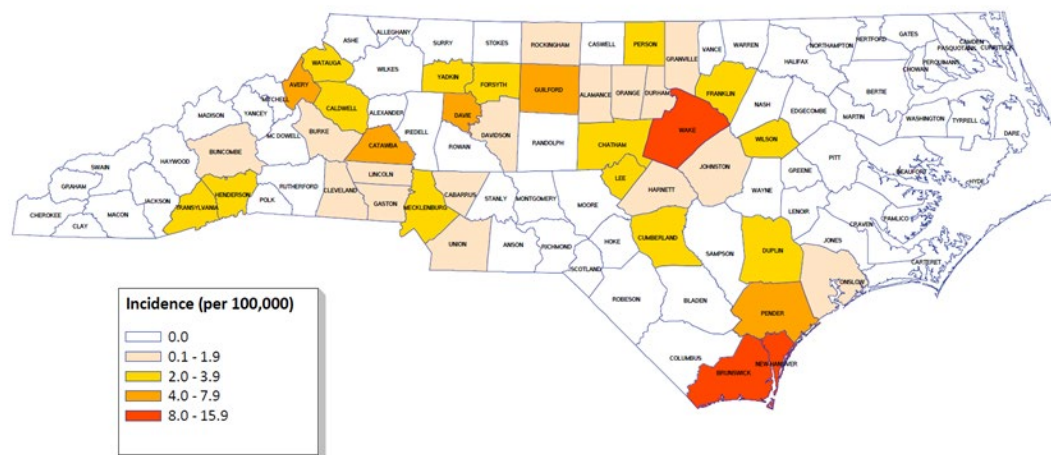
E.coli shiga-toxin producing Cases Reported in North Carolina by Year



E.coli shiga-toxin producing Cases Reported in North Carolina by Month, 2024



Cyclosporiasis Surveillance Summary, 2024



TATP Webinar This Week, June 12, 10 AM!

- **More detail on**
 - **Rabies risk assessments**
 - **Vectorborne case investigation**



WSOC Charlotte

+ Follow

16.2K Followers



Gaston

Eighth rabies case confirmed in Gaston County after cat dies

Story by WSOC-TV.com News Staff • 3d • 1 min read

Cumberland

Rabid fox bites NC house inspector's foot, pet owners urged to get animals vaccinated



Thursday, June 5, 2025 5:25PM



Man strangles coyote to death after it follows, attacks him; animal tests positive for rabies



By [Tom George](#)

Saturday, May 17, 2025



Person

Surry

North Carolina pets at risk of rabies as 'aggressive' fox runs rampant

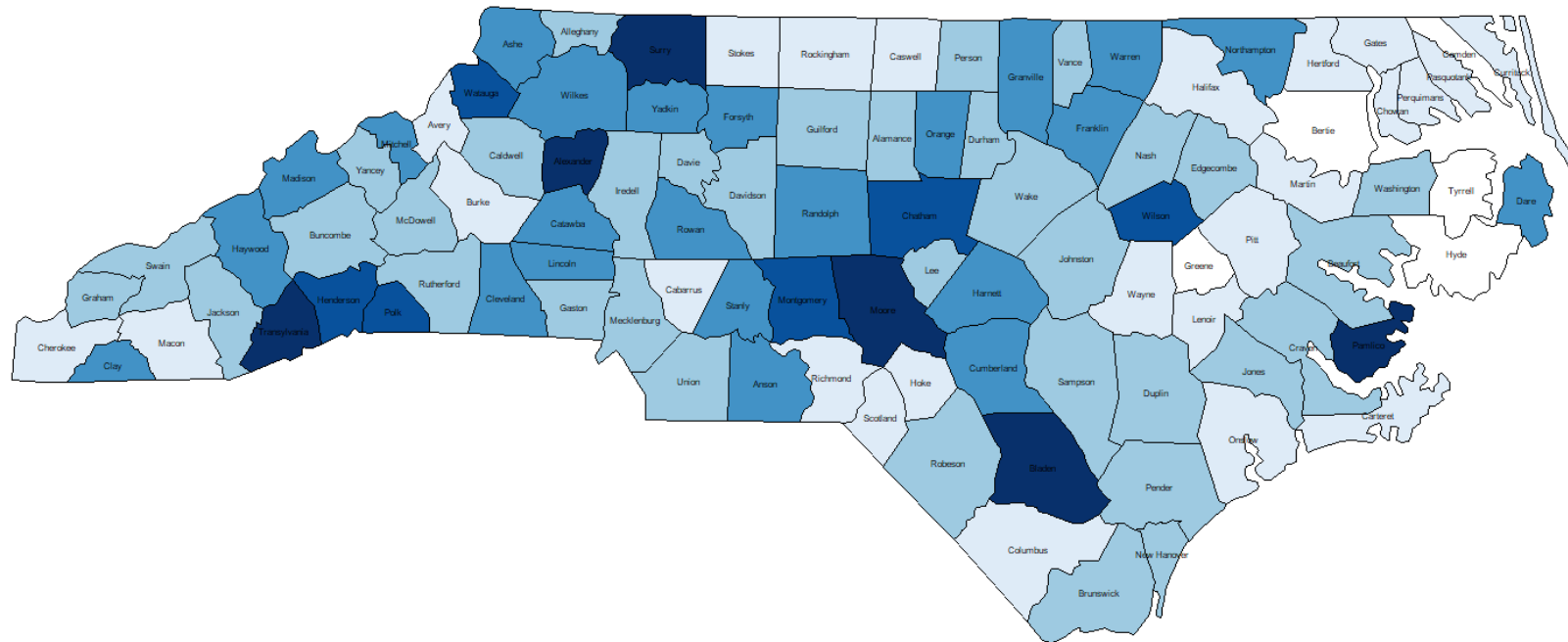
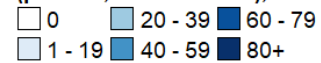
Angeli Gabriel

Tue, May 13, 2025 at 2:06 PM EDT · 1 min read



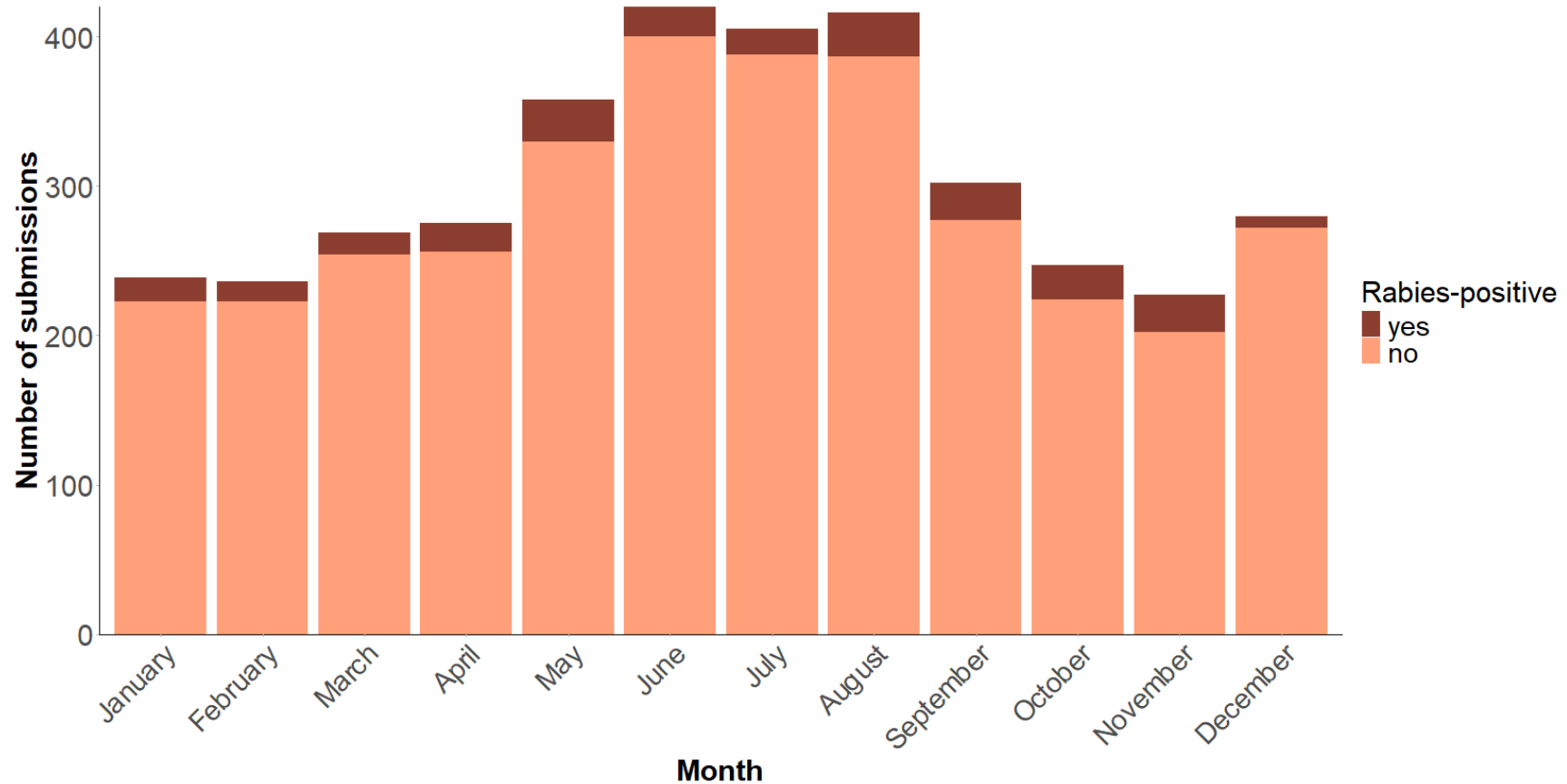
Rabies in NC, 2024

Rabies specimen submission rates by county



Rabies in NC, 2024

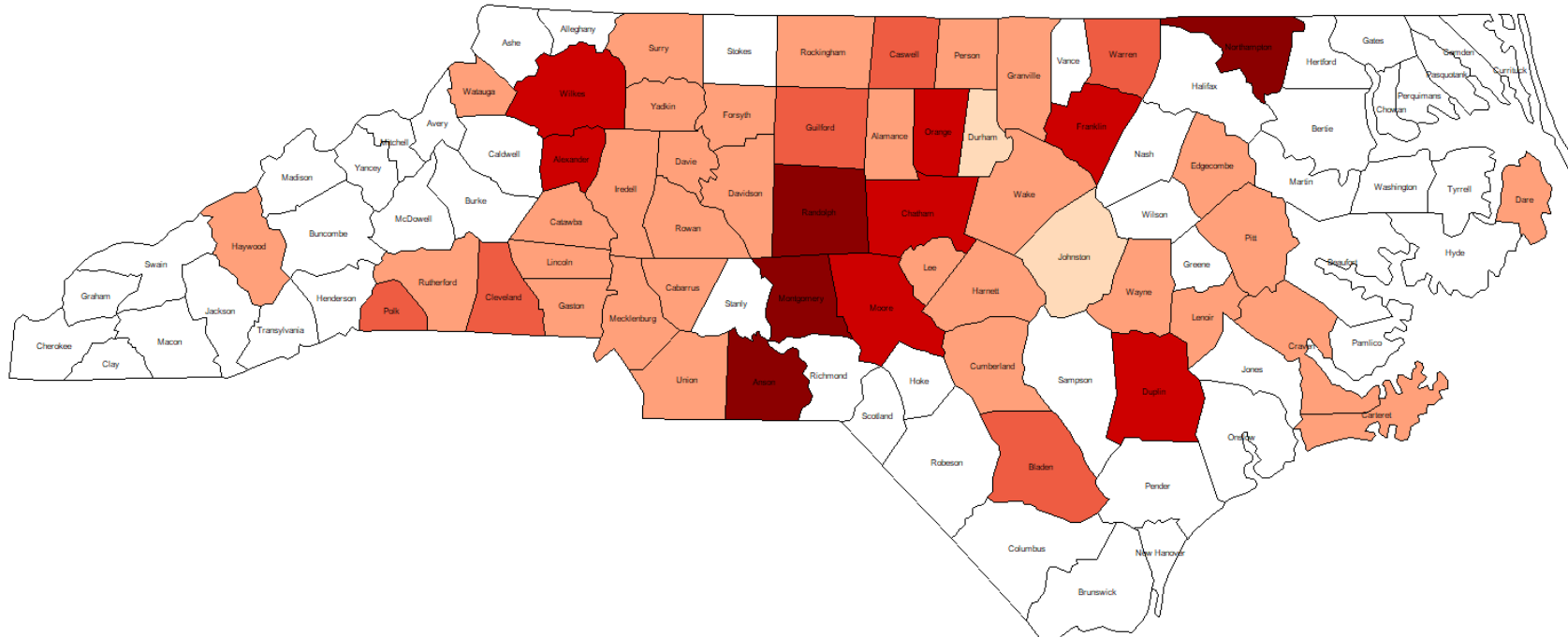
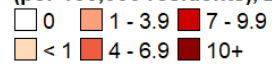
Rabies submissions (n=3657) and positives (n=237)



Rabies in NC, 2024

Rabies specimen positivity rates per 100,000 residents

Rabies positivity rate
(per 100,000 residents), 2024



Animals are tested for rabies when...

An animal has potentially exposed a human or domestic animal (pet, livestock, horse) to rabies.

OR

A veterinarian has clinical suspicion of rabies in a patient.



What constitutes a human rabies exposure?

What is a Rabies Exposure?

- *Bite exposure*: Any penetration of the skin of a person by the teeth of a rabid or potentially rabid animal
- *Open wound exposure*: Introduction of saliva or other potentially infectious material (cerebrospinal fluid, spinal cord, or brain tissue) from a rabid or potentially rabid animal into an open wound (e.g., broken skin that bled within the past 24 hours)
- *Mucous membrane exposure*: Introduction of saliva or other potentially infectious material (cerebrospinal fluid, spinal cord, or brain tissue) from a rabid or potentially rabid animal onto any mucous membrane (eyes, nose, mouth)

How Does NC Law Define Exposure?

- For people, it really does not define exposure
- Instead...it states that...
 - A physician who attends a person bitten by an animal known to be a potential carrier of rabies shall report the incident within 24 hours to the local health director.
 - When an animal required to be vaccinated under this Part bites a person, the animal shall be immediately confined for 10 days in a place designated by the local health director.
- That seems to be a narrower definition of exposure. What if a stray dog or cat licks an open wound?
 - Bites have long been recognized as the most significant exposure, but are not the only type of exposure

Type of exposing animal

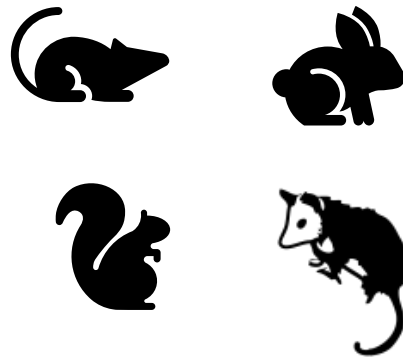
High-risk wild mammals



Capture, euthanize,
and submit for
testing without delay

Bats require some
special considerations

Low-risk wild mammals



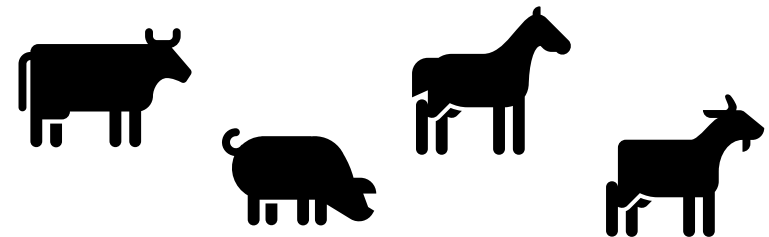
Requires risk
assessment. Testing
must be approved
based on animal
behavior, health,
circumstances of the
exposure

Domestic animals (pets)



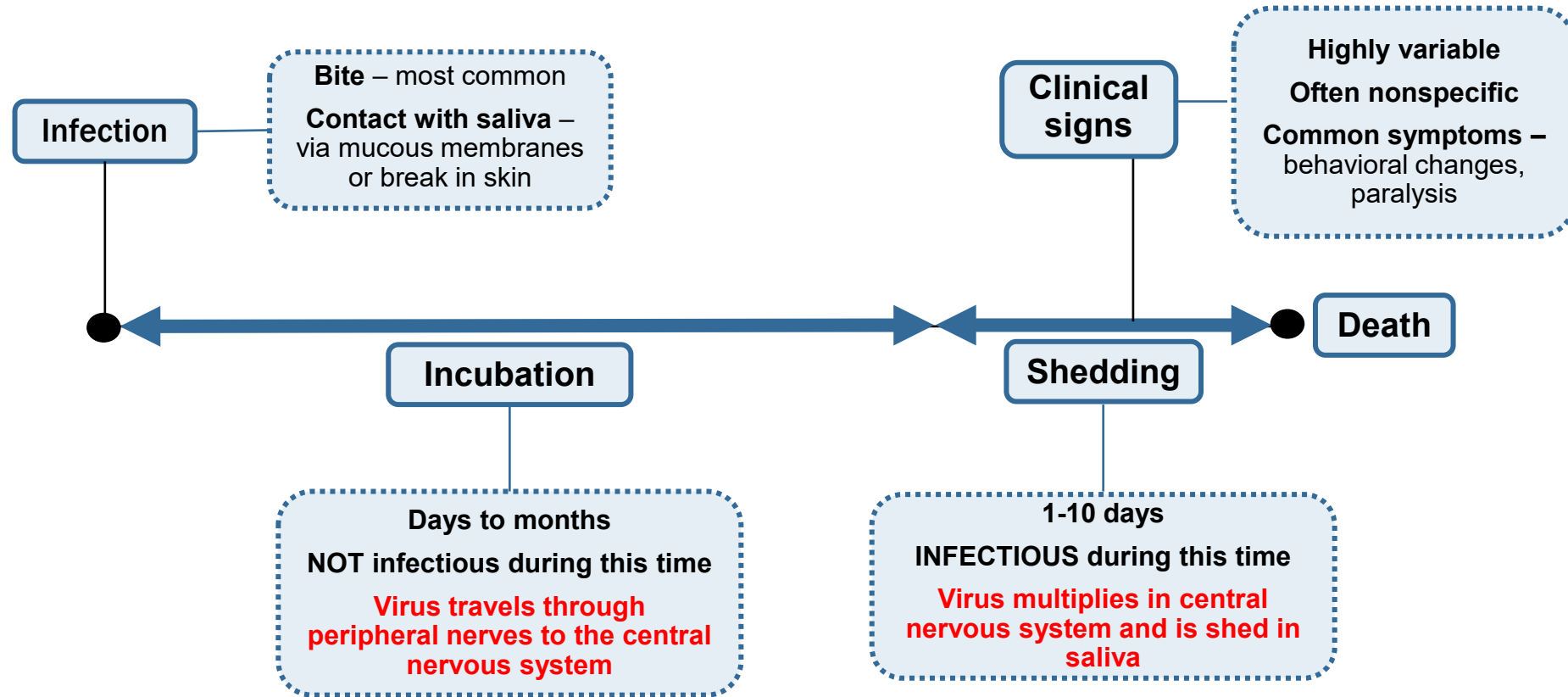
Confine and observe for 10
days (regardless of
vaccination status)

Domestic animals (livestock)



Confine and observe for 15 days
(regardless of vaccination status)

Rabies infections in animals



Infectious materials = saliva and nervous tissue

Rabies exposure FAQs

- **I administered a vaccine to a feral cat then accidentally stuck myself with the needle. Do I need rabies PEP?**
 - This would be considered low risk for rabies exposure, but if possible, confine and observe the cat for 10 days.
- **My dog was playing with a bat, then licked me. The bat tested positive for rabies. Do I need PEP?**
 - If the dog licked you immediately after biting the bat, and if there were any open wounds or mucous membranes exposed, consider PEP. Otherwise PEP not indicated.

What about bats?

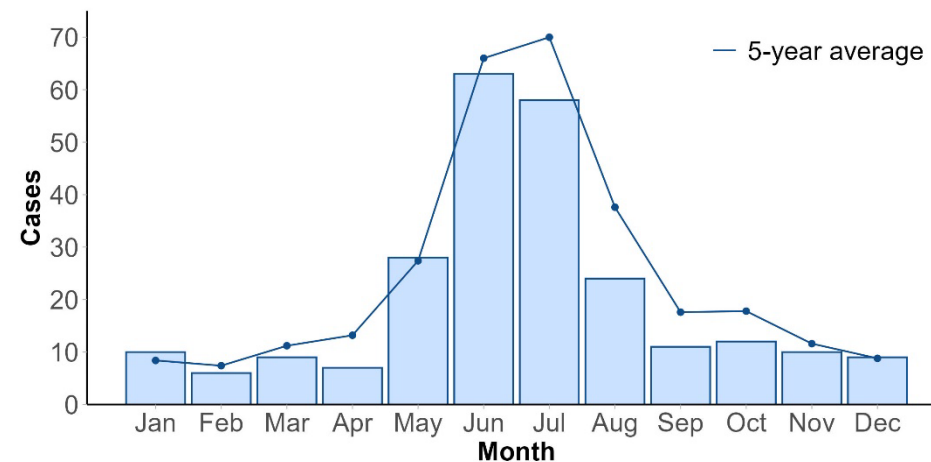
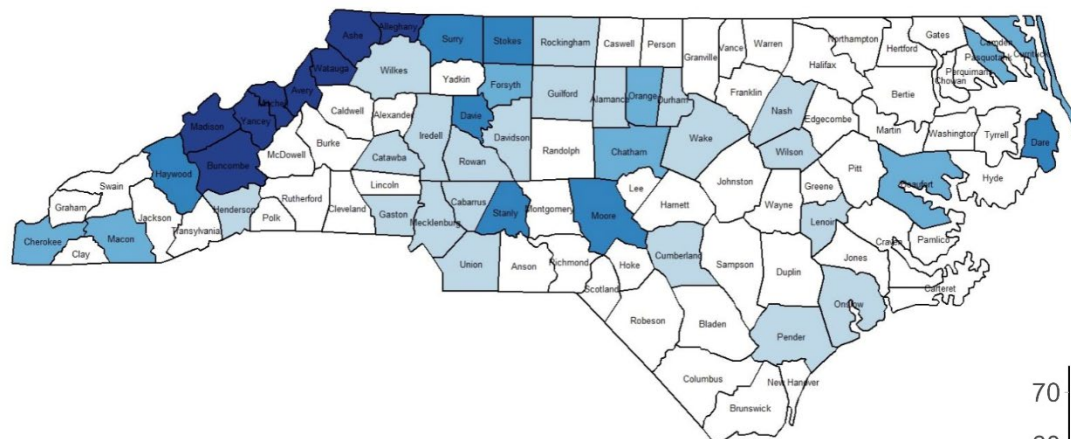


Come to the TATP Webinar on Thursday!

Lyme Disease Surveillance Summary, 2024

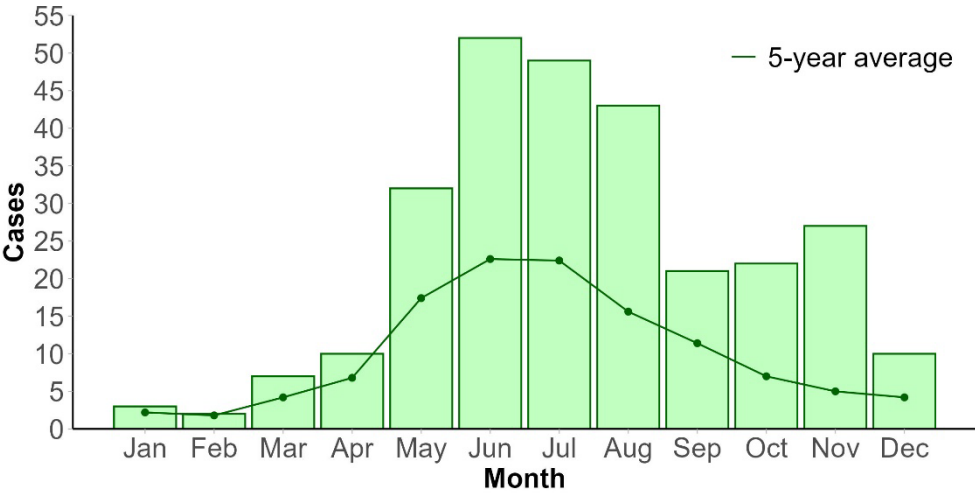
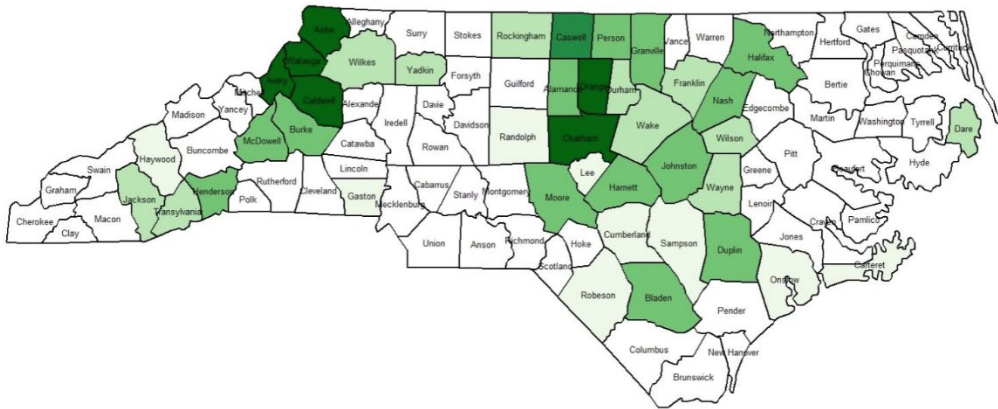
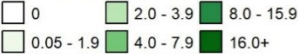
Incidence (per 100,000)

0 0.05 - 1.9 2.0 - 3.9 4.0 - 7.9 16.0+



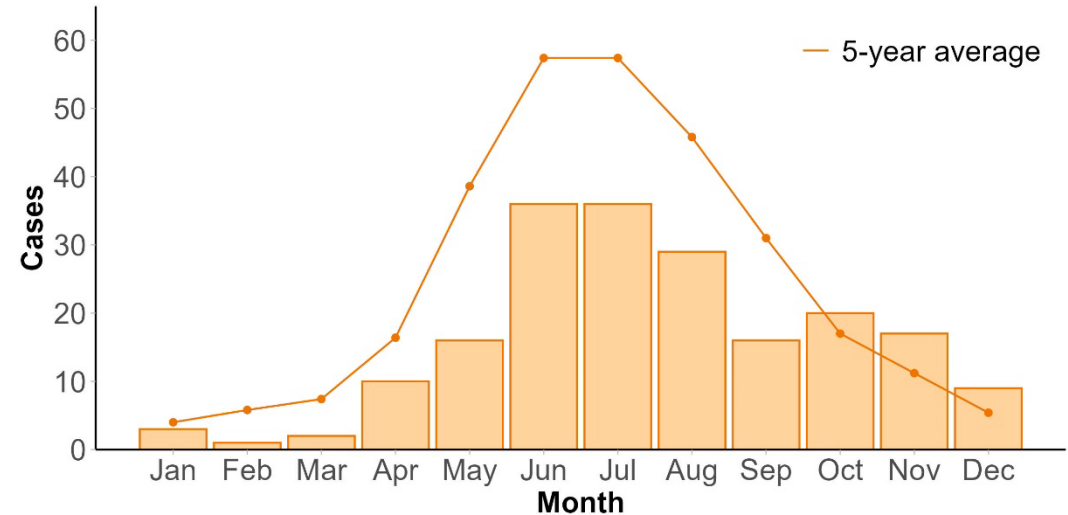
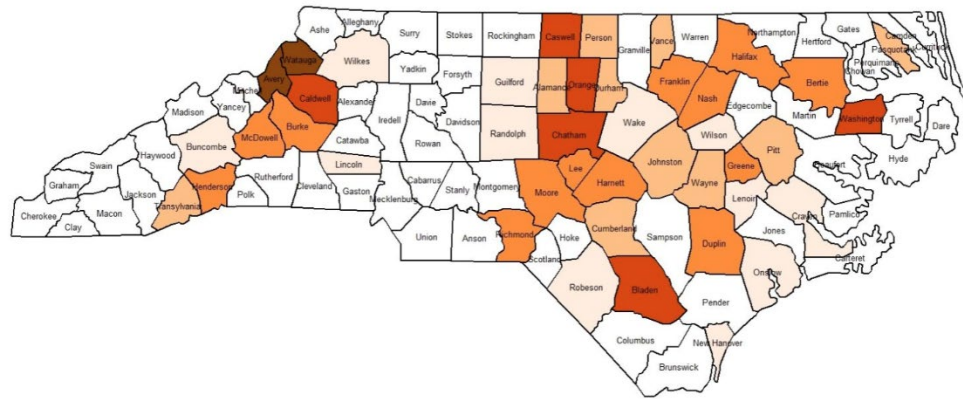
Ehrlichiosis Surveillance Summary, 2024

Incidence (per 100,000)



Spotted Fever Rickettsiosis Surveillance Summary, 2024

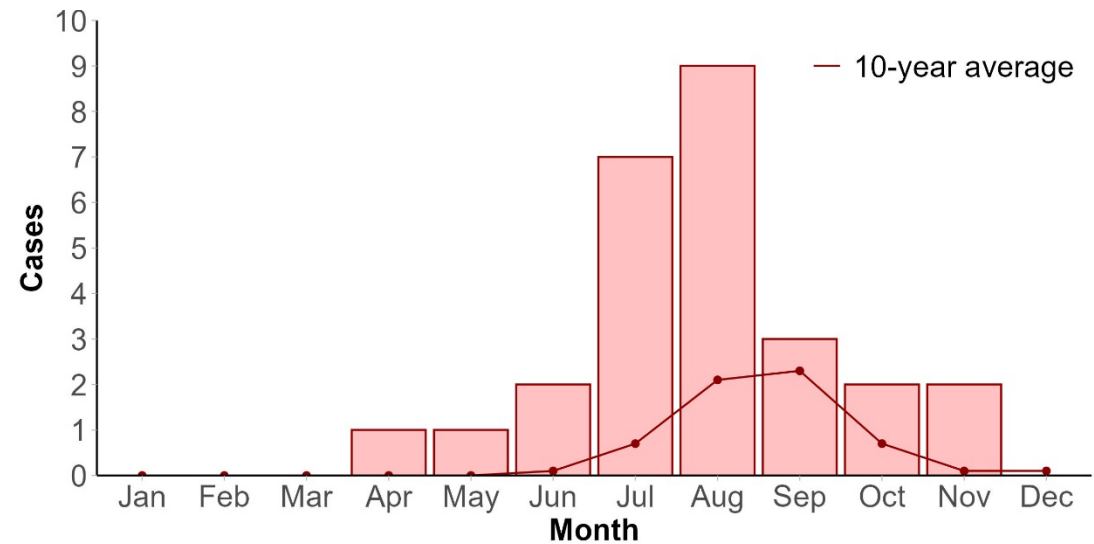
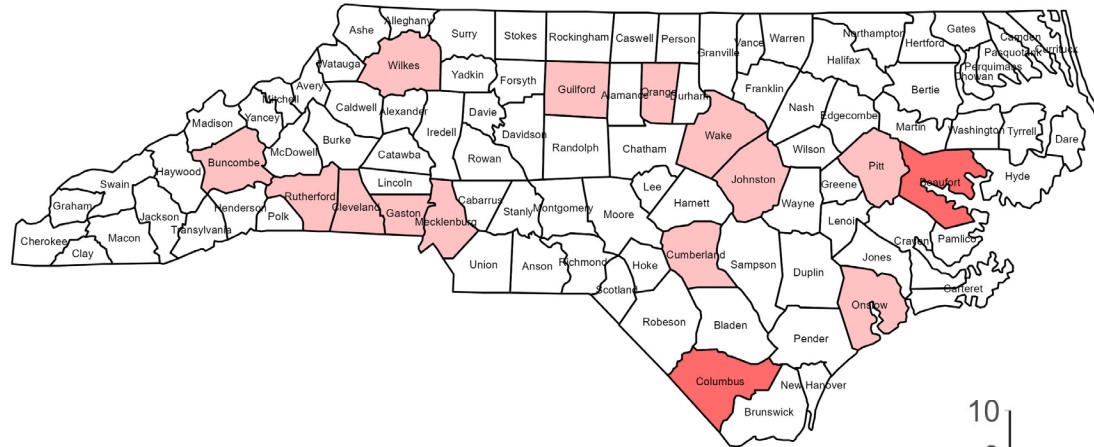
Incidence (per 100,000)



West Nile Virus Surveillance Summary, 2024

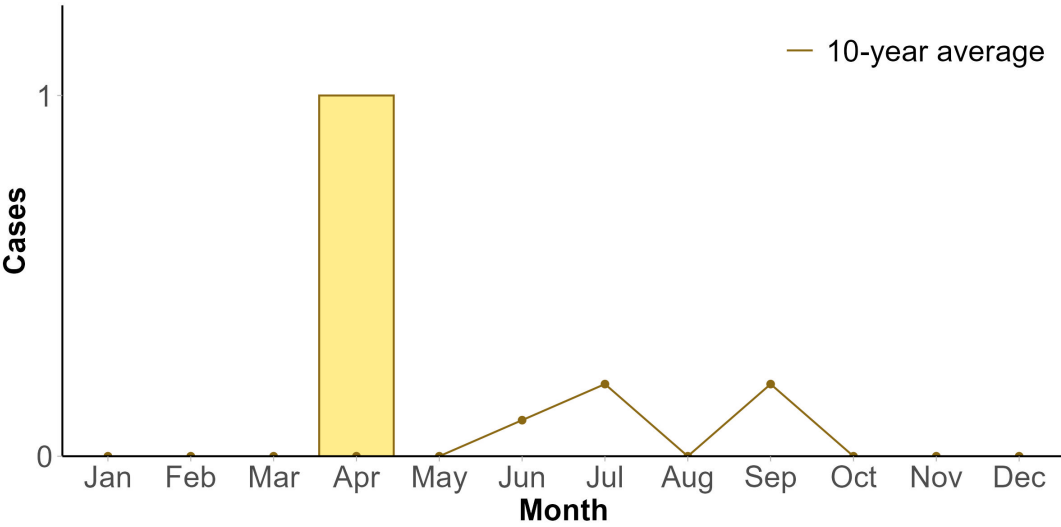
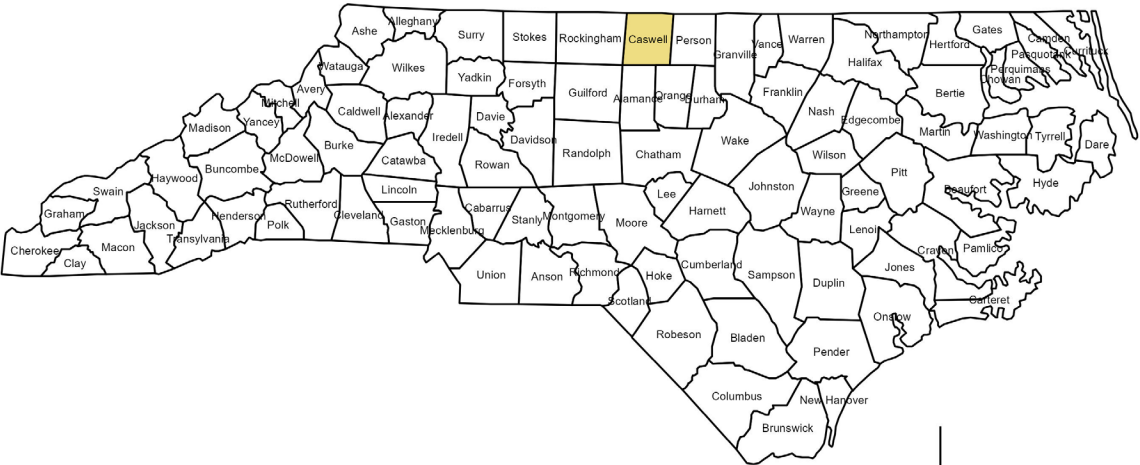
Incidence (per 100,000)

0 0.05 - 1.9 4.0 - 7.9



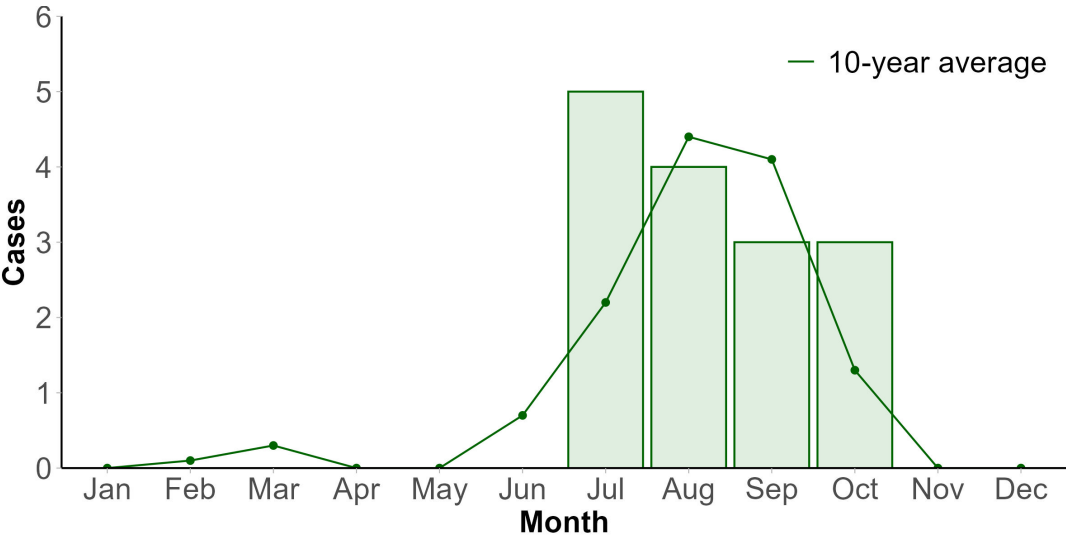
Eastern Equine Encephalitis Virus Surveillance Summary, 2024

Incidence (per 100,000)



LaCrosse Encephalitis Virus Surveillance Summary, 2024

Incidence (per 100,000)
0 0.05 - 1.9 4.0 - 7.9



Your Resources, and Who Made This PPT Possible

- **Foodborne**
 - Nicole Lee, Tammra Morrison, Vanessa Brown Moore, and Veronic Bryant
- **Vectorborne**
 - Emily Herring, Teresa Fisher, Mike Doyle, Viva Kobbekaduwa
- **Rabies**
 - Emily Herring

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Clinical Pharmacist

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State Public Health Veterinarian

Respiratory Update

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Legionella Epidemiologist

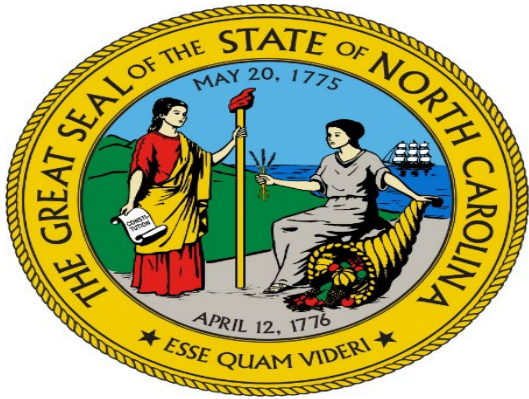
Vaccine Update

Beth Meadows, MSN, RN, CPHN

Provider Clinical Services Unit Lead, Interim Immunization Branch Director

Question & Answer Session

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Legionellosis Update

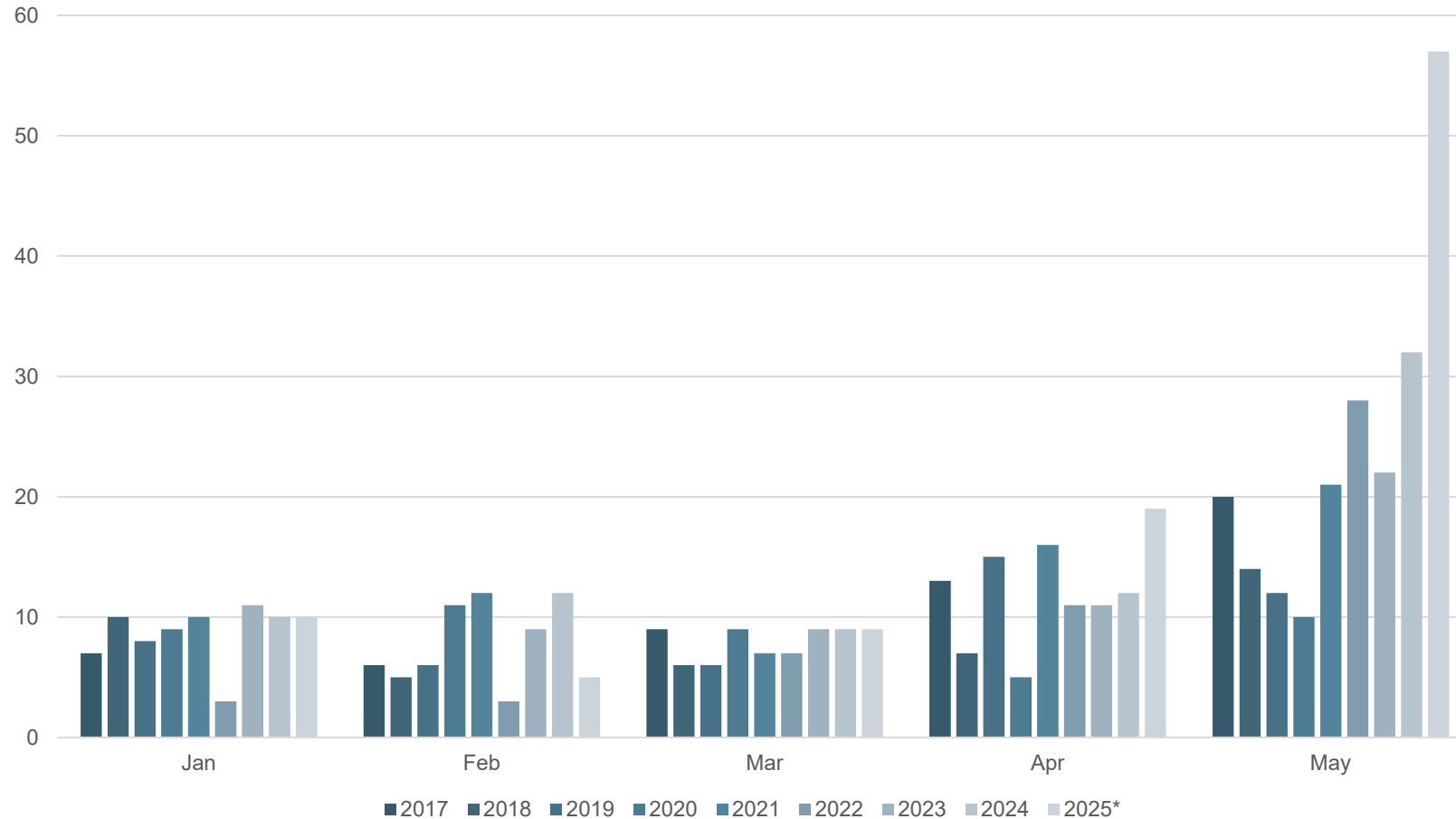
Neeti Karmacharya, MPH
Legionella Epidemiologist

Epi Section Updates for LHDs

June 10, 2025

Legionellosis Trends

Cases Jan-May 2017-2025



*Data is preliminary and subject to change

Request to Local Health Departments

- **Please conduct an extended interview with all cases using [CDC extended case form](#).**
 - Also consider using open ended questions exploring day-to-day activities as opposed to scripted interviews.
 - Upload to the event when completed and let us know.
- **Please ask about healthcare/congregate setting exposure or travel during period of interest.**
 - Please include travel to other counties as well as out of state, including day trips.
 - Please let us know immediately if your case is associated with healthcare or congregate setting
- **Provider memo anticipated to go out today making clinicians aware of an increase in cases of Legionnaires' disease during April and May.**
- **Reach out to facilities where your patients are still hospitalized to encourage culture from lower respiratory specimen and to request an isolate to be sent to the State lab.**

Diagnostic tests for Legionnaires' Disease and specimen submission to NCSLPH

- **Preferred diagnostic tests:**
 - Urine for *Legionella* urine antigen test (UAT), and
 - Culture or lower respiratory specimen
- **North Carolina State Laboratory Public Health (NCSLPH) performs *Legionella* culture and DFA (direct fluorescent antibody) staining for clinical specimens.**
 - sputum, pleural fluid, lung biopsy tissue, bronchial washings and lavages, and tracheal aspirates
- **Please check with provider/clinical lab if clinical specimens are available for culture to submit to NCSLPH.**

Diagnostic tests for Legionnaires' Disease and specimen submission to NCSLPH (continued)

- **NCSLPH Memo went out to NC clinical laboratories on 6/6/2025.**
 - All specimen submissions must be accompanied by a [Special/Atypical Bacteriology Specimen Submission form](#).
 - Must be shipped in leak-proof containers with frozen ice packs for receipt within 3 days of collection.
 - If there is a delay in shipping specimens, specimens must be frozen and shipped on dry ice in an insulated container via commercial courier.
- **Additional information about submission criteria and shipping can be found on pages 152-153 of the [NCSLPH SCOPE: A Guide to Laboratory Services](#).**

Contact information

- **For questions regarding testing and specimen submission, please contact:**
 - Thomas Lawson, Microbiology Unit Manager, at **919-807-8803**
 - or Joyce Knutsen, Bacteriology Supervisor, at **919-807-8793**
- **For any other questions or assistance, please contact:**
 - Epi-on-call number at **(919) 733-3421**
 - Respiratory team: RespiratorySurveillance@dhhs.nc.gov

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VACCINE PROVIDER MONTHLY UPDATE

June 10, 2025



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**





Today's Agenda

- General Updates/Reminders
- COVID-19 Updates
- Flu Updates



General Updates & Reminders



Stay Informed through Vaccineinfo Email

- Be sure you are receiving and reviewing emails from Vaccineinfo (vaccineinfo@dhhs.nc.gov).
- Vaccineinfo emails go to **primary vaccine coordinators, back-up vaccine coordinators, and medical directors**. If you are not receiving emails, make sure you update staff changes or email changes through the [Provider Update Form](#).
- If you would like to receive NCIP communications and you are **NOT** a **primary vaccine coordinator, back-up vaccine coordinator, or medical director**, you can sign up here: [Sign up for NCIP Communications | Division of Public Health](#).
- **Do Not Unsubscribe** from vaccineinfo@dhhs.nc.gov to ensure you continue receiving NCIP communications.
- If you have unsubscribed, fill out the [NCIP Resubscribe Form 2025](#) to continue receiving email updates.

Agreement Addenda (AA) 716 and 720 Updates

An official written notice was issued by NCDHHS on 06/09/2025 stating the stop work issued against AA716 & AA720 for State Fiscal Year (SFY) 25 (June 1, 2024-May 31, 2025) has been rescinded.

AA Purpose

AA716 CDC COVID-19 Vaccination Program

AA720 Seasonal Influenza Vaccine for Farmworkers

- Local Health Departments may draw funding for reimbursement for expenditures incurred between **March 24, 2025 and May 31, 2025**. The last LHD drawdown cycle in Aid-to-Counties for SFY25 opens on **Monday 6/9/25 and remains open through Monday 6/16/25**.
- The LHD performance period for AAs 716 and 720 ended May 31, 2025, with the reimbursement period coinciding with the **grant end date of June 30, 2025**.
- Questions can be directed to Jeneen Precoise, NC DPH Chief Operating Officer, at jeneen.preciose@dhhs.nc.gov.

DPH AA716 and AA720 Stop Work Order Rescission
Document With LHDs Impacted



Inclement Weather Preparedness for Vaccine Supply

- The Atlantic hurricane season begins June 1, 2025 and runs through November 30, 2025.
- Be prepared for weather-related emergencies.

Inclement weather can occur year-round. Preparation is key to handling hurricanes, severe storms, flooding, power failures, and equipment malfunctions.

Key Preparedness Steps:

- **Review & Update Plans:** Review vaccine management and emergency contacts annually.
- **Train Staff:** Ensure all team members know emergency roles, including after-hours procedures.
- **Protect Vaccines:**
 - Suspend vaccination activities before severe weather.
 - Keep vaccine supplies off the floor and monitor temps with CDC-approved DDLs.
 - Have coolers and materials prepared in case of transport.

Stay Informed:

- Visit [[NCIR/Our Website](#)] regularly for updates.
- Call NCIP **1-877-873-6247** with questions.
- Follow [CDC Vaccine Storage & Handling Guidance](#).
- Refer to the [CDC Vaccine S&H toolkit](#)-checklist for emergency storage, handling, and transport for additional guidance.



[Link to Inclement Weather Preparedness Memo](#)

New Funding Code for Vaccines for Adult (VFA) Providers

- For providers who see **VFA (317) and VFC eligible patients**, when placing an order for VFA (317) vaccines, you must indicate in the comments section of the NCIR ordering page which vaccines (and the number of doses) will be used for VFA (317) patients.
- For any provider who orders VFA (317) vaccine (including those who only serve VFA eligible adults), when the order arrives, check the packing slip against the contents of the package, then call the Help Desk at 1-877-873-6247 to have the VFA (317) doses appropriately designated to the VFA (317) funding code **PRIOR to accepting the doses into NCIR inventory**.
- For those on data exchange, you must also ensure the VFA (317) code has been added to your EHR for the doses to decrement from your inventory correctly. Questions regarding data exchange can be sent to: ncirdataexchange@dhhs.nc.gov.



ACIP Recommendations: Chikungunya Vaccine (VIMKUNYA)

ACIP approved the following recommendations by majority votes at its meeting April 15-16, 2025:

1. Virus-like particle chikungunya vaccine for persons aged ≥ 12 years traveling to a country or territory where there is a chikungunya outbreak. In addition, the virus-like particle chikungunya vaccine may be considered for persons aged ≥ 12 years traveling or taking up residence in a country or territory without an outbreak but with elevated risk for U.S. travelers if planning travel for an extended period, e.g., 6 months or more.
2. Virus-like particle chikungunya vaccine for laboratory workers with potential for exposure to chikungunya virus.
3. Live attenuated chikungunya vaccine for persons aged ≥ 18 years traveling to a country or territory where there is a chikungunya outbreak. In addition, the live attenuated chikungunya vaccine may be considered for persons aged ≥ 18 years traveling or taking up residence in a country or territory without an outbreak but with elevated risk for U.S. travelers if planning travel for an extended period of time, e.g., 6 months or more.

These recommendations were adopted by the HHS Secretary on May 13, 2025 and are now official recommendations of the CDC.



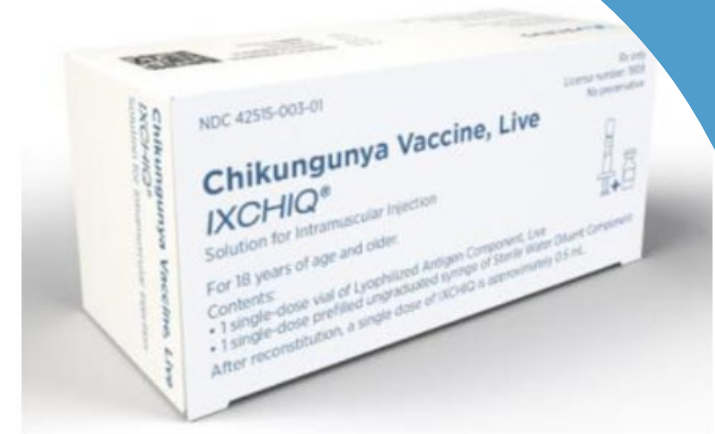
NC DEPARTMENT OF
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Advisory on Chikungunya Vaccine, IXCHIQ Use

- The CDC and FDA have recommended a **temporary pause** in the use of the live-attenuated chikungunya vaccine (IXCHIQ) for adults aged **60 years and older**, to review safety concerns under investigation.
- **6 serious adverse events** have been reported in older adults aged 62-89 years old after vaccination. **5 hospitalizations** involved cardiac or neurologic symptoms.
- International cases have also been reported.

Recommendations:

- **Do not administer IXCHIQ** to adults ≥ 60 years.
- Monitor updates from the **FDA Safety Communication** and the **CDC**.
- Report adverse events to VAERS.
- Review CDC Travel Health Notices on chikungunya outbreaks.
- Counsel travelers on mosquito bite prevention strategies.
- Discuss vaccine options based on destination, duration of travel, patient age and health status.

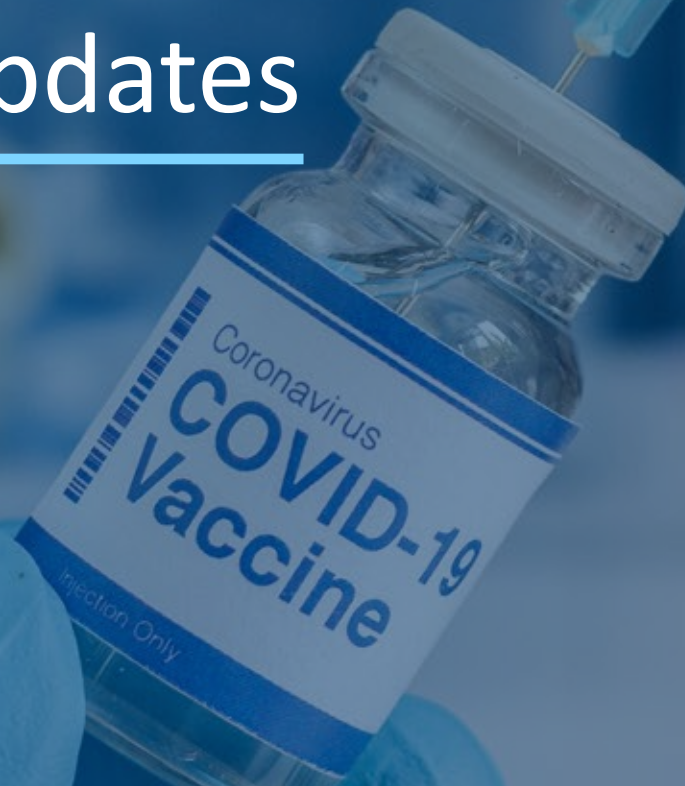


[FDA Safety Communication](#)



NC DEPARTMENT OF
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COVID-19 Updates



CDC Updates COVID-19 Vaccine Recommendations

CDC has updated the [Child, Adolescent, and Adult Immunization Schedules](#) following new guidance from the U.S. Secretary of Health and Human Services.

Children & Adolescents (6 mo–17 yrs)

- CDC recommends that families and providers should talk about getting immunized against COVID-19, as COVID-19 vaccination is now based on shared clinical decision-making. Applies to all children, including moderately or severely immunocompromised.
 - **VFC-eligible children** may receive the vaccine after a shared clinical decision with their healthcare provider.
 - **The Child Immunization Schedule Notes section** has been **updated** accordingly and should be **reviewed carefully**.

Adults (18+ and not pregnant)

- **No changes** to COVID-19 vaccine recommendations.

Pregnancy Guidance:

- For both schedules, pregnancy is now shaded gray, indicating no current recommendation or guidance regarding COVID-19 vaccination during pregnancy.
- Providers should still **discuss vaccination** and treatment with pregnant patients.

COVID-19 Vaccine Schedules

Child and Adolescent Schedule

- **HTML pages:**

- [Child and Adolescent Immunization Schedule by Age | Vaccines & Immunizations | CDC](#)
- [Child and Adolescent Immunization Schedule by Medical Indication | Vaccines & Immunizations | CDC](#)
- [Child Immunization Schedule Notes | Vaccines & Immunizations | CDC](#)

- **PDFs:**

- [Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger; 2025 U.S.](#)
- [Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger; 2025 U.S.](#)

Adult Schedule

- **HTML page:**

- [Adult Immunization Schedule by Medical Condition and Other Indication | Vaccines & Immunizations | CDC](#)

- **PDFs:**

- [Recommended Adult Immunization Schedule for ages 19 years or older; 2025 U.S.](#)
- [Recommended Adult Immunization Schedule for ages 19 years or older; 2025 U.S.](#)

[Review Recent NCIP Communication](#)

VFC COVID-19 Stock Requirement Update

- Beginning July 1, 2025, private providers enrolled in the Vaccines for Children (VFC) Program **will not** be required to routinely stock COVID-19 vaccines.
- Such providers must be able to refer VFC-eligible children to a safety net provider if needed.
- Local Health Departments should continue to maintain at least a minimum ordering quantity of state-supplied COVID-19 vaccines as a safety net location.



Flu Updates



Flu Vaccine Ordering and Returns

- All remaining **2024-2025** flu vaccine will expire **06/30/2025**.
- **Ordering will be cut off two weeks prior (6/16)**, however, vaccine can be administered up until expiration.
- Once vaccine is expired, remove from NCIR inventory and send back.
- For assistance contact NCIR Help Desk by phone: 1.877.USE.NCIR (873-6247) or by [email](#).





Q&A