Back to School 2021-2022 With COVID-19

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CMDHD/MMDHD/DHD#10

This meeting is for School and Health Department Staff

We have limited time to cover all our topics. The slides and recordings will be available on our websites within 1-3 days.
https://www.dhd10.org/coronavirus/
https://www.mmdhd.org/novel-coronavirus/
https://www.cmdhd.org/novel-coronavirus

If you have questions, please send them to:

For Roscommon, Osceola, Clare, Gladwin, Arenac, Isabella Counties:
info@cmdhd.org

For Missaukee, Crawford, Kalkaska, Wexford, Lake, Mason, Manistee, Oceana, Newaygo, Mecosta Counties:
info@dhd10.org

For Montcalm, Gratiot, Clinton Counties:
https://www.mmdhd.org/contact/

Please make sure the information shared today is passed along to others who may need it, such as school COVID-19 liaisons, school secretaries, school nurses, etc.

Thank you!

COVID Management Reminders

- Pretty much – same as last year (only differences: regular cleaning is sufficient/not as worried about transfer from object, definition of close contact for masked students is <3ft x 15min instead of <6ft)
  - Recommendations for modified quarantine for *fully masked* is in process
- Reminder: Individuals in close contact with someone who has COVID-19 **(regardless if in school or in home)** do not need to quarantine in the following situations:
  - Someone who has been fully vaccinated and shows no symptoms of COVID-19 does not need to quarantine, but recommended they be tested 3-5 days following a known exposure and wear a mask in public indoor settings for 14 days or until they receive a negative test result
    - **OR**
  - Someone who has COVID-19 illness within the previous 3 months and Has recovered and Remains without COVID-19 symptoms (for example, cough, shortness of breath)

Good Info on School Contact Tracing at https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/contact-tracing.html

COVID Management Reminders

- Symptoms same/recommendations for isolation, quarantine, etc. all the same
  - Cough/Fever or chills/Muscle or body aches/Fatigue/Headache/Shortness of breath or difficulty breathing/Diarrhea/Nausea or vomiting/New loss of taste or smell/Sore throat/Congestion or runny nose
  - Those with symptoms of COVID-19 that are new and not explained by some other illness should not come back to work unless test negative or finish an isolation period (10d from symptom onset and symptoms improved and no fever x 24hr)
    - For employees this is required by PA 339 if have one of the symptoms above in red or two or more of any other
  - For kids/students: The presence of a temperature of 100.4 or higher, sore throat, cough, difficulty breathing, diarrhea, vomiting, or new onset of a severe headache generally suggests a student has an infectious illness of some kind and should not attend school, regardless of whether the illness is COVID-19.
- Please refer to the "Management of COVID-19 Cases and Close Contacts for K-12 Schools" and "COVID-19 School Communication Guide" sent out 2 wks ago for further info
- We do not provide letters of clearance for isolation/quarantine
  - We stopped doing last November/December
- If you must have them, they will need to get them from their PCP or wherever they were tested
- If something else needs to be arranged, contact your local LHD point of contact/CD nurse

Excellent Review of what we have learned so far:

COVID-19 and Schools: The Year in Review and a Path Forward. 2021. The ABC Science Collaborative. https://abcsciencecollaborative.org/wp-content/uploads/2021/06/ABC_year-in-review_29jun2021-final.pdf

- The ABC Science Collaborative is funded through the National Institutes of Health. The program is coordinated by the Duke School of Medicine and the Duke Clinical Research Institute.
- The ABC Science Collaborative pairs scientists and physicians with school and community leaders to help them understand the most current and relevant data about COVID-19 so they may make decisions that will keep teachers, staff, and children safe if and when they return to the classroom.

Key Takeaways for School Leaders and Policy Makers

The data-driven findings obtained over the last 15 months can inform the path forward to safely resuming in-person instruction in the 2021–22 school year. Quantitative and qualitative data confirm that in-person instruction is desperately needed for the health and well-being of most students and families.

In order to support the continued safety of students and staff via low in-school transmission of SARS-CoV-2, the following are suggested based on available data:

1. Encourage vaccination. Vaccination among eligible students and staff reduces COVID-19 transmission in schools. The combination of high vaccination rates (greater than 70%) and low community transmission may safely permit transitioning from mandatory masking of all students and staff in K–12 schools.
2. Adhere to proper masking. Proper masking is the most effective mitigation strategy to prevent secondary transmission in schools when COVID-19 is circulating and vaccination is unavailable or there is insufficient uptake.
3. Modify quarantine. Modified quarantine policies that eliminate quarantine for those appropriately masked should be implemented to promote in-person education.
4. Use in-school transmission rates as a metric. In-school transmission, as opposed to community transmission, should be used as the primary indicator of the ability of schools to keep students and staff safe.
5. Physical distancing should not be the limiting factor for determining in-person instruction when appropriate adherence to masking is present.
6. Implement masking or vaccination in athletics. Indoor athletics can more safely occur with strict adherence to masking or high levels of vaccination. Outdoor and non-contact activities are lower risk compared to indoor and high-contact activities.
7. Continue standard cleaning practices. Deep cleaning of objects is not required.
8. Increase ventilation in unmasked environment. Ventilation is more important in the unmasked environment when COVID-19 is circulating and vaccination is unavailable or there is insufficient uptake.
9. Provide access to symptomatic testing and testing after exposure. Symptomatic students and staff should be tested promptly, and students and staff who have been exposed to COVID-19 cases whether unvaccinated or unmasked should be tested at 5–7 days after exposure. This will promote earlier re-entry to school buildings after a negative COVID-19 test.

STANDARD PRACTICES

The following standard health practices should be followed to ensure the health and safety of students and staff in schools, both during and outside of the COVID-19 pandemic:

- Maintain diligent and sustained hand hygiene. Educate students and staff on the importance of this mitigation tactic.
- Maintain a culture of limiting symptomatic students and staff in school buildings, particularly in the unmasked environment. Symptomatic students and staff should consult with a physician, as needed.

COVID-19 and Schools: The Year in Review and a Path Forward. 2021. The ABC Science Collaborative. https://abcsciencecollaborative.org/wp-content/uploads/2021/06/ABC_year-in-review_29jun2021-final.pdf

More from:
COVID-19 and Schools: The Year in Review and a Path Forward. 2021. The ABC Science Collaborative. https://abcsciencecollaborative.org/wp-content/uploads/2021/06/ABC_year-in-review_29jun2021-final.pdf

- School districts in Ohio, Wisconsin, and Missouri have successfully implemented modified quarantine
  - Permits asymptomatic, exposed, student and staff classroom contacts to remain in the in-person instruction setting **as long as index case and exposed contacts were masked during contact**.
- Based on these data, modified quarantine policies that eliminate quarantine for those *appropriately masked* in schools should be implemented to promote in-person education.
- *Importantly*, modified quarantine practices are *limited to* asymptomatic individuals in the classroom; exposed individuals should continue to quarantine for all other extracurricular activities at school and activities within the community setting.

Table 1. Other mitigation strategies in masked and partially/unmasked school settings

	ENVIRONMENT	
	Fully Masked	Partially Masked* or Unmasked
Diligent hand hygiene	Essential	Essential
Limiting sick students and staff within school buildings	Important. Masking has demonstrated efficacy in limiting the spread of multiple common respiratory viruses; however, sick children and staff should not attend until they have a negative COVID-19 test. Strategies such as temperature screening have not demonstrated benefit over costs (monetary and manpower) for prevention of SARS-CoV-2 transmission.	Essential
Quarantine of exposed contacts	• Modified quarantine (close contacts continue to attend school) for fully masked exposures along with monitoring for symptoms • Shortened quarantine with evidence of a negative test • No quarantine if fully vaccinated	• Insufficient data to support modified quarantine in the partially masked environment • Shortened quarantine with evidence of a negative test • No quarantine if fully vaccinated
Screening testing	No current evidence of additive benefit to prevent secondary transmission	Could be considered to promote early identification of cases
Symptomatic testing	Essential	Essential
In-school transmission as measure to inform school policy/ degree of mitigating measures employed	Essential — can be monitored via case reporting and contact tracing and should be performed by local public health department in concert with the school district	Essential — can be monitored via case reporting and contact tracing and should be performed by local public health department in concert with the school district
Community transmission/ COVID-19 activity	Should not determine mode of learning (in-person vs. virtual)	Should be considered to guide escalation of mitigating measures. If levels cross the identified threshold, **universal masking should be employed prior to implementing virtual learning.**

*Partially masked could include masking only of students and not staff or masking only of those who are unvaccinated.

Table 1. Other mitigation strategies in masked and partially/unmasked school settings (continued)

	ENVIRONMENT	
	Fully Masked	Partially Masked* or Unmasked
Vaccination rates (school and community)	Should be considered in order to transition from mandated masking among teachers and students	Important for sustaining low rates of community transmission and reducing risk of spread when SARS-CoV-2 is circulating within the community
Distancing	No distancing requirement necessary	Should be considered with known community transmission of SARS-CoV-2 if masking is not re-implemented
Cohorting	Less pertinent in the setting of masking	Should be considered with known community transmission if masking is not re-implemented
Ventilation	Less pertinent in the setting of masking	Increases in ventilation via improved indoor circulation of outdoor air or increased outdoor activity should be considered in the unmasked environment when SARS-CoV-2 is circulating within the community.

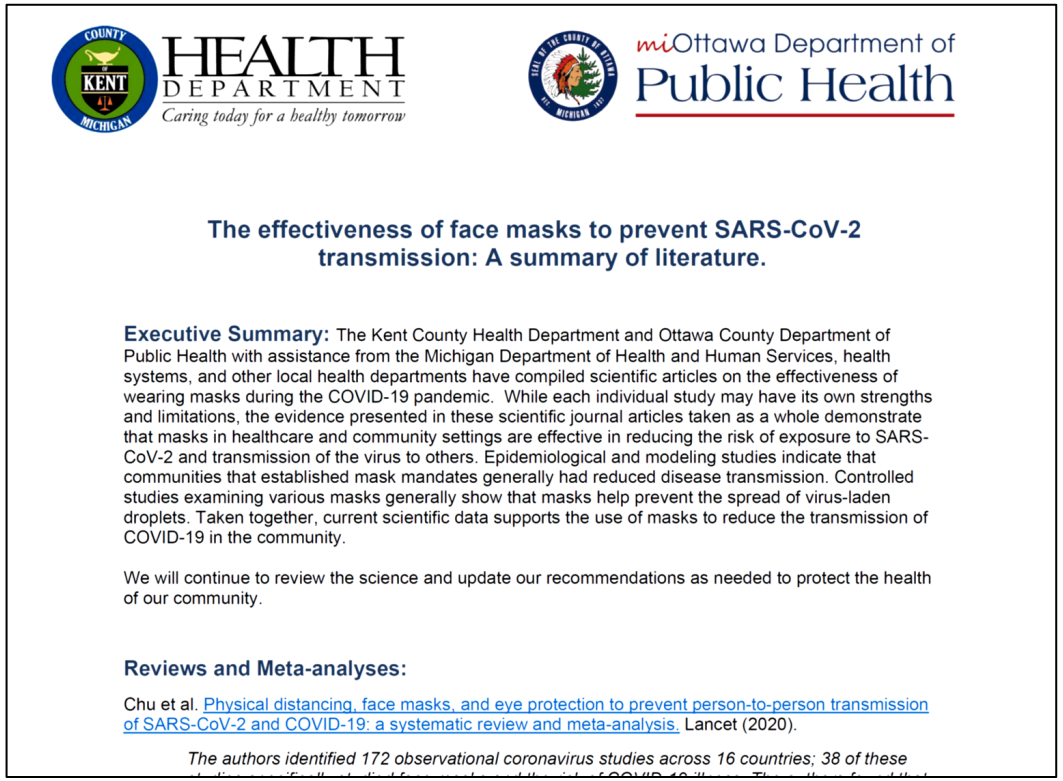
*Partially masked could include masking only of students and not staff or masking only of those who are unvaccinated.

COVID-19 and Schools: The Year in Review and a Path Forward. 2021. The ABC Science Collaborative. https://abcsciencecollaborative.org/wp-content/uploads/2021/06/ABC_year-in-review_29jun2021-final.pdf

Another Good Review of What Has Been Learned-From Europe:

COVID-19 in children and the role of school settings in transmission - second update, European Centre for Disease Prevention and Control. July, 2021. https://www.ecdc.europa.eu/en/publications-data/children-and-school-settings-covid-19-transmission

Mask Effectiveness-Review



HEALTH DEPARTMENT
Caring today for a healthy tomorrow

miOttawa Department of Public Health

The effectiveness of face masks to prevent SARS-CoV-2 transmission: A summary of literature.

Executive Summary: The Kent County Health Department and Ottawa County Department of Public Health with assistance from the Michigan Department of Health and Human Services, health systems, and other local health departments have compiled scientific articles on the effectiveness of wearing masks during the COVID-19 pandemic. While each individual study may have its own strengths and limitations, the evidence presented in these scientific journal articles taken as a whole demonstrate that masks in healthcare and community settings are effective in reducing the risk of exposure to SARS-CoV-2 and transmission of the virus to others. Epidemiological and modeling studies indicate that communities that established mask mandates generally had reduced disease transmission. Controlled studies examining various masks generally show that masks help prevent the spread of virus-laden droplets. Taken together, current scientific data supports the use of masks to reduce the transmission of COVID-19 in the community.

We will continue to review the science and update our recommendations as needed to protect the health of our community.

Reviews and Meta-analyses:

Chu et al. Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. Lancet (2020).

The authors identified 172 observational coronavirus studies across 16 countries; 38 of these

- Kent County Health Department and Ottawa County Department of Public Health with assistance from the Michigan Department of Health and Human Services, health systems, and other local health departments have compiled nearly 60 scientific articles on the effectiveness of wearing masks during the COVID-19 pandemic.
- We will share this with you as well as post it on our websites
- A very useful FAQ re: masks and kids available at https://abcsciencecollaborative.org/masking-in-schools-the-abc-science-collaborative-provides-clarity-on-questions/

Correction re: CDC vs MISTARTMAP Data

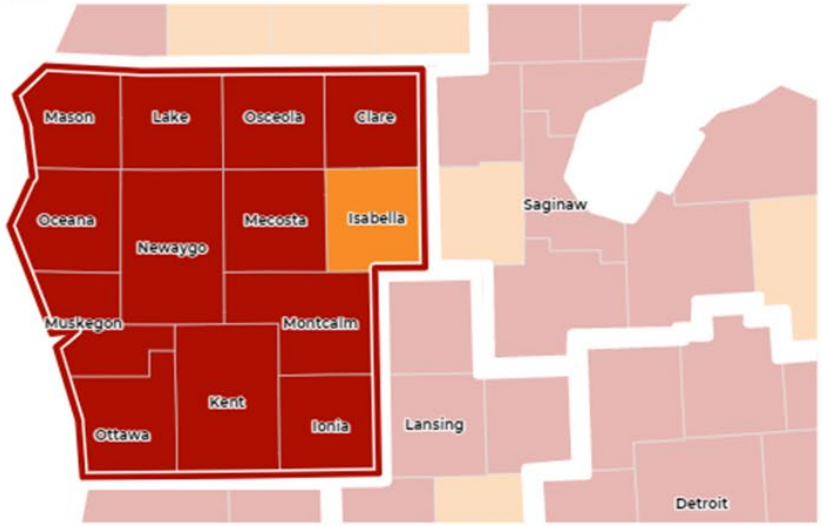
- There is a more of a difference than just converting it from #/mil to #/100,000
- The CDC transmission rates are based on the 7-day case **totals per 100,000**
- Mistartmap is a 7-day running **average per 1 million**
- Both are meant as ways to take out the day-to-day variations…
- Sorry for confusion I have causes
- More information about the data sets at https://covid.cdc.gov/covid-data-tracker/#county-view and https://www.mistartmap.info/about#indicator-details

GRAND RAPIDS REGION RISK DETERMINATION

Risk Level: High (Aug 24)

Why? Risk Level Explanation

← Return to Statewide Overview



Grand Rapids Region

* Over previous 7 days

CDC Risk Level Metrics

Test Positivity Aug 18 - Aug 24	11.1% positive tests	22.6k tests administered	
New Cases Aug 18 - Aug 24	135.4 weekly cases per 100,000 population	2,080 weekly cases	

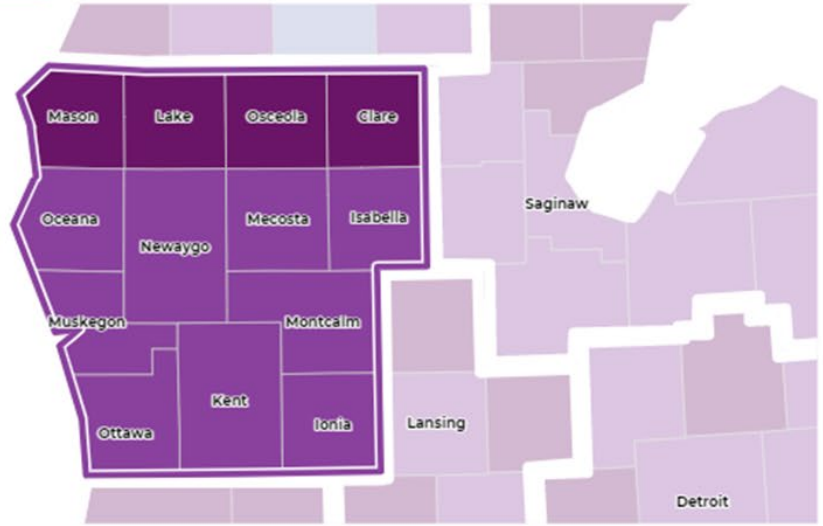
Healthcare

GRAND RAPIDS REGION RISK DETERMINATION

Risk Level D (Aug 24)

Why? Risk Level Explanation

← Return to Statewide Overview



Grand Rapids Region

* Over previous 7 days

Epidemic Spread

Test Results Aug 18 - Aug 24	10.9% positive tests *	3.4k daily tests administered *	2.2k daily tests administered per million
New Cases Aug 11 - Aug 17	136 daily cases per million	205.5 daily cases	
Deaths Aug 17	2 daily deaths		

Healthcare

Review of Data

See the most up to date data at https://www.mistartmap.info/

MI COVID Response Data and Modeling Update-August 23, 2021

https://www.michigan.gov/coronavirus/0,9753,7-406-98163_98173_105123---,00.html

Summary

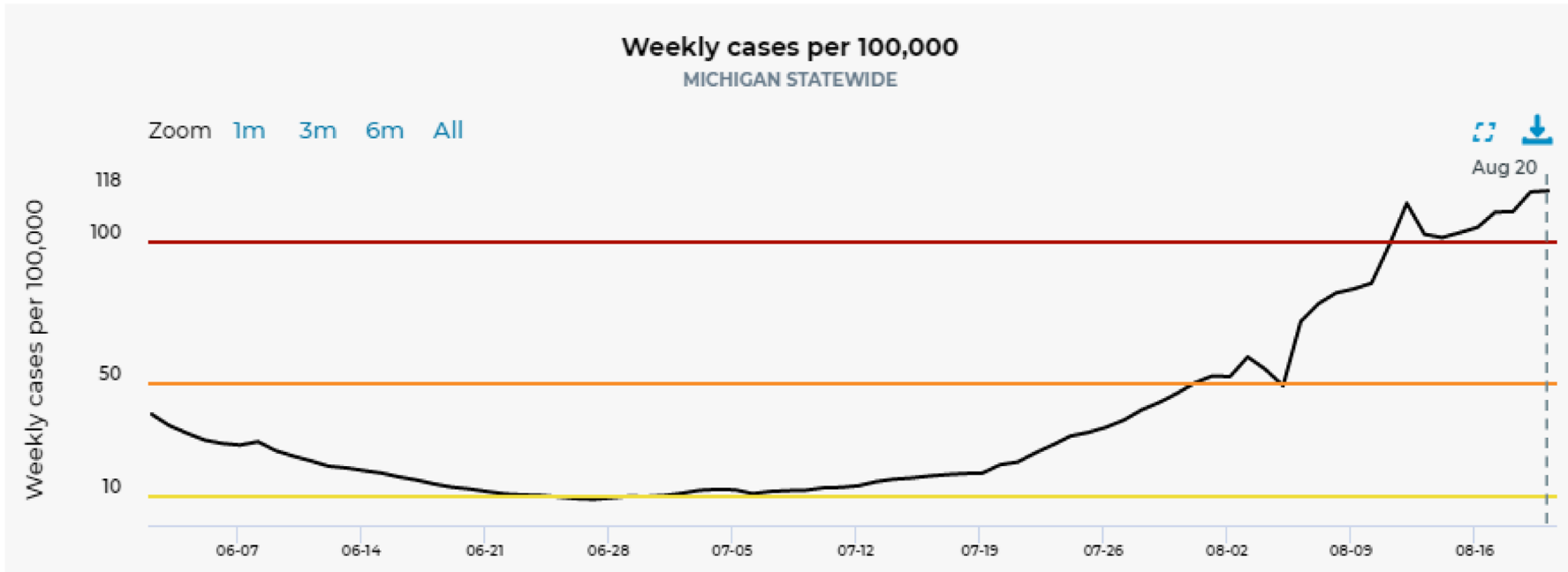
- Michigan remains at High Transmission
- Percent Positivity (8.6%) is increasing for two months (up from 7.7% last week)
- Case Rate(127.2 cases/million) have increased for two months (up from 102.0 last week)
- Michigan has 33rd lowest number of cases (30th last week), and 8th lowest case rate (5th last week) in the last 7 days
- 99% of positive tests available for sequencing in Michigan were Delta variant in the last 4 weeks
- Percent of inpatient beds occupied by individuals with COVID (4.7%) has increased for five weeks (up from 4.0% last week).
- Michigan has 7th lowest inpatient bed utilization (9th last week), and 5th lowest adult ICU bed utilization (10th last week)
- Deaths(1.2 deaths/million) are increasing for three weeks (0.6 deaths/million last week).
  - 86 COVID deaths between Aug 10 and Aug 16.
- Michigan has the 40th lowest number of deaths (28th last week), and 22nd lowest death rate (16th last week) in the last 7 days

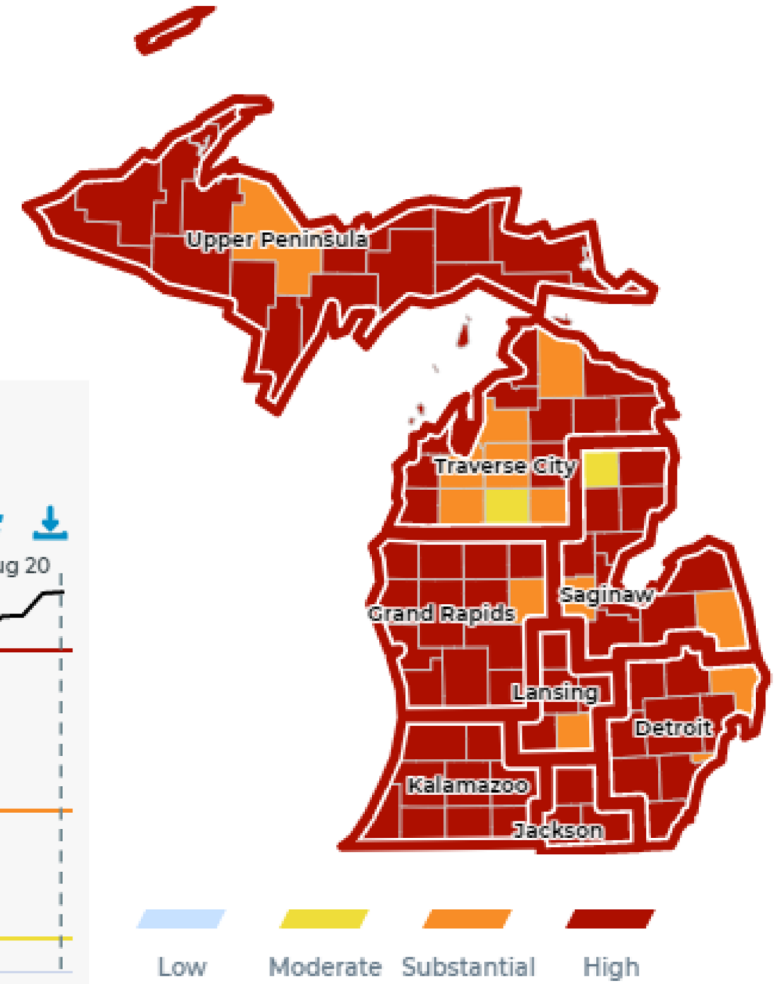
Summary continued…

- Michigan cases are growing at similar rates to states with Delta surges
  - We are just about a month behind in our numbers
- COVID-19 Delta outbreaks have already led to numerous school closures throughout the United States
- Delta wave in Michigan could lead to even more pediatric COVID hospitalizations this fall than we experienced last spring
- In the last thirty days, people who are not fully vaccinated developed COVID-19 at a rate 7 times that of fully vaccinated people and experienced COVID deaths at a rate 30 times that of fully vaccinated people
- Vaccine protection against hospitalization remains strong across different studies and settings.

Michigan at High Transmission Level

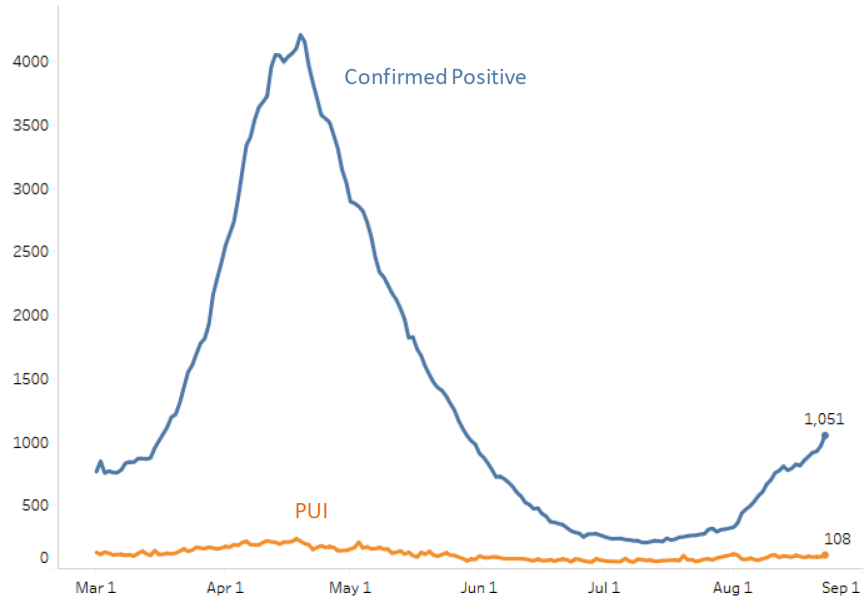
[Dashboard | CDC | MI Start Map](#) for most recent data by reporting date





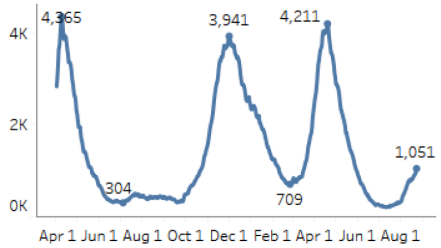
Statewide Hospitalization Trends: Total COVID+ Census

Hospitalization Trends 3/1/2021 – 8/23/2021
Confirmed Positive & Persons Under Investigation (PUI)



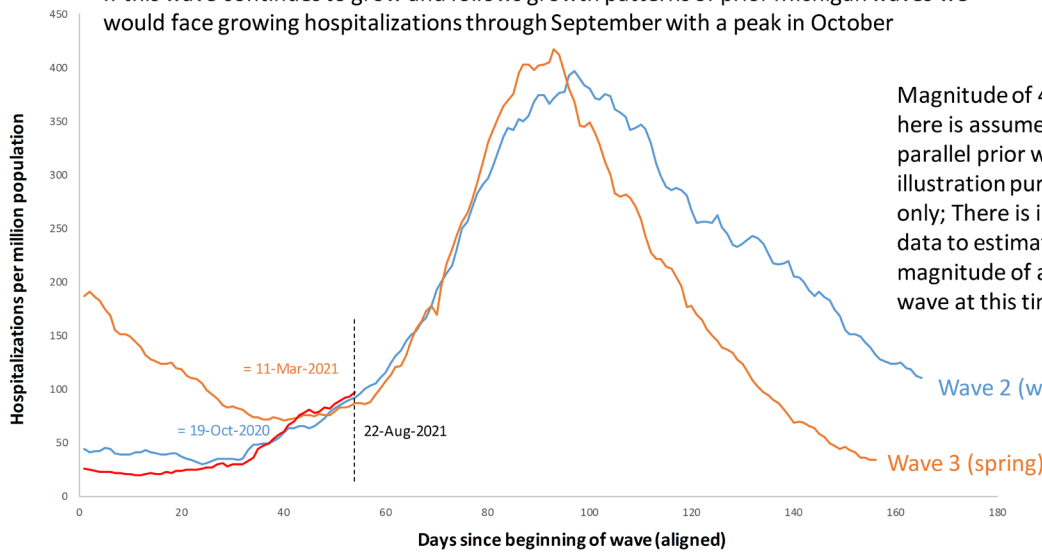
The COVID+ census in hospitals has increased 29% from last week (previous week was up 23%). Hospitalizations are up nearly 5-fold from the nadir in mid-July.

Hospitalized COVID Positive Long Term Trend (beginning March 2020)



What if Scenarios: Hospitalizations if we follow Wave 2 or 3

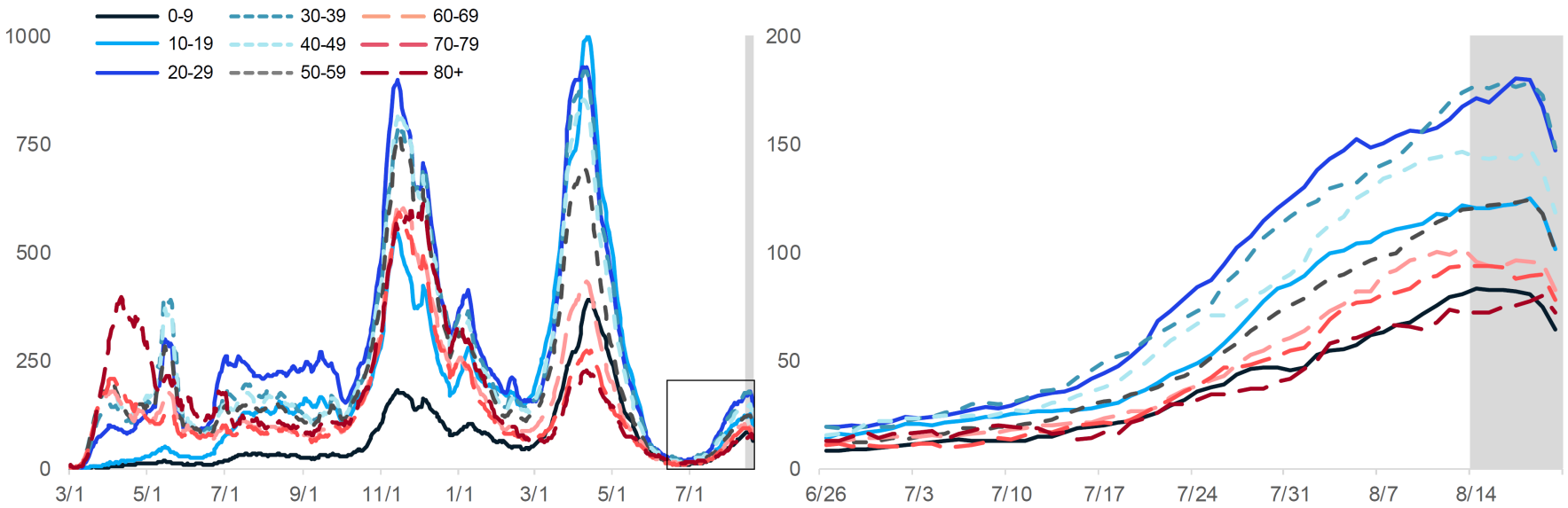
If this wave continues to grow and follows growth patterns of prior Michigan waves we would face growing hospitalizations through September with a peak in October



Magnitude of 4th wave here is assumed to parallel prior waves for illustration purposes only; There is insufficient data to estimate the magnitude of any fourth wave at this time

Case Rate Trends are Increasing for All Age Groups

Daily new confirmed and probable cases per million by age group (7-day rolling average)



- Case rate trends for all age groups are increasing
- Case rates for all age groups are between 70 and 180 cases per million (through 8/16)
- Case rate trends are highest for 30-39-year-olds followed by 20-29, 40-49, 10-19, and

Note: Case information sourced from MDHHS and reflects date of onset of symptoms
Source: MDHHS – Michigan Disease Surveillance System

Number of Cases and CaseRates are Increasing for Most Age Groups

Daily new confirmed and probable cases per million by age group (7-day rolling average)

Age Group	Average† daily cases	Average† Daily Case Rate	One Week % Change (Δ #)
0-9	97.4	84.5	21% (+17)
10-19	159.0	126.7	12% (+16)
20-29	**230.7**	**167.2**	6% (+13)
30-39	218.0	**179.7**	19% (+34)
40-49	170.1	**144.3**	3% (+1-5)
50-59	167.1	123.8	15% (+22)
60-69	123.3	96.6	-1% (-1-5)
70-79	73.1	95.4	12% (+8)
80+	29.9	72.1	7% (+1-5)
Total¶	1275.1	127.2	10% (+120.4)

† Rolling 7-day average
Note: Case information sourced from MDHHS and reflects date of onset of symptoms
Source: MDHHS – Michigan Disease Surveillance System

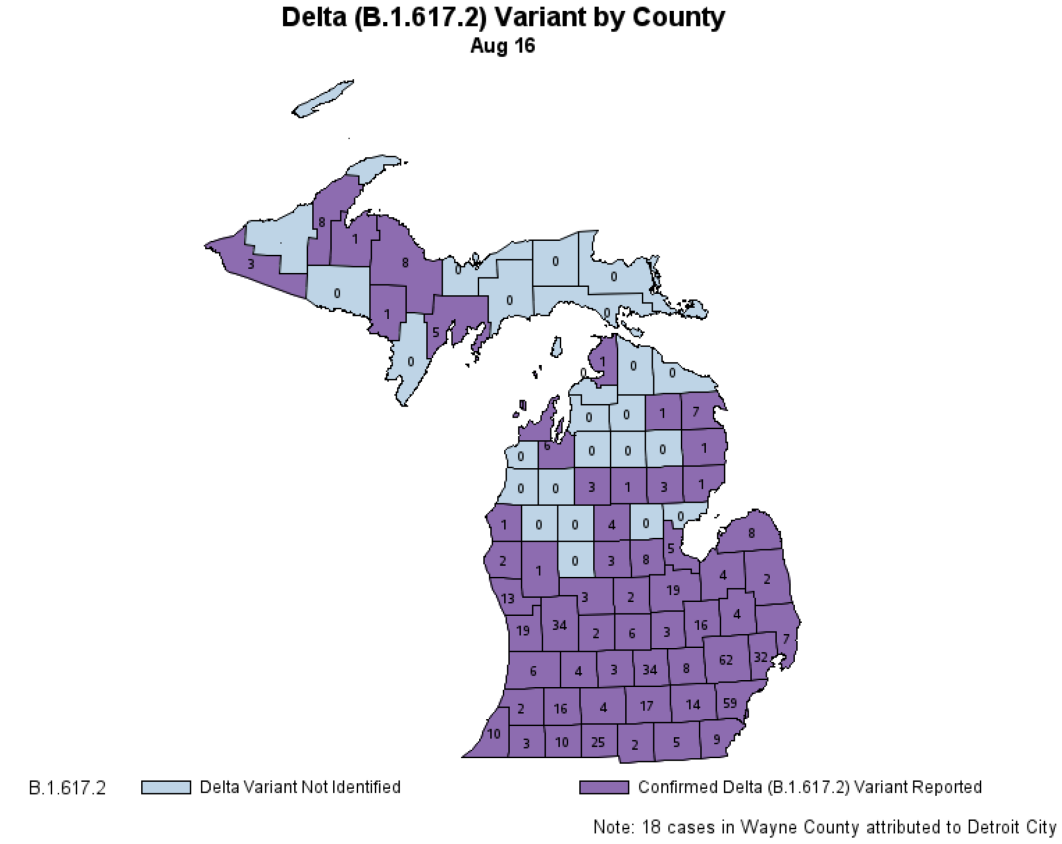
- Average daily number of cases (231) is highest for those aged 20-29
- Avg. daily case rate (179.7 cases/mil) is currently highest for 30-39
- Case rates for all age groups are between 70-180 cases per million
- Case rate trends are increasing for all age groups
- Case rates bottomed out on June 26, 2021

* Highest 7-day avg. following spring 2021 surge
¶ Total may not reflect state due to missing age data

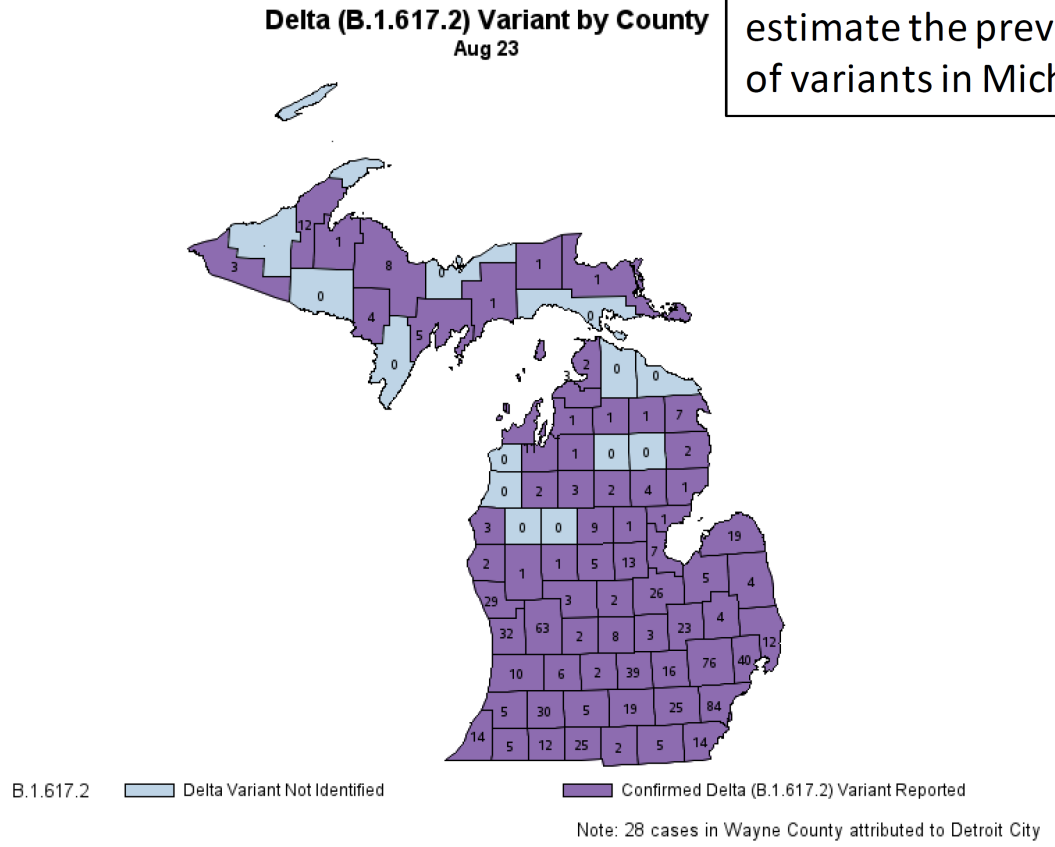
Identified COVID-19 Delta Variants by County

Note: The low number of specimens recently submitted for sequencing limits the ability to estimate the prevalence of variants in Michigan

Last week (Aug 16, 2021)*



This week (Aug 23, 2021)



* Delta found in wastewater surveillance samples

Data last updated Aug 23, 2021
Source: MDSS

Doses administered in Michigan remains steady as national administration is slightly increasing (data through 8/23/2021)

12,609,020 doses delivered to providers and 10,074,092 doses administered (CDC tracker)

- US showing increase in first doses recently
- MI increase not as strong

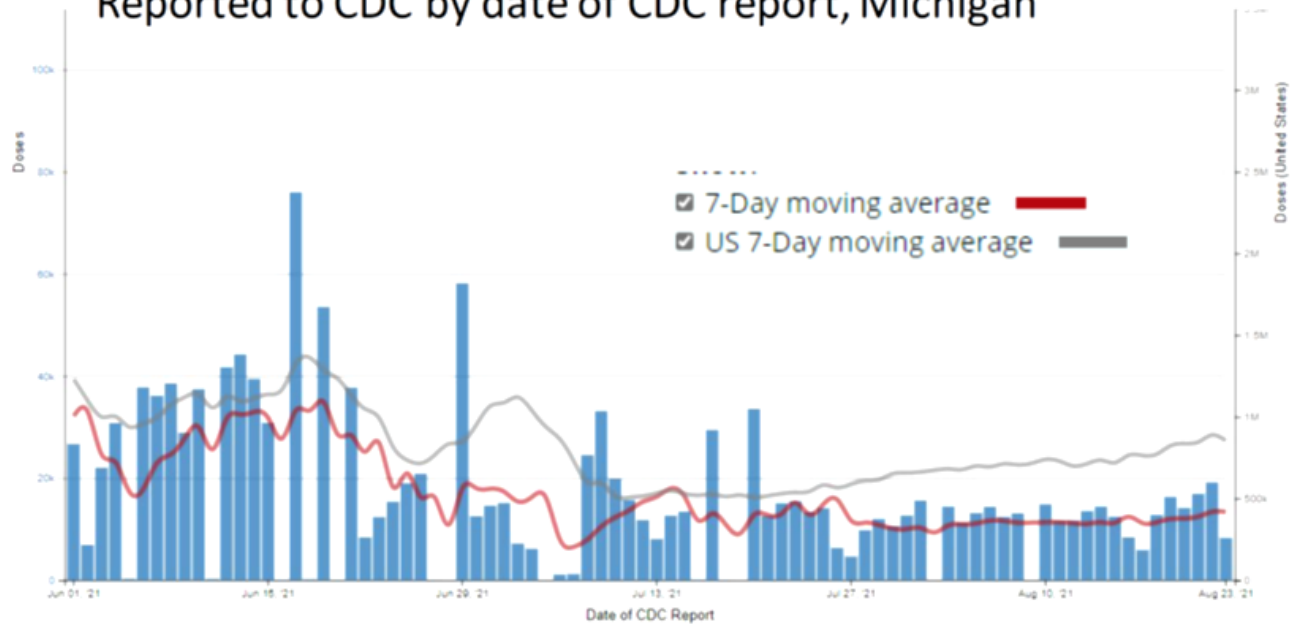
August 12-19 (inclusive)

- 42,311 first doses administered
- 5,289 first doses/day on average (MCIR data)

Doses were most frequently administered by

- Pharmacies (28.5K)
- LHD (3.9K) and hospitals (2.7K)
- Family practice (1.9K), FQHCs (1.7K), and Pediatric (767)

Daily Change in Total Number of Administered Doses Reported to CDC by date of CDC report, Michigan

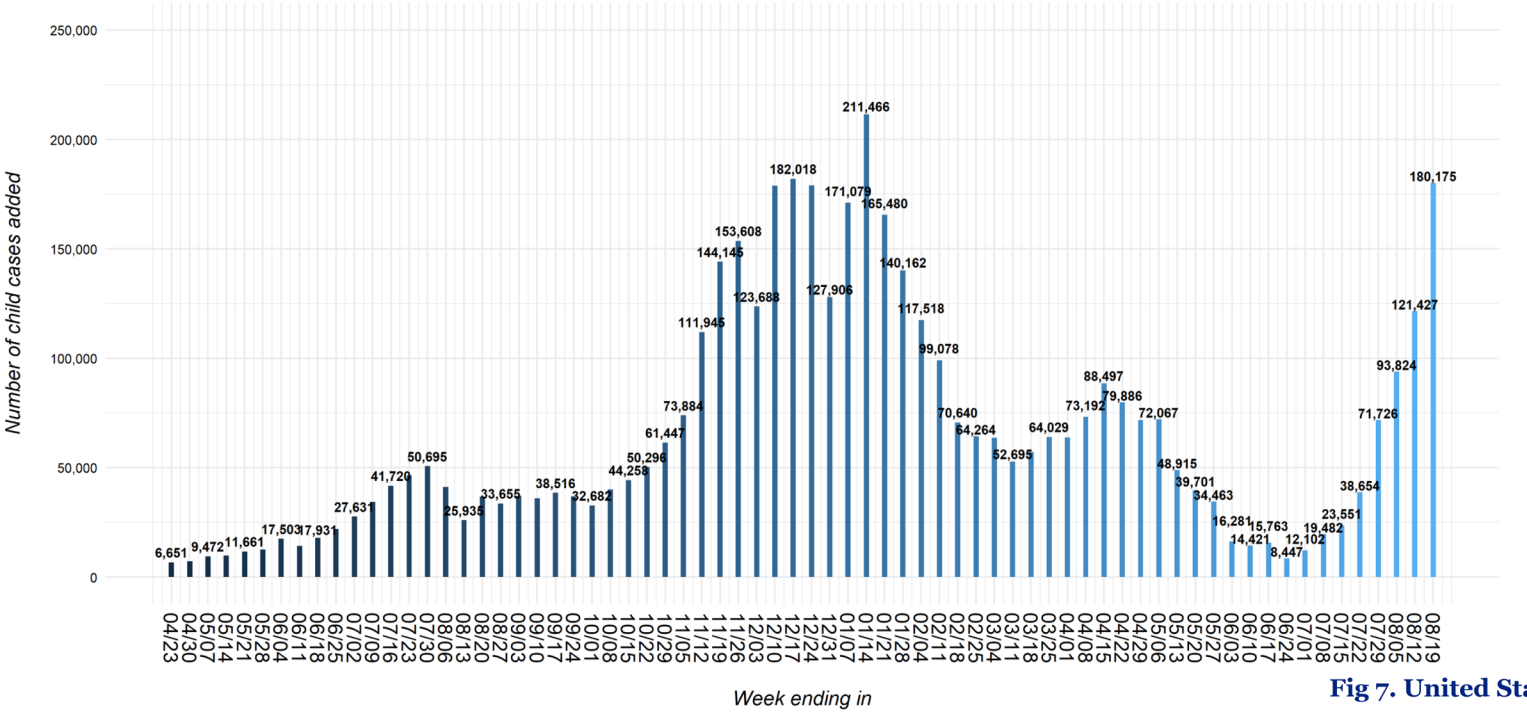


Pediatric Data – US (from AAP/CHA)

- To date, children represented 14.6% of all COVID-19 cases in the US (14.4% last week)
- From 8 /12/21 to 8/19/21 children represented 22.4% of all cases in the US (18% last week)
- Over two weeks, 8/5/21 8/19/21, there was a 7% increase in the cumulated number of child COVID 19 cases (5% increase 7/29/21-8/12/21)
- Among states reporting, children made up between 10.9to 20.4% of total cumulated state tests, and between 4.8% to 17.7% of children tested were tested positive (similar to last week)
- Among states reporting, children ranged from 1.6% to 3.6% of their total cumulated hospitalizations, and 0.2% to 1.9% of all their child COVID 19 cases resulted in hospitalization (similar to last week)

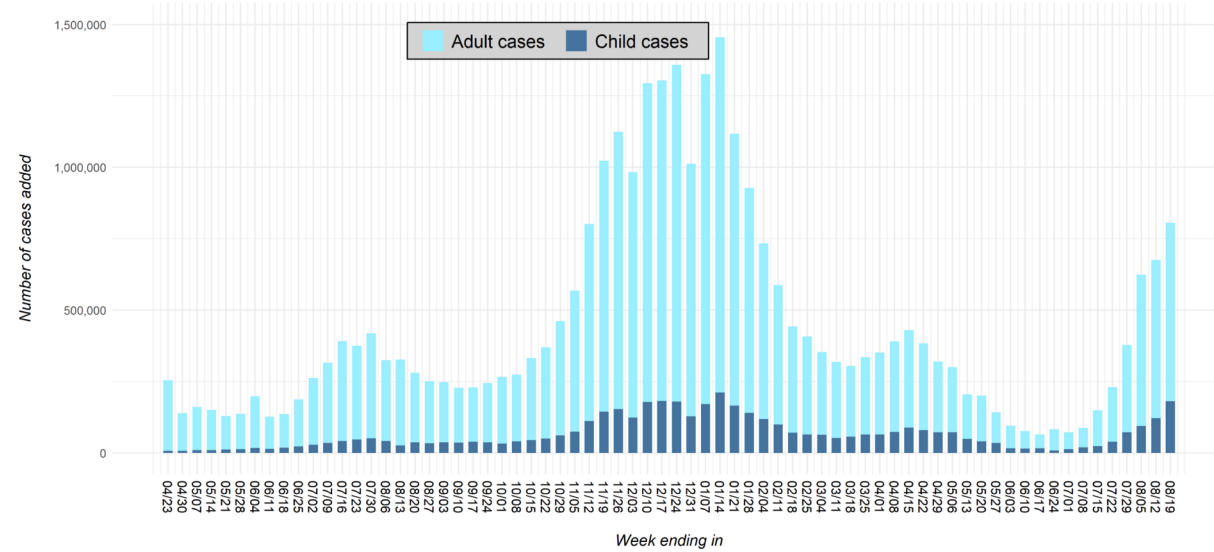
A joint report from the American Academy of Pediatrics and the Children's Hospital Association. Children and COVID 19: State Data Report 8/19/21 https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report

Fig 6. United States: Number of Child COVID-19 Cases Added in Past Week*



** Note: 4 states changed their definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20;*
TX reported age for only a small proportion of total cases each week (eg, 3-20%); as of 7/22/21, TX stopped updating demographic case data
As of 6/30/21, NE COVID-19 dashboard is no longer available; NE cumulative cases through 6/24/21
Due to available data and changes made to dashboard, AL cumulative cases through 7/29/21
Due to available data and calculations required to obtain MA child cases, weekly estimates fluctuate
As of 8/12/21, WV changed definition of child case from 0-19 to 0-20 years; the cumulative results in this 8/19 report represent the 0-20 age category
See detail in Appendix: Data from 49 states, NYC, DC, PR and GU
All data reported by state/local health departments are preliminary and subject to change; Analysis by American Academy of Pediatrics and Children's Hospital Association

Fig 7. United States: Number of COVID-19 Cases Added in Past Week for Children and Adults*



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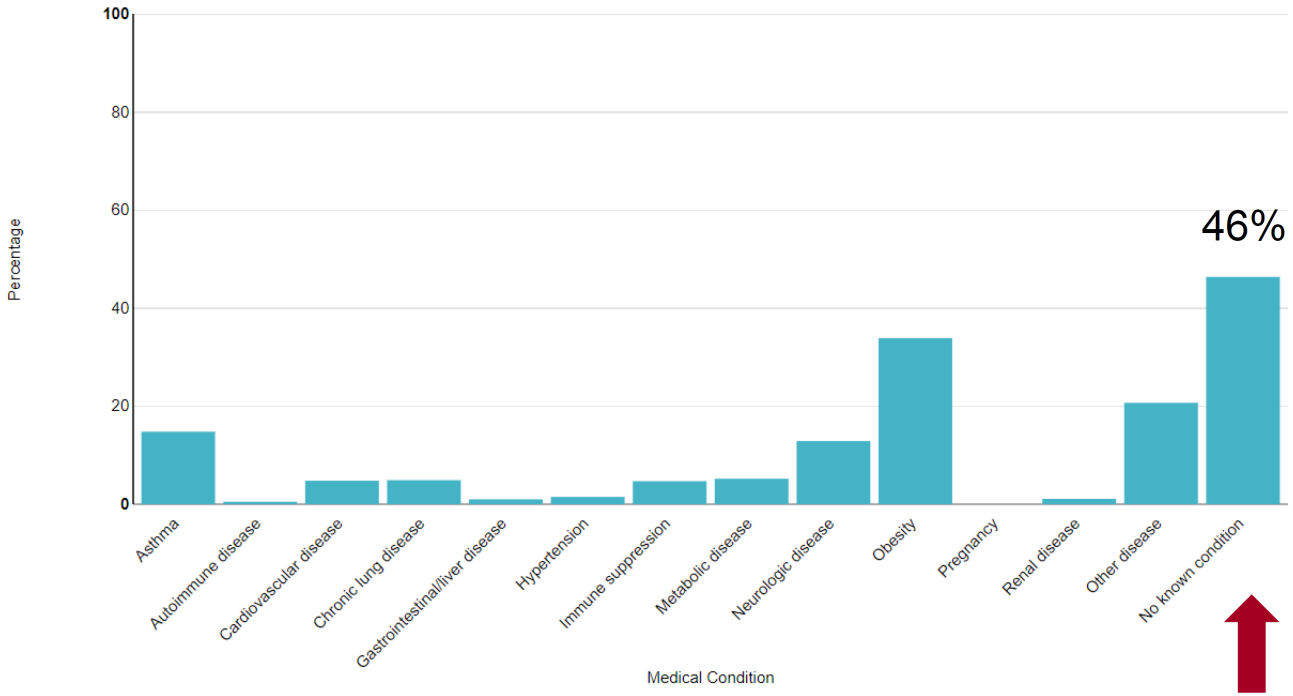
SARS-CoV-2 can Negatively Impact Children Directly and Indirectly

- Children can experience severe health outcomes from COVID-19 including MIS-C and Hospitalization
  - **Hospitalizations among children nationwide is higher than it's ever been***
  - **Nearly half of children hospitalized have no reported underlying conditions†**

United States Hospital Admissions | 0 -17 years

U.S. Pediatric Hospitalizations | Underlying Medical Conditions



Sources: *CDC COVID Data Tracker > New Hospital Admissions; † COVIDNET

Examples of US School District Closures due to COVID-19 outbreaks

THE TEXAS TRIBUNE

Texas - Iraan-Sheffield Ind S.D. closed after 6 days. No masking; low community vaccination rates.

LINCOLN JOURNAL STAR

Nebraska- Auburn Public Schools closed after 6 days.

Florida Phoenix

Florida- School closures in 5 counties. 20,000 students and staff in quarantine and isolation. 17 employees, including seven teachers and an assistant principal have died since Aug 1.

SunHerald

Mississippi- 10 schools closed across 5 counties.

2NEWS OKLAHOMA

Oklahoma – 3 schools districts. Some schools with over 25% of student body in quarantine.

LEX18 LEXINGTON

Kentucky – 2 school districts within 6 days of school opening.

Tennessean.

Tennessee – School with 1/3 of staff and students out due to illness. Second school closed "due to an inability to staff the building and classrooms."

THANKS FOR JOINING US!

ANY QUESTIONS?

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