

HEALTH ALERT NETWORK | HEALTH UPDATE | May 12, 2023

COVID-19 Public Health Emergency Ended

On May 11, 2023, the federal government ended the COVID-19 Public Health Emergency (PHE). North Dakota Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) remain dedicated to preventing severe illness and death from COVID-19, particularly for populations at higher risk. Though the PHE has ended, many of the surveillance, therapeutic and immunization efforts will continue. Although metrics such as the community transmission levels and the COVID-19 community levels will be discontinued, case surveillance reporting on the NDHHS COVID-19 dashboard will not be impacted. HHS is providing this information to update our partners about any impacts the end of the PHE will have on surveillance, COVID-19 vaccines, therapeutics, testing, data changes, etc.

Questions regarding this HAN can be made by calling the following:

- Reporting COVID-19 cases, long-term care, vaccines and surveillance: 701-328-2378 or 800-472-2180
- Laboratory guidance and testing: 701-328-6272
- Hospital reporting and therapeutics: 701-328-2270

Laboratory Reporting

Many CDC COVID-19 data activities are not affected by the PHE (e.g., case and death reporting, national genomic surveillance, sentinel surveillance, wastewater surveillance, traveler genomic surveillance). Ending the PHE declaration revokes the CARES Act authority for HHS to require laboratory result reporting. Moving forward, HHS requests only **positive tests to be reported**. Both the CDC COVID-19 Community Levels and the CDC Transmission Level metrics will be discontinued by the CDC. Transmission Levels have been used by hospitals, as mandated by CMS, to determine prevention measures/mitigation strategies.

- Impacts: CDC has provided guidance for LTCs and other health care facilities when to consider [implementing broader use of masking in health care settings](#).
- Facilities should discontinue reporting negative and indeterminate COVID-19 test results. Report only positive COVID-19 diagnostic tests. This includes all positive diagnostic nucleic acid amplification tests (NAAT), antigen tests or other diagnostic tests. In-home (self-collected) and antibody positive results should not be reported. See the [updated COVID-19 Reporting Memo](#) for more details.

COVID-19 Vaccines

The end of the PHE does not mean the end of the current national vaccine distribution program or the availability of the vaccine commercially. Staying up-to-date against COVID-19 continues to prevent severe infection and death. Health care providers are encouraged to continue to make vaccine available at their facilities and recommend vaccination to patients who are not up-to-date. [COVID-19 vaccine recommendations](#) were recently updated:

- [Everyone aged 6 years and older](#) should get **1 updated Pfizer-BioNTech or Moderna COVID-19 vaccine** to be [up to date](#).
- [People aged 65 years and older](#) may get a 2nd dose of updated Pfizer-BioNTech or Moderna COVID-19 vaccine.
- [People who are moderately or severely immunocompromised](#) may get additional doses of updated Pfizer-BioNTech or Moderna COVID-19 vaccine.
- [Children aged 6 months–5 years](#) may need multiple doses of COVID-19 vaccine to be [up to date](#), including at least 1 dose of updated Pfizer-BioNTech or Moderna COVID-19 vaccine, depending on the number of doses they've previously received and their age.

There will be no noticeable changes for COVID-19 vaccine providers in North Dakota after the end of the PHE. COVID-19 vaccine will continue to be ordered through the [usual channels](#). Emergency Use Authorizations (EUAs) will be maintained and will be amended as needed for all COVID-19 vaccines. COVID-19 vaccines will continue to be offered free of charge to the United States public as long as doses are available through the federal government. Doses are expected to be available through the summer as we move toward commercialization this fall. NDHHS will provide additional information regarding commercialization as it becomes available.

HHS recently [announced](#) its intention to amend the declaration under the PREP ACT for medical countermeasures against COVID-19. By issuing this amendment, HHS intends to extend immunity liability to pharmacists, pharmacy interns and pharmacy technicians to administer COVID-19 and seasonal influenza vaccines through December 2024.

NDHHS will continue to update COVID-19 vaccination rates on our [dashboard](#). Moving forward, rates will be updated monthly instead of weekly.

Therapeutics

COVID-19 treatments are available in North Dakota for inpatients and outpatients. Treatment is an important tool to reduce the risk of severe COVID-19, hospitalization and death. Risk factors for severe COVID-19 include:

- [Age over 50 years](#), with risk increasing substantially at age ≥ 65 years
- [Being unvaccinated](#) or not being up to date on [COVID-19 vaccinations](#)
- [Specific medical conditions and behaviors](#)

- Some people from racial and ethnic minority groups are at risk of being [disproportionately affected by COVID-19](#) from many factors, including limited access to vaccines and health care. Health care providers can consider these factors when evaluating the risk for severe COVID-19 and use of outpatient therapeutics.

Medication remains on allocation and is available locally through pharmacies and medical facilities. Providers with patients that can receive this therapy and are unable to locate the medication locally, should call NDHHS (701-328-0707) for assistance with locating and delivering product to the area. For more information visit, [COVID-19 treatment guidance](#).

Hospital Reporting

Hospital data reporting will continue through April 30, 2024. However, reporting will be reduced from the current daily reporting to weekly. The number of data elements to be reported will also be reduced. Reporting of COVID-19–associated hospitalizations to the National Healthcare Safety Network (NHSN) will be required by Centers for Medicare and Medicaid Services (CMS) until April 30, 2024.

Impacts:

- CDC will update the hospital reporting frequently asked questions (FAQ) page with the full details - [COVID-19 Guidance for Hospital Reporting and FAQs for Hospitals, Hospital Laboratory, and Acute Care Facility Data Reporting \(hhs.gov\)](#).
- North Dakota facilities will continue to report through current reporting methods (NHSN and Health Care Standard).

Long-Term Care

CMS requires all long-term care facilities to report COVID-19 information using the CDC NHSN.

- Effective now, facilities are not required to inform residents, their representatives and families following the occurrence of either a single confirmed infection of COVID-19 or three or more residents or staff with new-onset of symptoms.
- All other reporting requirements will remain in effect until December 31, 2024.
- Exception: Requirements at 483.80(g)(1)(viii) [Vaccine status of residents/staff] will continue to be in effect [permanent and continue indefinitely] to support national efforts to control the spread of COVID-19.

Long-term care facilities should ensure best practices are being followed to limit COVID-19 exposures and outbreaks after the PHE ends. The CDC has provided guidance for LTCs and other health care facilities when to consider [implementing broader use of masking in health care settings](#). Other updates to guidance for infection prevention and control for health care personnel during the coronavirus disease 2019 (COVID-19) pandemic include updated recommendations for universal source control and admission testing in nursing homes.

[Long-term care facilities](#) should continue to ensure staff and residents have access to COVID-19 vaccines. Beginning on July 1, 2023, skilled nursing facilities (SNFs) will be responsible for billing [Medicare](#) for vaccines furnished to SNF patients in a Part A stay. Third-party suppliers furnishing these vaccines under arrangement with the SNF would be required to seek payment from the SNF for their services, consistent with SNF Consolidated Billing regulations.

Updated recommendations have been provided by NDHHS - [Resources for Health Care Providers | Health and Human Services North Dakota](#).

Laboratory Testing, Genomic Surveillance and Home Testing Kits

The NDHHS Laboratory Services section will continue to provide SARS-CoV-2 polymerase chain reaction (PCR) testing at no charge. Acceptable specimens include nasopharyngeal swabs in viral transport medium or 2-3 ml nasal wash in sterile screw cap container. SARS-CoV-2 IgG is also available at no cost. See the [Directory of Laboratory Services](#) for more details.

COVID-19 genomic surveillance to track COVID-19 variants will continue. Laboratories are encouraged to send SARS-CoV-2 specimens to the NDHHS Laboratory Services for genomic sequencing. This data will be included in CDC's COVID Data Tracker for genomic surveillance and regional variant estimates.

COVID-19 at-home testing kits will continue to be offered by the NDHHS until the current inventory is depleted.

Categories of Health Alert Network messages:

Health Alert Requires immediate action or attention, highest level of importance
Health Advisory May not require immediate action; provides important information for a specific incident or situation
Health Update Unlikely to require immediate action; provides updated information regarding an incident or situation
HAN Info Service Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##