



NCALHD

North Carolina Association
of Local Health Directors

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SENT VIA ELECTRONIC MAIL TO Mandy.Cohen@dhhs.nc.gov

Mandy Cohen, MD, MPH
Secretary, North Carolina Department of Health and Human Services
101 Blair Drive
Adams Building
Raleigh, NC 27603

Madam Secretary,

Local public health departments/districts provide services in all 100 counties of our state. As stated on January 20 at the NCALHD Full Meeting regarding the pandemic response, local health departments/districts (LHDs) were the first in and will be the last out. LHDs have dedicated themselves for a year now, providing direct response to North Carolinians through case investigation/contact tracing; supporting testing sites earlier on when other providers were slow to establish this much needed resource; and now, planning and implementing much needed vaccination events.

After being dedicated servants to our communities and to our state, LHDs and many other vaccine providers were met with an unfortunate setback this week as NC DHHS directed allocations to be reduced or eliminated in many NC counties. This decision was made by NC DHHS after many LHDs had worked to increase capacity and were told if they vaccinated more they would receive more vaccine. This decision has left many communities without much needed vaccine to use for already scheduled events and appointments to serve our elderly and those at direct risk of COVID-19 exposure due to their health care work. Major concerns and issues with the recent NC DHHS directive include:

- Directive to move ALL 1st doses off shelves by end of January 25. **This directive includes 120,000 doses that were only just delivered January 21 per direct NC DHHS communication.** Communication from NC DHHS states the need for this quick removal of vaccine is to meet a federal directive and DHHS communications reference need/desire to improve national rankings.
- Diversion of tens of thousands of doses from LHDs and other providers to support mega sites. This diversion has left many providers with little to no vaccine to fulfill their already scheduled appointments for health care workers and those 65 years and older. **NC DHHS decided to move vaccine AWAY from local communities** where, in many cases, travel to a large mega site is prohibitive to access for many North Carolinians creating inequitable distribution of this limited resource. While DHHS leadership intimated on January 20 that speed is the priority, NCALHD believes it should not be at the expense of equitable distribution to local communities.
- After clear direction from NC DHHS which included that LHDs should schedule vaccine appointments weeks out in anticipation of vaccine shipments, NC DHHS now informs LHDs to abandon those already scheduled events occurring later in the week of January 25. Direct guidance from NC DHHS has been to **"cancel those appointments"** in favor of rushing to remove vaccine from shelves by January 25. This after LHDs did exactly what was directed of them: Schedule appointments, commit to individuals and get them into future slots. LHDs are forced to



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call back these individuals, who are overwhelmingly those 65 years and older, and inform them that they no longer have a vaccine. Because doses were diverted, **grandmothers and grandfathers who had appointments in rural NC now wait. Health care workers who had appointments where they serve patients now wait.**

- In multiple reports, NC DHHS refers to vaccine inventory in local health departments as “sitting on the shelves” as if it has no intended purpose. **Much of that vaccine has been scheduled for use within days of receiving it.** This vaccine is not sitting on shelves with no purpose, it has been scheduled and will be deployed at vaccine sites around the state.
- **After being told that initiating transfers to other providers would hold no penalty, many providers, found themselves indeed penalized by receiving no vaccine in the upcoming week.**

While decisions for vaccine rollout are made by NC DHHS, the consequences of those decisions are felt at the local level. All response implementation is local – in communities and neighborhoods where LHDs, hospitals and other providers have built foundations of trust, integrity, and service.

NCALHD requests that NC DHHS leadership at all levels:

- Be transparent in decisions regarding directives and allocations of vaccine. Provide timely notification of changes.
- Provide clear communication and realistic timelines for execution of directives knowing that changing the course of local vaccine efforts cannot happen on a dime.
- Engage/embrace/invite local health department perspective not only at the “work group” level but at the leadership level.
- No local health department should ever receive a zero allocation. Local health departments are the only safety net provider in all 100 counties. While adding more providers, local health departments should always receive allocations each week.

The pandemic is an ever-evolving situation, which will require us to pivot, that is expected. It is careful planning, accurate communication and timely execution of those pivots that lead to our success as a state. This is a time in which our partnerships should be the strongest.

The goal of each local health department is to protect and serve their communities as we continue to investigate outbreaks, provide much needed testing, and now, as we vaccinate our highest at risk population, one arm at a time. Thank you for your consideration of these concerns and requests.

Regards,

Stacie Turpin Saunders
President, NCALHD

Katye Griffin
Executive Director, NCALHD

Electronic Signatures: Scott Harrelson (President-Elect), Lillian Koontz (Vice-President), & Battle Betts (Secretary/Treasurer), & Janet Clayton (Past-President)