

Health Director's Report
December - January 2026

- December 1, 2025 - NCALHD Executive Committee and DPH & DCFW Leadership Call; Virtual
- December 2, 2025 – NCALHD Call for Health Directors; Health Directors were informed that NC Medicaid (DHB) told Prepaid Health Plan (PHP) Representatives that the CMARC and CMHRP programs would effectively be absorbed into the existing Advanced Medical Home (AMH) Tier 3 care management program. This would effectively end our discussions with the PHPs on a transition plan for CMARC and CMHRP and would not give us an opportunity to continue the programs, even if a mutually agreeable structure could be identified between the plans and LHDs.

On December 8, 2025, Health Directors got an unofficial update that the previous information shared about Care Management Programs and the PHPs was incorrect. We were told that we are back on track to contract directly with PHPs for health departments eligible to continue administering the care management programs. We were told to expect something in writing within a few days. PHPs received written communication from DHB on December 16, 2025. As of January 16, 2026, health departments have not received any written communication from DHB.

What we know:

- Local Health Department (LHD) mandate to provide care management programs ends on 7/1/26; with this, State funds for Virtual Health and Care Impact also ends.
- LHDs and PHPs have a pathway to directly contract for these services; we have to figure out the reimbursement structure that fits under the overall capitation rate for Medicaid Care Management.

What we do not know:

- Proposed reimbursement rate – PHPs will not have updated capitation numbers until ~March, when state actuaries finalize their analysis for next fiscal year.
- Exact Performance Standards
 - PHPs have signaled their priorities are:
 - In-person engagement
 - Services during transitional care out of hospital
 - Thinking about Community Health Workers and other workforce solutions to enhance in person engagement.
 - PHPs are not in favor of continuing the performance standards rolled out by DHB in 2024
- December 2, 2025 – Thriving Hearts PIs/PMs and Leadership Team Meetings; Virtual
- December 2, 2025 – Region 5 Health Directors Meeting; Impact Alamance, Burlington, NC
- December 3, 2025 – PCORI Partner Learning Network Meeting; Virtual
- December 8, 2025 – Orange County Human Services Work Group; Co Presenter with DSS Director on Emergency Preparedness and Emergency Operations Center from the Perspective of a Human Service Agency; we shared roles & responsibilities during response and recovery efforts highlighting multiple real-life experiences from COVID and Chantal.

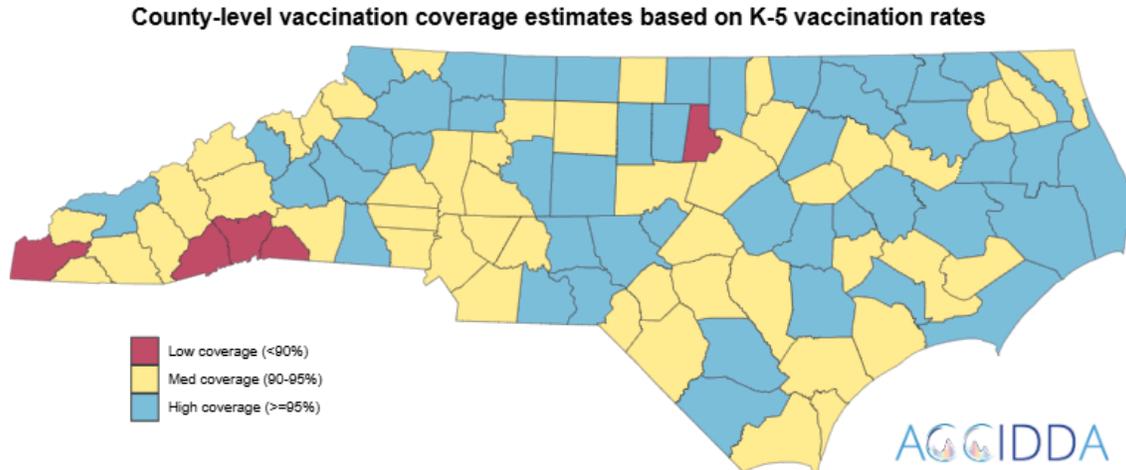
- December 9, 2025 – Thriving Hearts PIs/PMs and Cohort 2 Champions Meetings; Virtual
- December 10, 2025 – Call with East Chapel Hill High Student, Vrinda
- December 11, 2025 – OCHD New Employee Orientation
- December 12, 2025 – Orange County Emergency Services Holiday Luncheon
- December 12, 2025 – Meeting with Durham County Public Health Nursing Director and OCHD Interim Nursing Director and Medical Clinic Provider
- December 15, 2025 – Region 5 Health Directors Meeting; Virtual
- December 15, 2025 – NCALHD Executive Team Call; Virtual
- December 16, 2025 – Thriving Hearts PIs/PMs and Full Team Meetings; Virtual
- December 17, 2025 – NCALHD Work Groups Meeting; Raleigh, NC
- December 18, 2025 – NCALHD Business Meeting; Raleigh, NC
- December 23, 2025 – Thriving Hearts Agreement Review with Johnston County Health Department
- January 5, 2026 – Meeting with Ben Bruester to discuss CHA Mental Health Questions
- January 5, 2026 – Crisis Diversion Facility Sub-Committee Mtg; Virtual
- January 6, 2026 – Thriving Hearts PIs/PMs and Leadership Team Meetings; Virtual
- January 6, 2026 – Region 5 Health Directors Meeting; Impact Alamance, Burlington, NC
- January 7, 2026 – BOCC Agenda Review Call
- January 7, 2026 – Dr. Pettigrew Call
- January 8, 2026 - Orange County Department Directors Meeting
- January 8, 2026 – Orange County FY 2027 Budget Kick-Off Meeting
- January 8, 2026 – BOH Connections to Community Support Committee Meeting
- January 9, 2026 – Region 5 Leadership Training with Dr. Climer; Whitted Building; Donna Baker Room
- January 12, 2026 – Meeting with Planning Director to discuss EnerGov Workflow Action Steps
- January 13, 2026 – Thriving Hearts PIs/PMs and Full Champions/Health Directors Meetings; Virtual
- January 14, 2026 – NCALHD Work Groups Meetings; Morganton, NC
- January 15, 2026 – NCALHD Business Meeting; Morganton, NC
- January 16, 2026 – OCHD Accreditation Leadership Team Meeting; Whitted Classroom

Measles Outbreak (As of January 15, 2026)

NC DHHS announced two additional cases of measles in unvaccinated siblings in Buncombe County, bringing the total number of confirmed cases in NC to seven (7) since late December. Both cases are connected to the ongoing measles outbreak in Spartanburg County, South Carolina. South Carolina health officials reported 124 new cases last Tuesday (*January 6, 2026*), bringing the outbreak total to 434.

As OCHD is made aware of residents with potential exposure to measles, we make contact and set up monitoring with education on signs and symptoms for measles. To date, no official quarantine or isolation orders have been issued, but they are ready for distribution when needed. To date, most of the measles cases in this nationwide outbreak are in unvaccinated individuals.

We continue to encourage vaccination for those that are eligible. Staff plan to review immunization records and make outreach calls to residents that are unvaccinated or under vaccinated (eligible for the 2nd dose of MMR).



- As seen in the map above, Orange County is considered High Coverage with regard to vaccination rates for K-5.
- Per the data on the NC Measles Vaccination Data Dashboard (<https://www.dph.ncdhhs.gov/programs/epidemiology/communicable-disease/infectious-respiratory-diseases/measles-rubeola/nc-measles-vaccination-data-dashboard>), there are two elementary schools in Orange County with Low Coverage: Emerson Waldorf School (75.6%) and Ephesus Elementary (90.6%).
- Information about Measles (Rubeola) and the MMR Vaccine: dph.ncdhhs.gov/measles.
- NCDHHS has launched a new [Measles Cases and Outbreaks Dashboard](#) that will be updated twice per week, on Tuesdays and Fridays, with new case and exposure information.

Updated Immunization Schedules

- On January 5, 2026, The Department of Health & Human Services (HHS) issued a memo updating the immunization schedule for children, to the following:
 - The CDC will now routinely recommend vaccines for 11 diseases instead of 17
 - Several vaccines previously recommended for all children are now:
 1. Recommended to high-risk groups.
 2. Available under “[shared clinical decision-making](#).”
- Official Presidential Memorandum to Update Childhood Immunization Schedule Communication: <https://www.hhs.gov/press-room/cdc-acts-presidential-memorandum-update-childhood-immunization-schedule.html>
 - Review of the Presidential Memorandum highlights a comparison of U.S. Childhood Immunization recommendations to other “peer, developed nations” (*Denmark*).

- CDC will continue to organize the childhood immunization schedule in three distinct categories, all of which **require insurance companies to cover them without cost-sharing**:
 1. Immunizations Recommended for All Children
 2. Immunizations Recommended for Certain Hi-Risk Groups/Populations
 3. Immunizations Based on Shared Clinical Decision-Making

New HHS Childhood Immunization Schedule
(released January 5, 2026)

Recommended for All Children

- Diphtheria
- Tetanus
- Acellular pertussis (whooping cough)
- Haemophilus influenzae type b (Hib)
- Pneumococcal conjugate
- Polio
- Measles
- Mumps
- Rubella
- Human papillomavirus (HPV)
- Varicella (chickenpox)

Recommended for Certain High-Risk Groups or Populations

- RSV*
- Hepatitis A
- Hepatitis B
- Meningococcal

*Note: any children whose mother did not have the vaccine should get one dose

Recommended Based on Shared Clinical Decision-Making

- Rotavirus
- COVID-19
- Influenza
- Hepatitis A
- Hepatitis B
- Meningococcal




- **KEY TAKEAWAYS:**

- Vaccines remain available under the Vaccine for Children (VFC) Program.
- Medicaid will continue to pay administration fees.
- Insurance carriers will continue to reimburse for privately purchased vaccines administered to insured patients.
- North Carolina’s immunization requirements have not changed as a result of the revised federal recommendations.
 - Coates’ Canons NC Local Government Post by Jill Moore, “Recent Changes to Federal Vaccine Policy”:
<https://canons.sog.unc.edu/2026/01/recent-changes-to-federal-vaccine-policy/>
- VFC Providers (including Local Health Departments) should continue to follow the previous schedule or other evidence-based schedules (AAP)
- OCHD, as well as many other local health departments across the country, have traditionally followed CDC Guidance. When CDC Guidance no longer aligns with NC General Statutes for Public Health, we pause to assess the science behind the shift

AND we work with our partners at NC DHHS to understand any needed changes in practice. We also review the position of other medical and health organizations, such as American Academy of Family Physicians, American Academy of Pediatrics, American Medical Association, American Public Health Association. To remain in compliance practicing public health in NC, we follow NC Laws above any federal recommendations.

Medicaid Rebase Update - UPDATE

After multiple lawsuits, court rulings require the NC Department of Health and Human Services to reverse provider rate reductions and restore rates to their September 30, 2025, levels. This brought short-term relief; however, the underlying financial crisis has not been resolved.

Medicaid is still underfunded by \$319 million. With the rate reductions no longer an available tool at this time, NCDHHS now has no remaining mechanisms to responsibly manage this funding gap. As a result, the Medicaid program is projected to run out of money early next year. Decisions about future funding

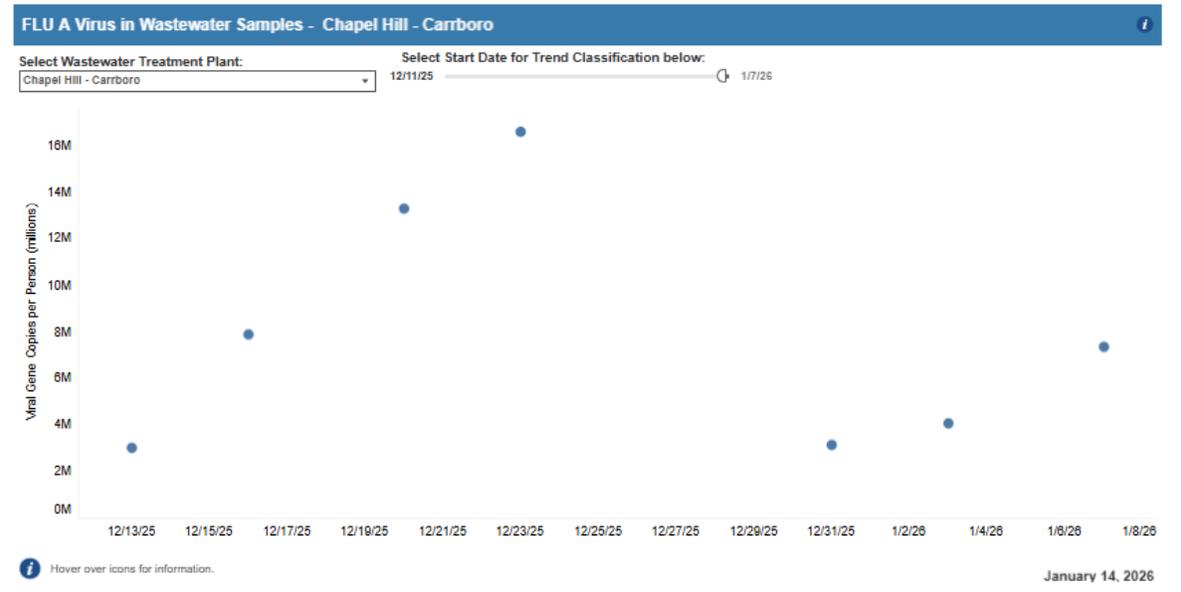
NC Wastewater Monitoring Report (January 14, 2026) - Here are the highlights for the last two weeks (<https://covid19.ncdhhs.gov/dashboard>):

- Emergency Department Visits for Respiratory Viruses – **14.2% of emergency room visits** had symptoms of a respiratory virus, **a decrease** from the week before. (The week before was 20.8%.)
- Hospital Admissions from the Emergency Department – there were **2,502 hospital admissions** from the emergency department for people who were diagnosed with or had symptoms of a respiratory virus. This includes, but is not limited to, Influenza, RSV or COVID-19. This is **a decrease** from the week before. (The week before was 3,591 hospital admissions from the emergency department.)
- Respiratory Viruses Wastewater Monitoring – the wastewater viral activity level statewide for **COVID-19** is **2.9** which is **Low**; for **FluA** it is **12.4** which is **High**; for **RSV** it is **1.0** which is **Very Low**. Wastewater viral activity levels may indicate the risk of infection in area.

Opioid Settlement Funds

- The 2026 grant cycle for Opioid Settlement Funds is now open. Applications are due by 5pm, February 20, 2026. [You can find applications, supporting materials, and a timeline on this webpage.](#)
- Application review period: February 23 – March 30, 2026.
- Recommendations go to the Board of County Commissioners April 2026.

Flu A Virus In Wastewater Samples – Chapel Hill-Carrboro



- Wastewater Sample table for Chapel Hill-Carrboro shows that in Orange County we saw increased Flu Viral genes in wastewater throughout the month of December, really peaking just before Christmas.
- In early January it looks as though viral gene load is again increasing after a decline at the end of December.
- As of January 15, 2026, NC DHHS has announced 63 additional flu deaths in the state, bring this season's total to 134 deaths. For comparison, the state had reported 74 flu-related deaths as the same point last year. Most of this year's flu deaths have been among older people, per the DHHS data. Of the 134 deaths, 104 have been at least 65 years old. Another 21 have been between 50 and 64 years old. We've had 3 pediatric deaths.
- Flu vaccination rate across the state (21.08%) is a little lower than flu season 24-25 rate of 21.62%. During the 24-25 flu season, 542 people died from the virus, which was the highest number recorded by NC officials. Deaths and hospitalizations didn't peak until early February 2025.

Upcoming Events

- **January 28, 2026; 6:30pm– Health Forum** hosted by Orange County Democrats; Whitted Building, Donna Baker Room, 300 West Tryon Street, Hillsborough, NC 27278.
- **April 29, 2026 – OCHD ALL Staff Meeting;** Whitted Building, Donna Baker Room, 300 West Tryon Street, Hillsborough, NC 27278.