NC DHHS K-12 COVID-19 Response Updates

DPI/NC DHHS Monthly Meeting

August 31, 2021

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agenda

- **Statewide COVID-19 Updates and Data Trends**
- **K-12 Covid Testing Updates**
- **StrongSchoolsNC Toolkit Updates**

NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Statewide COVID-19 Updates & Data Trends

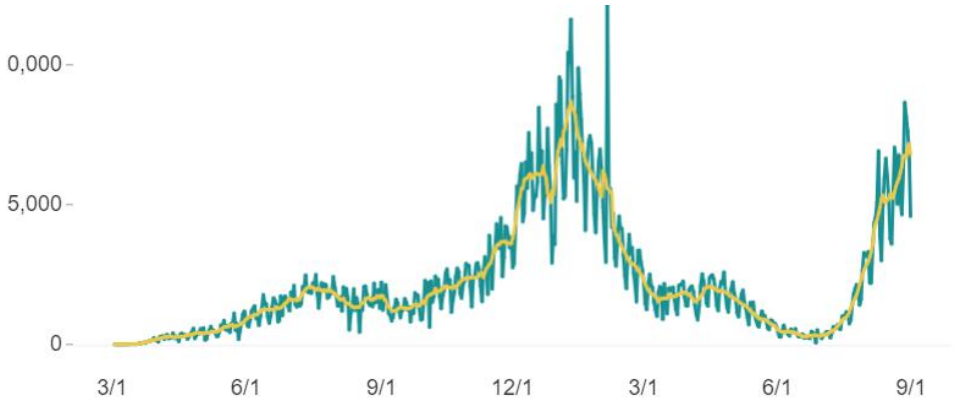
Dr. Betsey Tilson
State Health Director & Chief Medical Officer
NCDHHS

NC DHHS- DPI Monthly Webinar

August 31, 2021

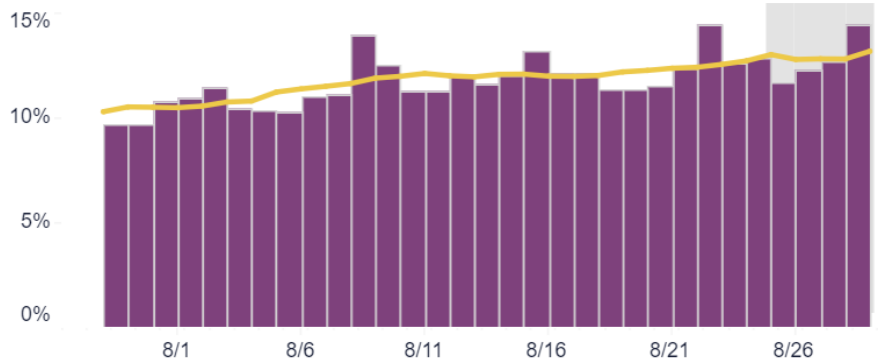
Four Key Metrics – All Quickly Rising

Daily Cases by Date Reported



TOTAL CASES
1,208,303

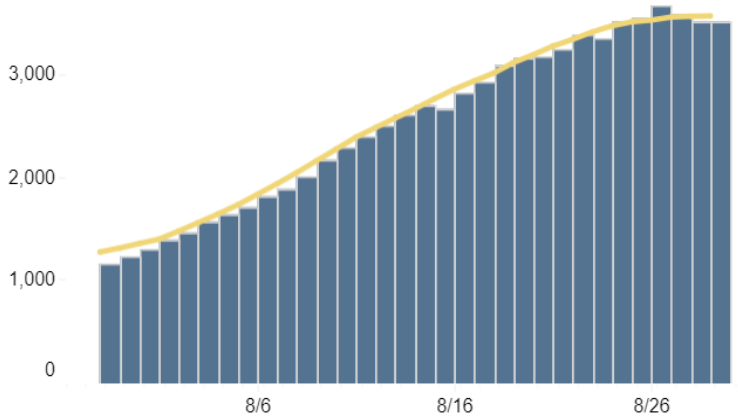
Positive Tests as a Percent of Total Tests



POSITIVE TESTS

14.5%

Daily Number of People Currently Hospitalized



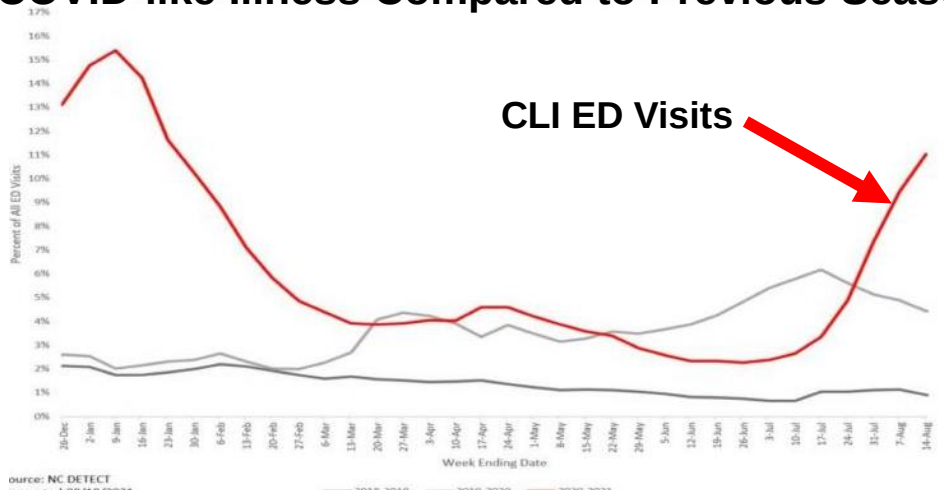
3,509

Currently Hospitalized

92%

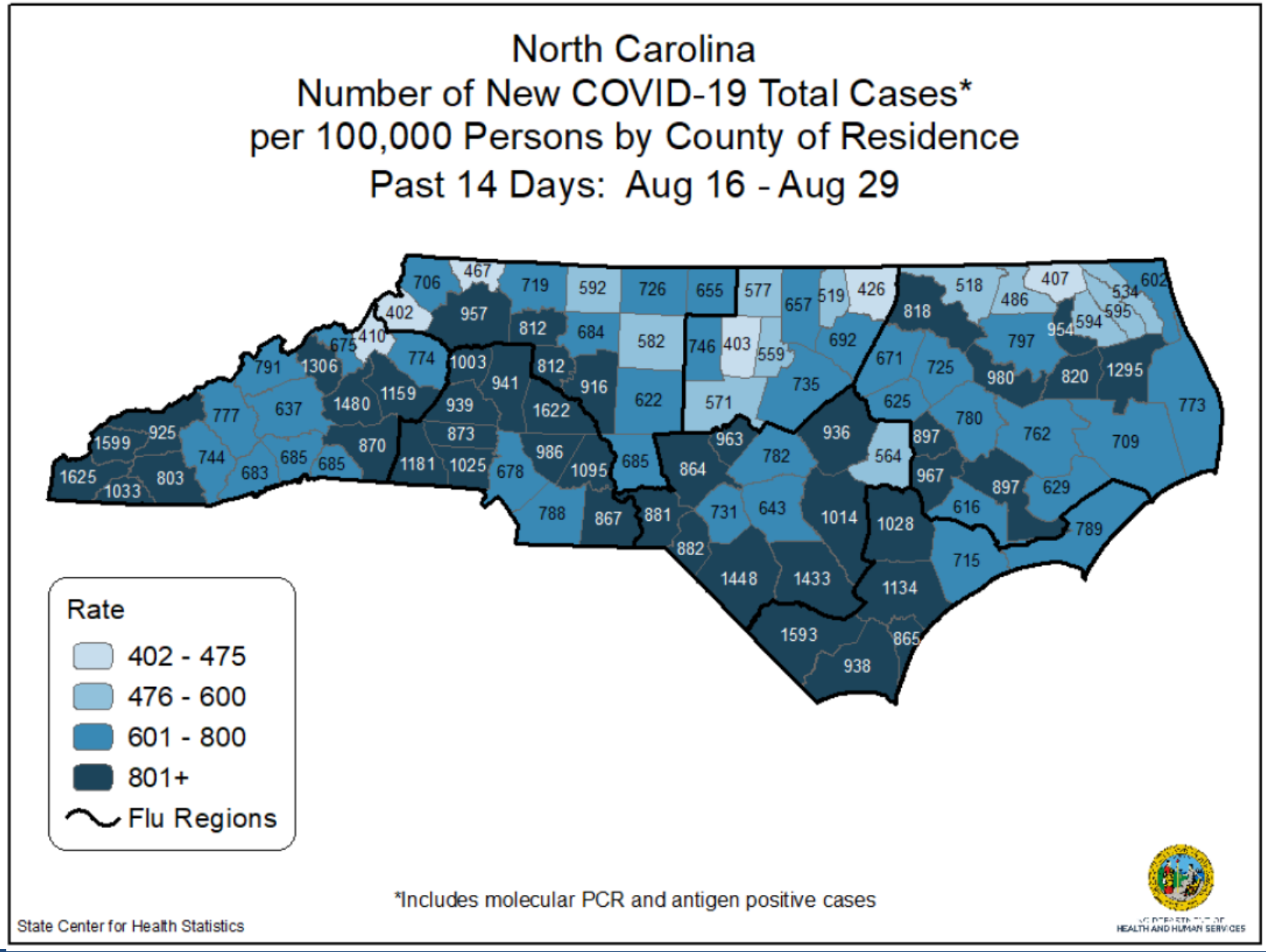
Hospitals Reporting

What Percentage of ED Visits this Season are for COVID-like Illness Compared to Previous Seasons?



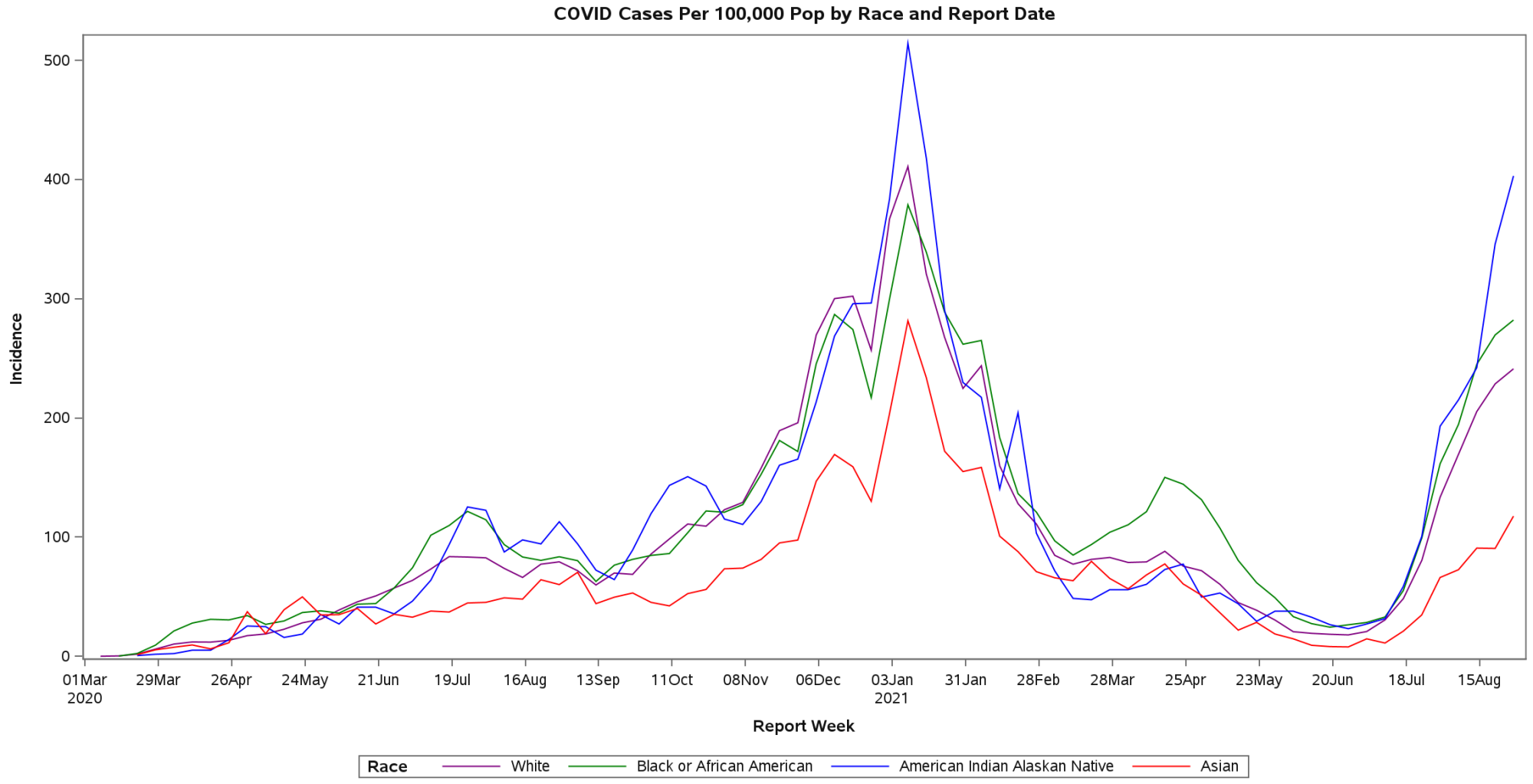
Source: https://covid19.ncdhhs.gov/dashboard

Case Rates Increasing Statewide

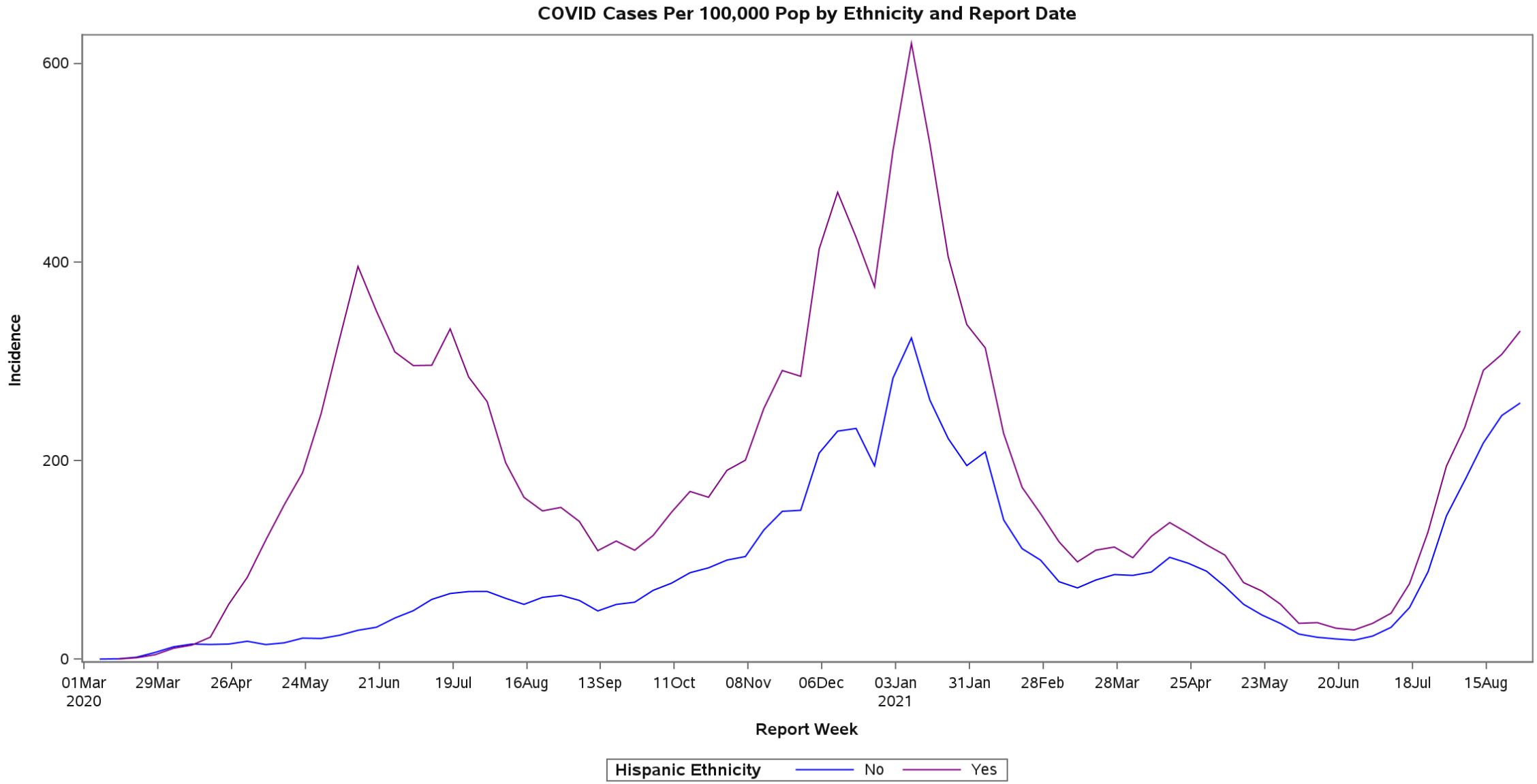


Racial Disparities in Case Rates Widen

American Indian/Alaskan Native and Black/African American population case rates exceed those for White and Asian populations.

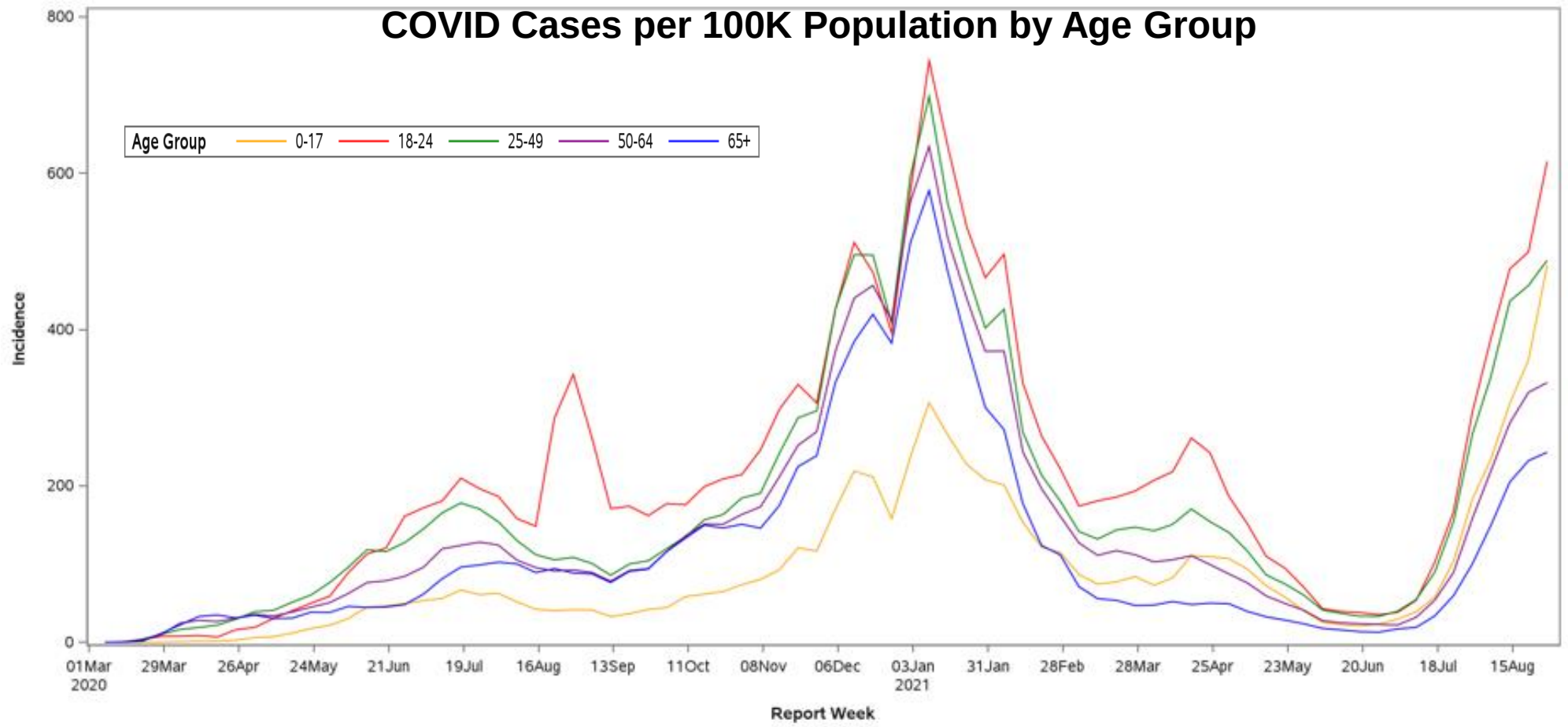


Gap Widens Between Hispanic and Non-Hispanic Population



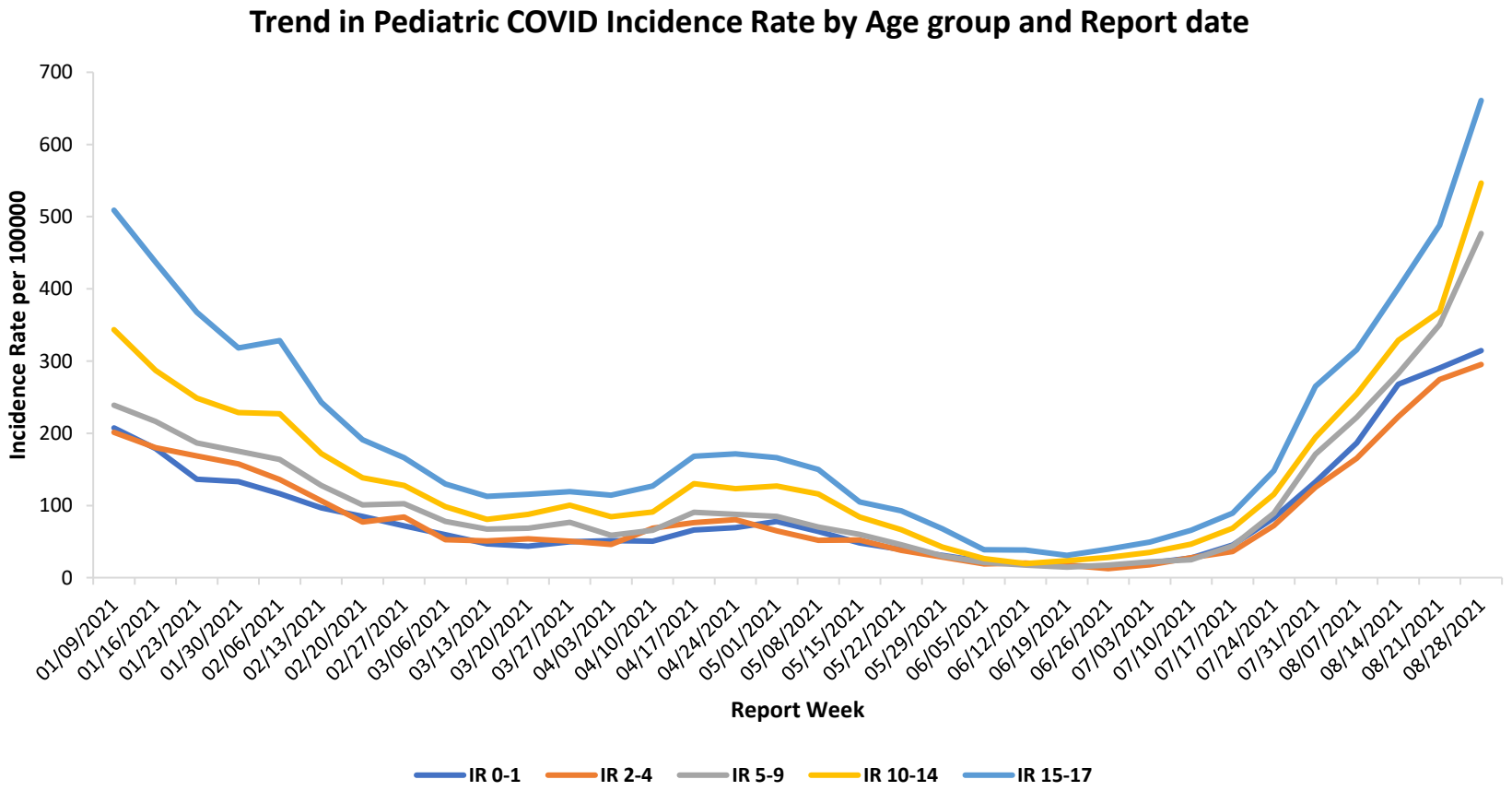
Case Rates Increase Across All Age Groups

Case rates are increasing at the greatest rate among 18 to 24, followed by 0 to 17-year-olds. Case rates for children are higher than January peak levels.



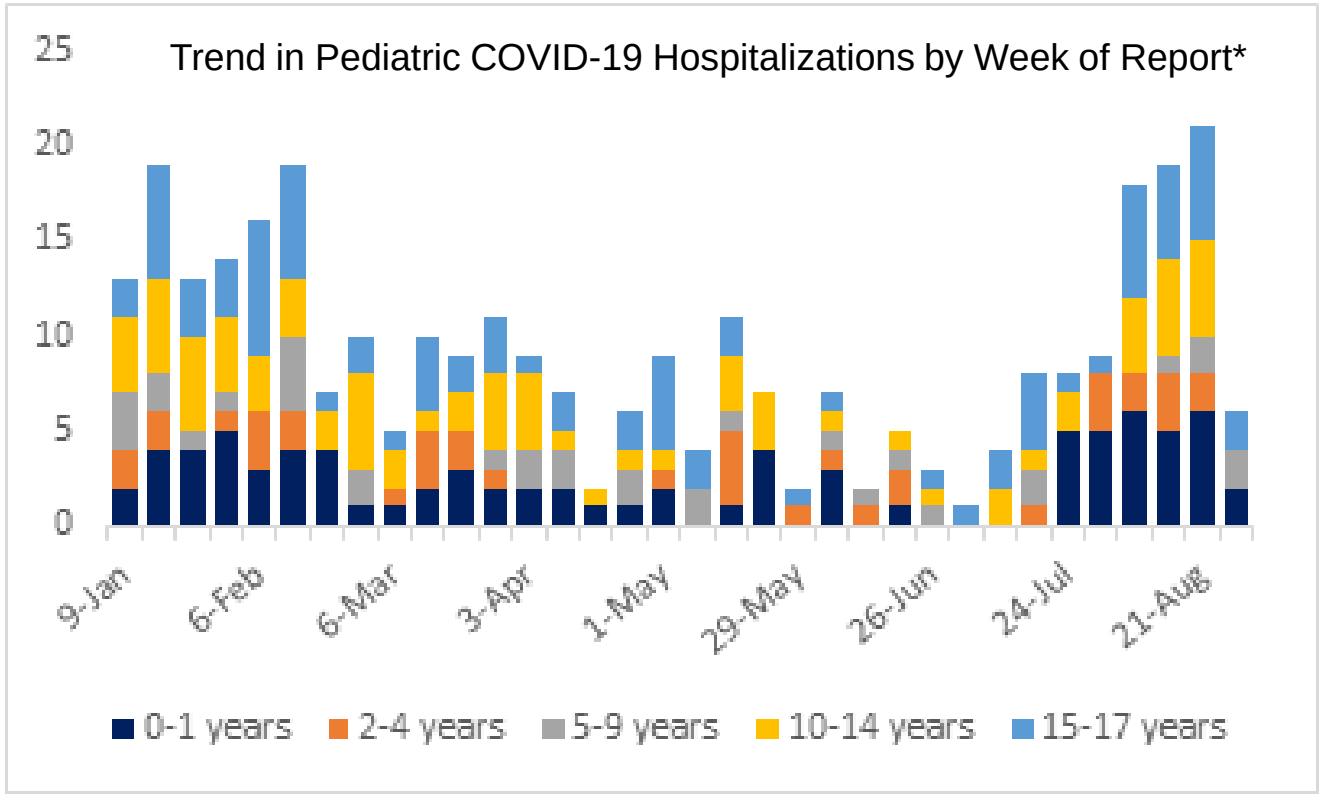
Pediatric Case Rates At Record Levels

Highest rates in elementary, middle, and high school-aged children.



Pediatric Hospitalizations are increasing

Hospitalizations are increasing to levels of past peak in January

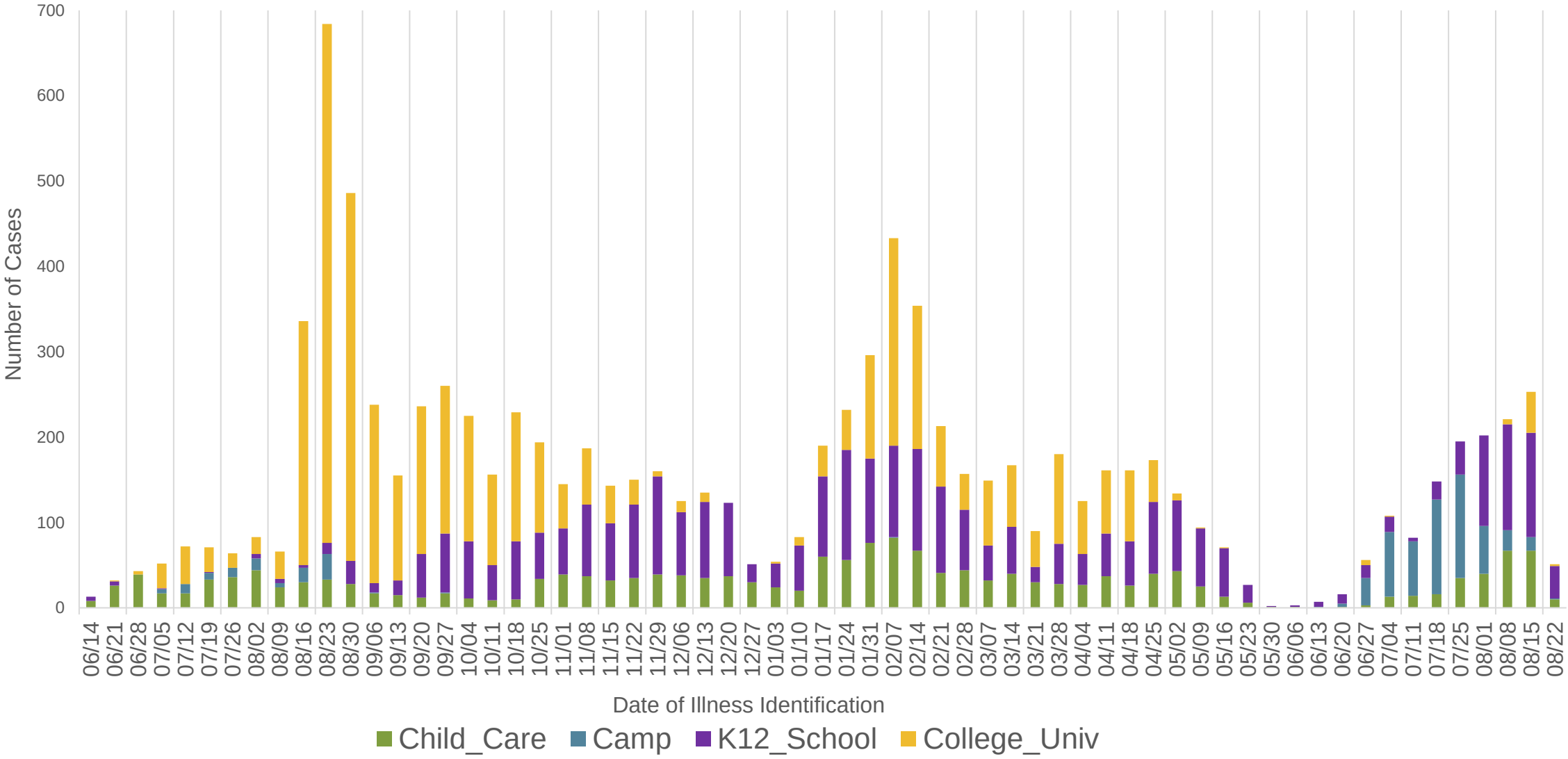


**Note: Hospitalization reporting lags behind case reporting; hospitalization status is missing for many cases*

K-12 Reported Clusters – as of 8/30/21

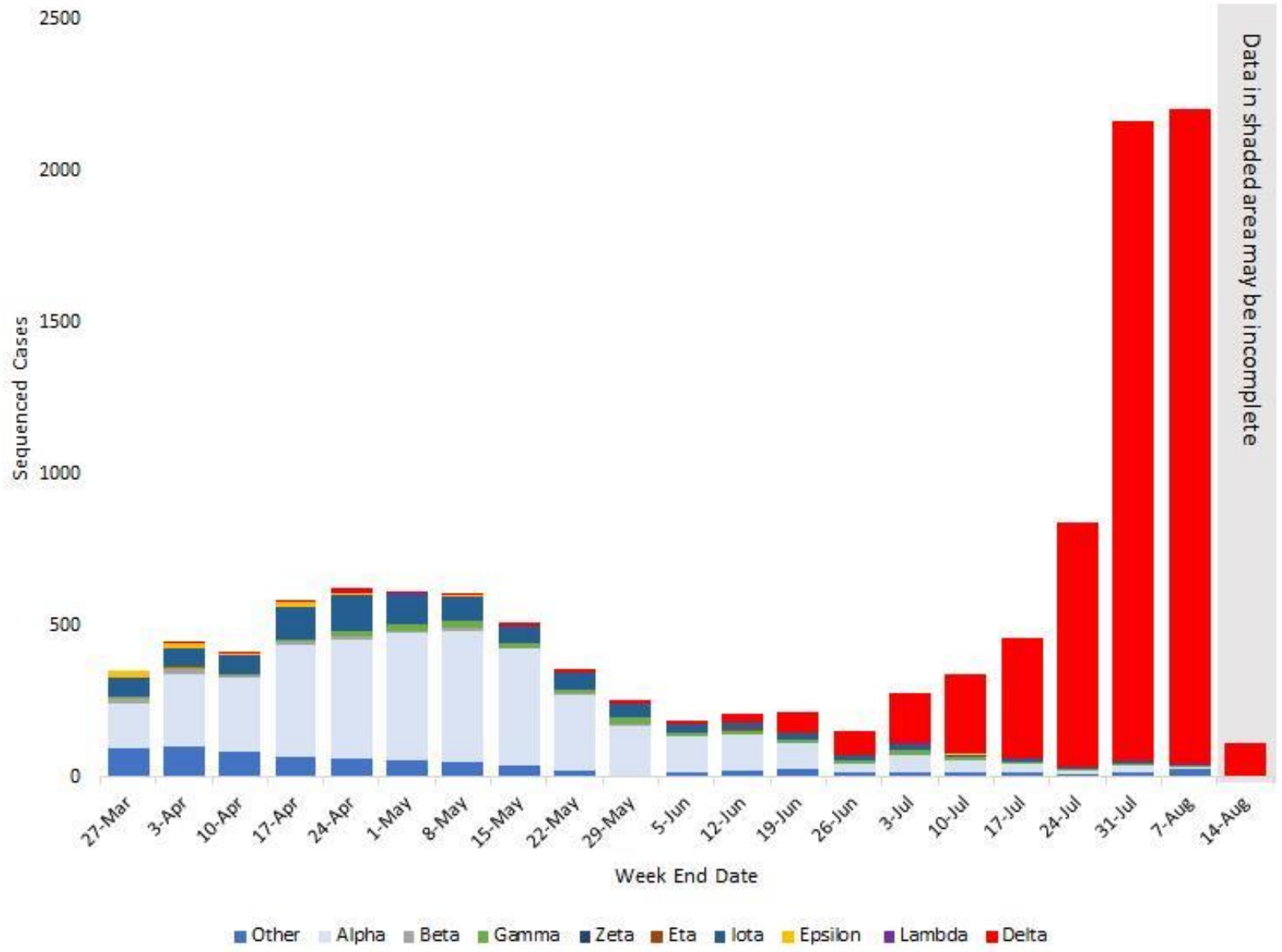
- **66 currently active clusters (64 at public schools, 2 at private schools)**

https://covid19.ncdhhs.gov/dashboard/outbreaks-and-clusters/



Delta variant is the most common variant in NC

Spreads easily among children



Outbreak Associated with SARS-CoV-2 B.1.617.2 (Delta) Variant in an Elementary School — Marin County, California, May–June 2021

Summary

What is already known about this topic?

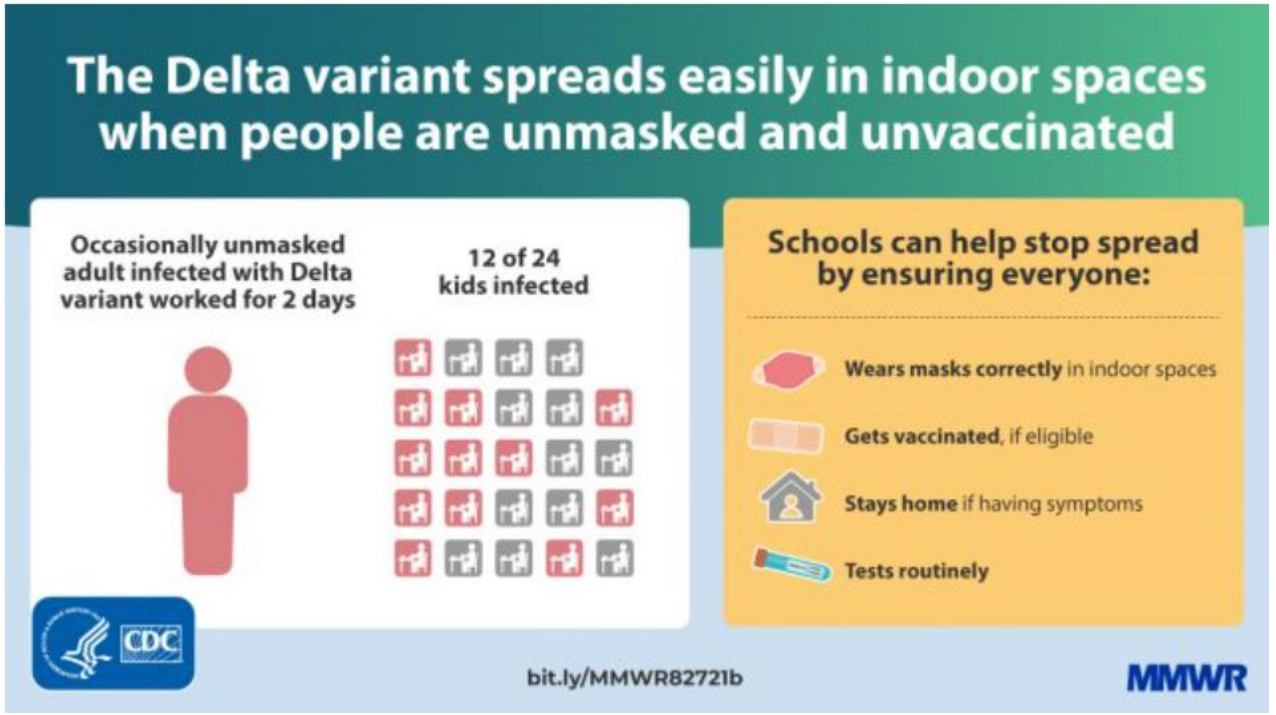
The SARS-CoV-2 B.1.617.2 (Delta) variant is highly transmissible. Prevention guidance in schools varies by jurisdiction.

What is added by this report?

During May 23–June 12, 2021, 26 laboratory-confirmed COVID-19 cases occurred among Marin County, California, elementary school students and their contacts following exposure to an unvaccinated infected teacher. The attack rate in one affected classroom was 50%; risk correlated with seating proximity to the teacher.

What are the implications for public health practice?

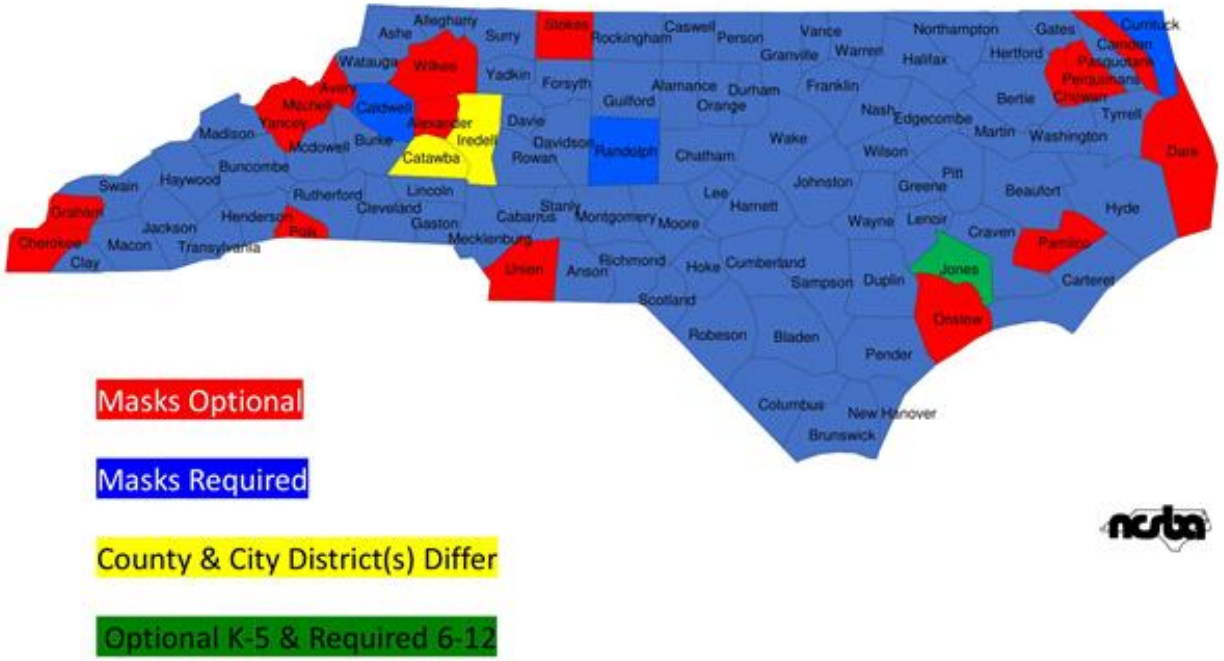
Vaccines are effective against the Delta variant, but transmission risk remains elevated among unvaccinated persons in schools. In addition to vaccination, strict adherence to multiple nonpharmaceutical prevention strategies, including masking, are important to ensure safe school instruction.



https://www.cdc.gov/mmwr/volumes/70/wr/mm7035e2.htm

NORTH CAROLINA LEA FACE MASK POLICIES

(as of 8/30/21)



Masking Mandates

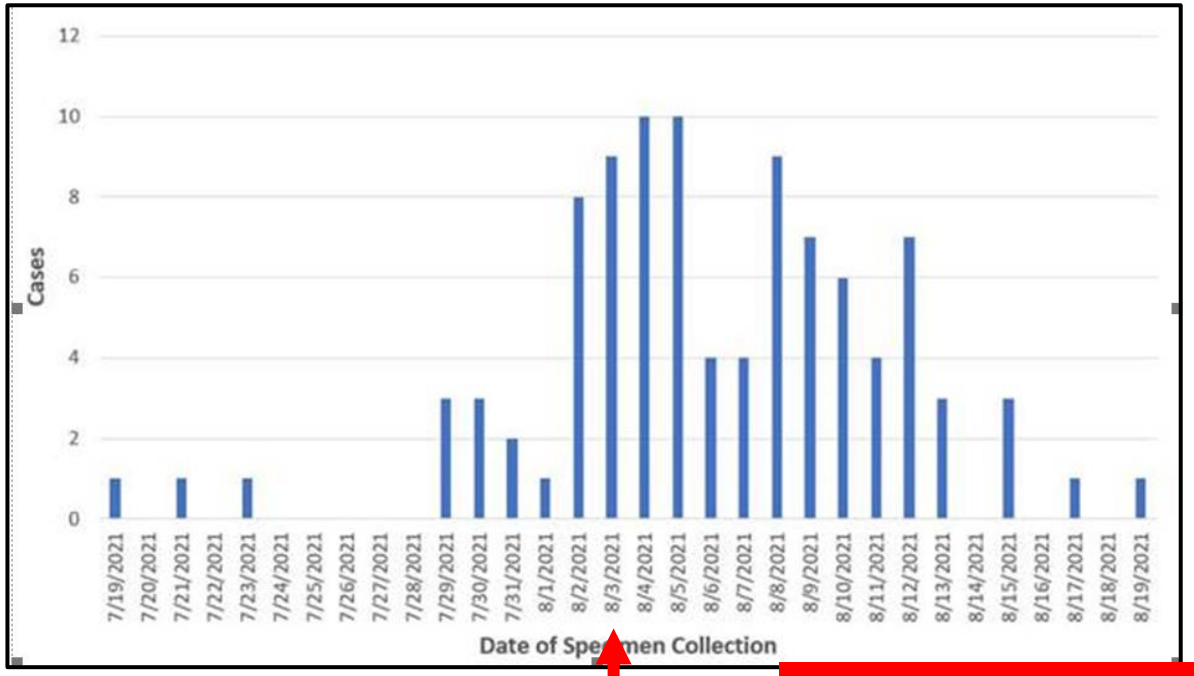
	Number of Districts	Percentage of Districts	Number of Students	Percentage of Students
Districts requiring universal face coverings	94	81.74%	1,193,729	89.02%
Districts making face coverings optional	19	16.52%	143,459	10.70%
Districts requiring face coverings (partial)	2	1.74%	3,784	0.28%
Waiting on decision from districts	0	0.00%	0	0.00%
Totals	**115**	**100.00%**	**1,340,972**	**100.00%**

41 Districts have changed policies for this school year

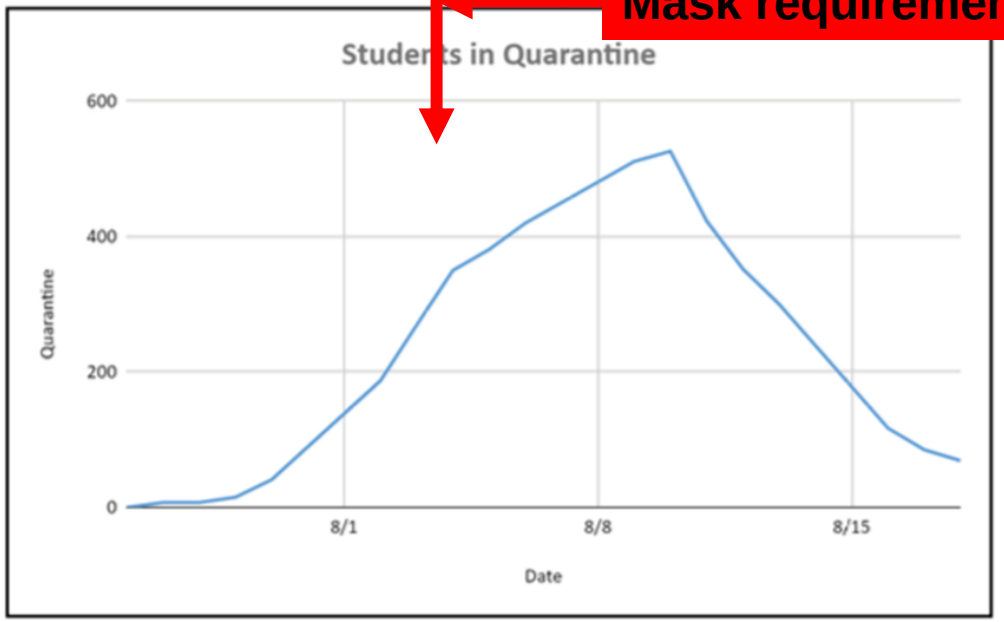
One school's experience

Initially, masks optional

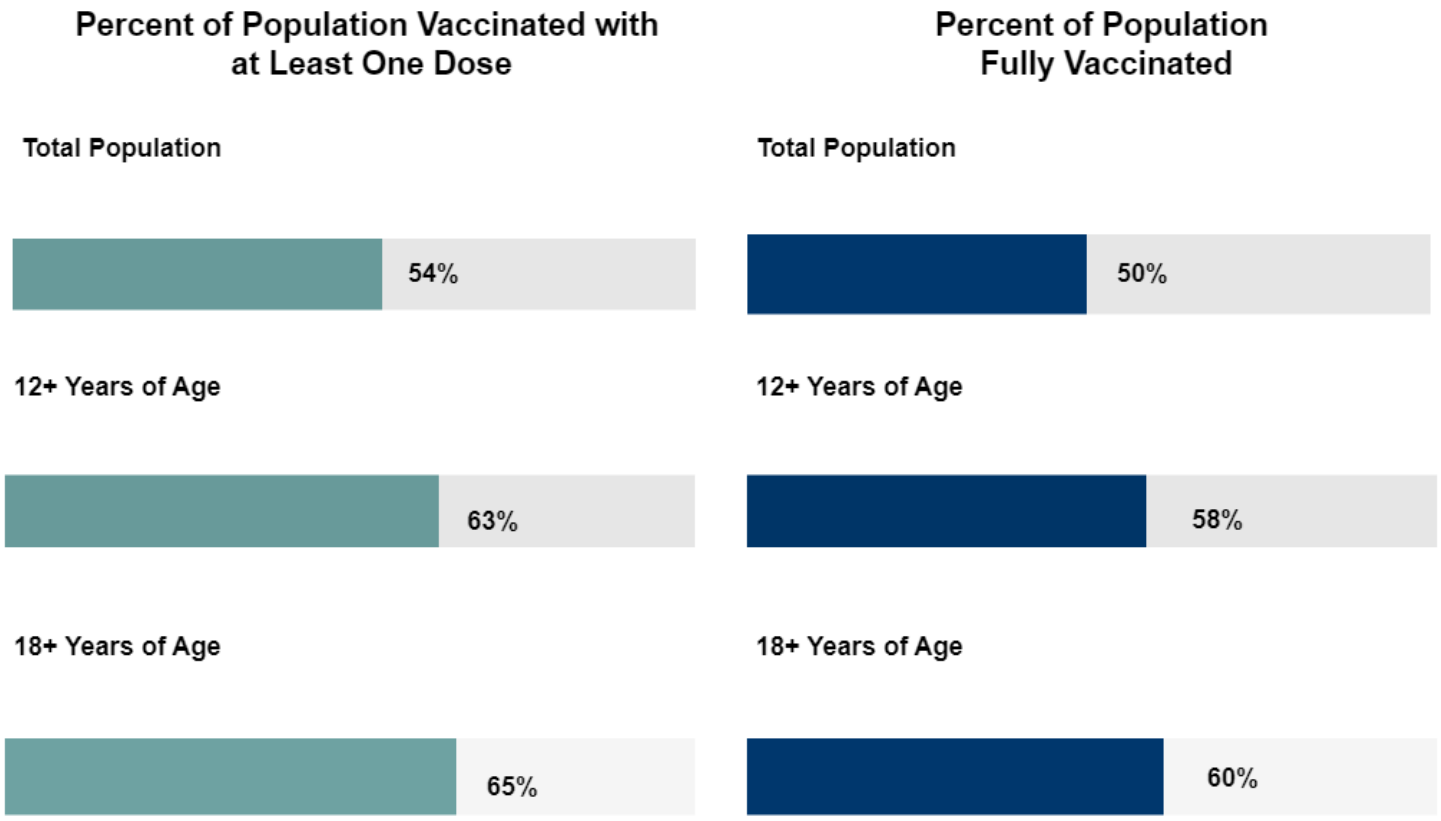
After opening and multiple cases and quarantine in first few days, changed to mask requirement



Mask requirement

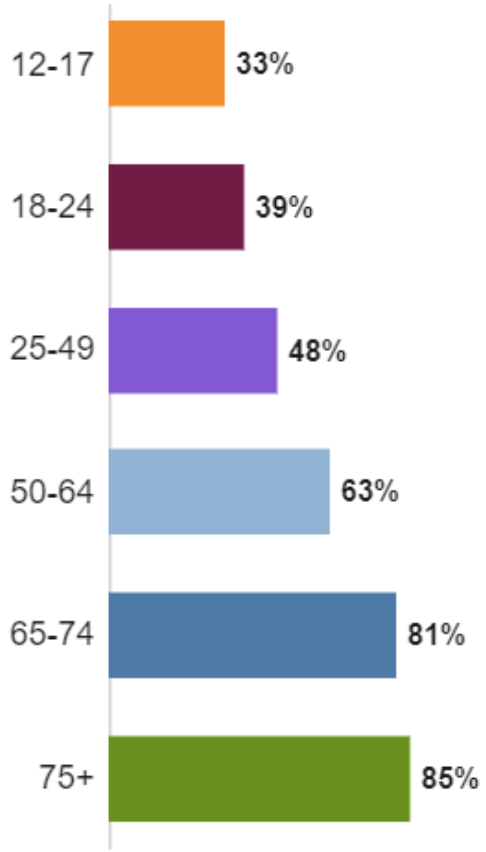


VACCINATION STATUS BY AGE



0-12 years – 0%

Not currently eligible for vaccination



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https://covid19.ncdhhs.gov/dashboard/vaccinations

Vaccines provide a high level of protection for people

Unvaccinated individuals are about 4 times (400%) more likely to get COVID-19 as fully vaccinated individuals

Unvaccinated individuals are more than 15 times (1500%) more likely to die from COVID-19 as fully vaccinated individuals

Among people with an initial infection, unvaccinated individuals are about about 2 and half times (250%) more likely to be re-infected than those vaccinated

Reduced Risk of Reinfection with SARS-CoV-2 After COVID-19 Vaccination — Kentucky, May–June 2021

Weekly / August 13, 2021 / 70(32);1081-1083

On August 6, 2021, this report was posted online as an MMWR *Early Release.*

Alyson M. Cavanaugh, DPT, PhD[1,2]; Kevin B. Spicer, MD, PhD[2,3]; Douglas Thoroughman, PhD[2,4]; Connor Glick, MS[2]; Kathleen Winter, PhD[2,5] (View author affiliations)

Summary

What is already known about this topic?

Reinfection with human coronaviruses, including SARS-CoV-2, the virus that causes COVID-19, has been documented. Currently, limited evidence concerning the protection afforded by vaccination against reinfection with SARS-CoV-2 is available.

What is added by this report?

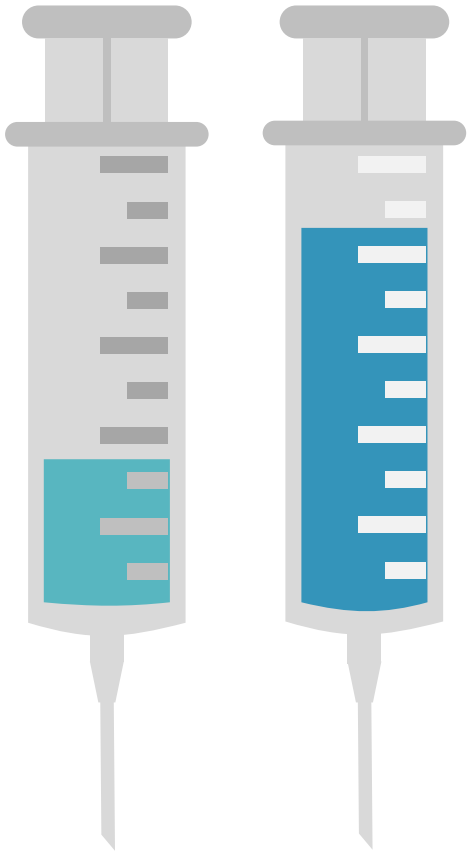
Among Kentucky residents infected with SARS-CoV-2 in 2020, vaccination status of those reinfected during May–June 2021 was compared with that of residents who were not reinfected. In this case-control study, being unvaccinated was associated with 2.34 times the odds of reinfection compared with being fully vaccinated.

What are the implications for public health practice?

To reduce their likelihood for future infection, all eligible persons should be offered COVID-19 vaccine, even those with previous SARS-CoV-2 infection.

https://www.cdc.gov/mmwr/volumes/70/wr/mm7032e1.htm?s_cid=mm7032e1_w

PFIZER FDA APPROVAL



FDA Extends Full Approval to Pfizer Vaccine for Ages 16+

*The drug will be marketed as Comirnaty (koe-mir'-na-tee), for the prevention of COVID-19 in individuals **16 years of age and older**. The full press release from the FDA is available HERE.*

12-15 Years of Age remain under EUA

Administration to 12-15 year olds was not included in the EUA until May 2021 – additional time required before approval

Additional Dose Guidance under the EUA

Additional doses for moderately to severely immunocompromised individuals was recently added to the Pfizer-BioNTech EUA for all ages 12+ - and remains under EUA

Pfizer Fact Sheet for Recipients and Caregivers (updated August 23, 2021)
Pfizer Fact Sheet for Healthcare Providers (updated August 23, 2021)

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K-12 COVID-19 Testing Updates

Ann Nichols – State School Health Nurse Consultant

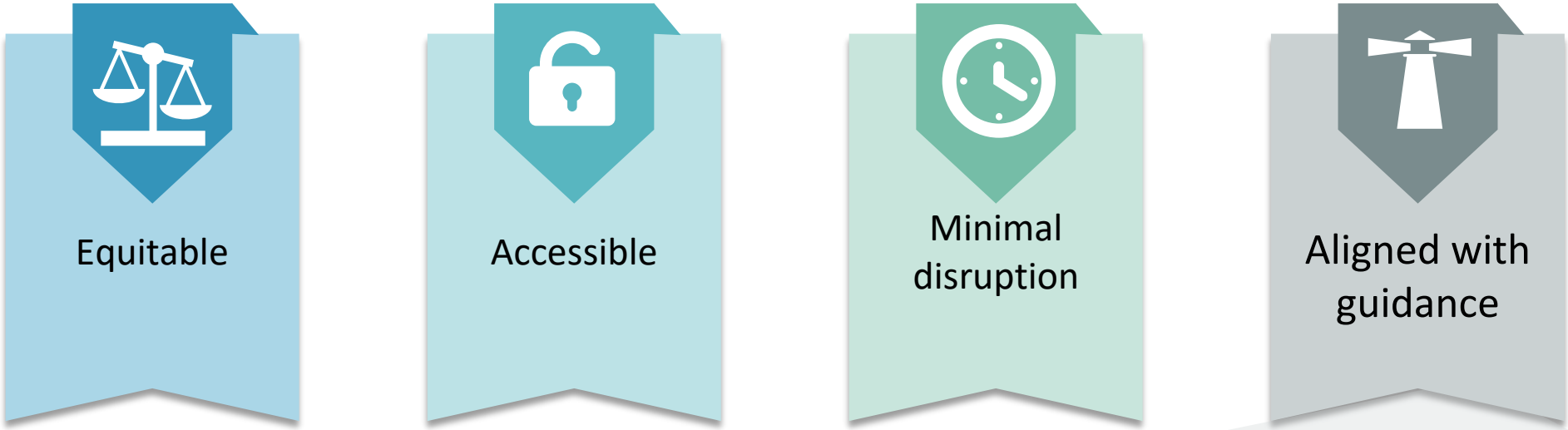
NC DHHS- DPI Monthly Webinar

August 31, 2021

STRONGSCHOOLSNC PUBLIC HEALTH TOOLKIT: **BENEFITS OF TESTING**

1. A testing program at school offers the ability for students and staff to have **easy access** to testing with **quick results**.
2. There is **no cost to families or the school** related to the testing program, developed in collaboration by the school and the vendor.
3. Testing is provided in a manner set by district or school leadership **based on the needs** of their local community.
4. The testing program gives families **information about levels of transmission** in the schools.
5. Screening testing provides a **strategy for high-risk group activities** (e.g., band/chorus and sports) to be able to perform in a more normal manner.

STRONGSCHOOLSNC K-12 **TESTING PROGRAM GOALS**



	Low[1] Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Students	Do not need to screen	**Offer screening testing for students** who are not fully vaccinated at least once per week.		
Teachers and staff	**Offer screening testing for teachers and staff** who are not fully vaccinated at least once per week.			
High risk sports and activities	**Recommend screening testing for high-risk sports and extracurricular activities**[2] at least once per week for participants who are not fully vaccinated.		**Recommend screening 2x per week** for participants who are not fully vaccinated.	**Cancel or hold virtually** to protect in-person learning, unless all participants are fully vaccinated.
Low-and intermediate-risk sports	Do not need to screen	**Recommend screening testing** at least 1x per week for participants who are not fully vaccinated.		

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For more information, please see the StrongSchoolsNC Testing Program Guidance.

DIAGNOSTIC TESTING IS REACTIVE AND SCREENING TESTING IS PROACTIVE

Routine Screening	Diagnostic
Regular preventative testing done on students/staff who are asymptomatic and do not have a known/suspected COVID-19 exposure.	Testing done when student/staff has: • Symptoms of COVID-19; or • Confirmed as close contact / exposure to COVID-19.
Gets Ahead of Transmission Helps **get ahead of virus transmission**. Screening can detect cases: • Before students are known to be symptomatic; and • Even when students/staff are asymptomatic. This **helps leadership and health staff make informed decisions** to limit transmission within their schools.	**Confirms an Individual Case** Confirms if a person suspected of having COVID is infected. Limited as a preventative measure because: • **Not routinely used in asymptomatic cases** (major source of spread); • Depends on proactive identification of COVID-19 symptoms, leaving **room for subjectivity** (e.g., someone saying "it's just allergies")
Limits Exposures Because the **virus can be caught earlier**, including before symptoms present and in asymptomatic cases, the number of potential exposures can be minimized, and fewer instances of quarantine needed.	**Potential for More Close Contacts** Can result in **more student/staff exposure and exclusion** since symptoms trigger referral for a test. Symptoms may be delayed, and parents' perception of mild symptoms may vary widely.
Minimize Disruption with A Plan Routine screening provides predictability for staff, students, and families to **help minimize learning disruptions.** Pooled screening for groups is fast, easy and dependable.	**Hard To Plan Ahead** When a student/staff member will need to be tested depends on when symptoms present, making planning and scheduling difficult.

Routine screening, with *supplemental* diagnostic testing, helps **get ahead of transmission** and **be responsive** to daily needs.

Providing diagnostic tests in-school is a key part of any plan because it helps keep students in school through quick testing results.

Both types of testing are important and require parental/guardian consent.

STRONGSCHOOLSNC K-12 COVID-19 TESTING: **VENDOR TESTING RECOMMENDATIONS**

	Screening	Diagnostic
Populations in Scope	• Students • Staff • Teachers • Athletics and Special Populations	• Students • Staff • Teachers • Athletics and Special Populations
Frequency	Students and Teachers: 1x week Athletics and other special pops: 1x week*	As needed with presentation of symptoms or known exposure (i.e. close contact)
Modality	Pooled PCR testing with Abbott BinaxNOW as the reflex test**	Lab-run PCR Abbott BinaxNOW Antigen tests *for schools with CLIA waiver and full-time RN oversight*

*Frequency will vary based on current CDC guidance and the level of community spread. As a baseline, NC DHHS recommends the following, though this can be adjusted over time
**Modality will be based on size of population being tested per school per day

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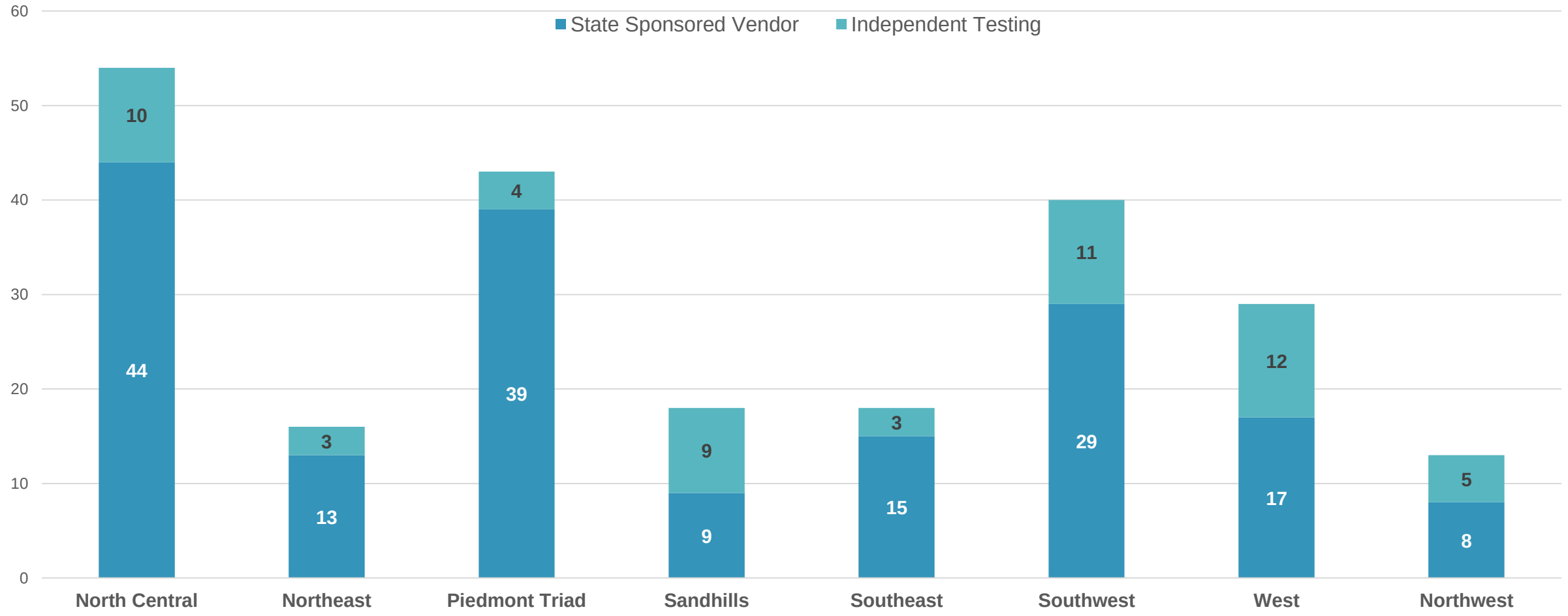
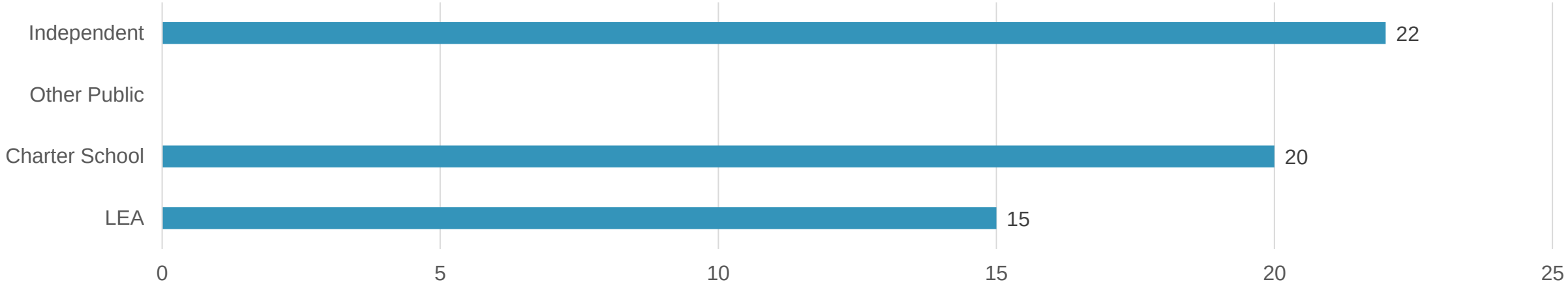
STRONGSCHOOLSNC K-12 COVID-19 TESTING: **OPT-IN NUMBERS BY REGION**

NC DHHS has received responses from 73 LEAs, 55 charter schools, 5 other public and 88 private schools.

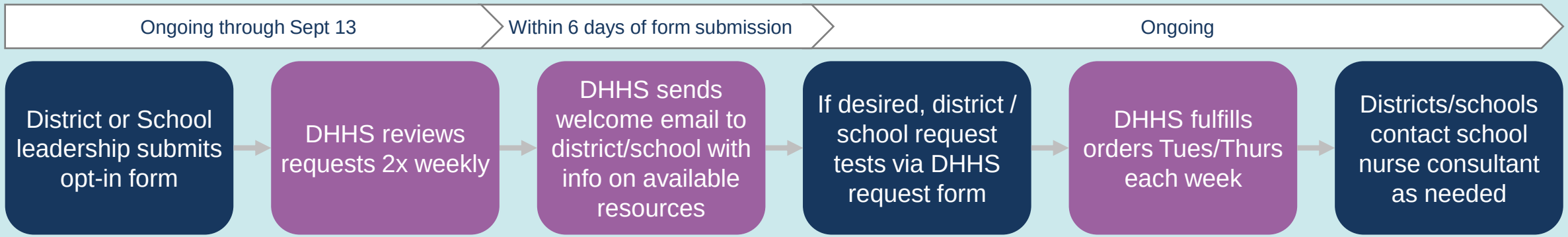


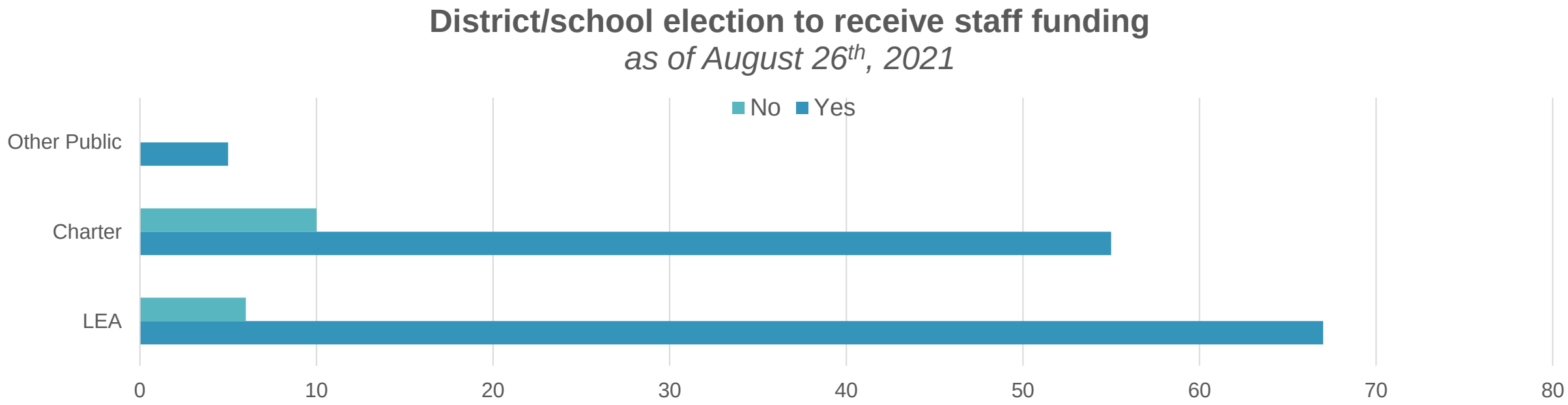
STRONGSCHOOLSNC K-12 COVID-19 TESTING: **INDEPENDENT TESTING**

Districts/Schools electing to pursue an independent testing program
as of August 26th, 2021



Onboarding Process





Fund Distribution Process

Contracts and Agreements for those who opt-in to the public school staffing funds option are in budgetary development. For planning purposes, LEAs and other public school units that select this add-on option may request allocation information from K12COVIDtesting@dhhs.nc.gov

STRONGSCHOOLSNC K-12 COVID-19 TESTING: **UPCOMING COMMUNICATIONS**

- Parent school testing web page live (**StrongSchools.nc.gov**)
  - List of participating schools regularly updated
- Update school testing FAQs are live
- Emails sent to school leaders and partners about vendor informational webinars happening week of 9/6.

- **Vendor informational webinars**
  - *Audience:* District and School Leadership and Health Staff
  - *Dates & Times:*
    - Wednesday, Sept. 8 @ 9am and Thursday, Sept. 9 @ 2pm
    - Each vendor will be presenting in separate meetings at both times
- Updated school communications toolkit live

- Opt-in form for LEAs, charter schools, and private schools closes

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StrongSchoolsNC Toolkit

Karen Wade, MSPH
Senior Policy Advisor

NC DHHS- DPI Monthly Webinar

August 31, 2021

Recent Changes to StrongSchools Toolkit

- Aligned COVID-19 symptom list with CDC guidance

- Added additional guidance on higher-risk instruction/extracurricular activities, such as exercising, playing wind instruments, or singing
  - Performance activities outside if possible. If held indoors, wear masks and space students 6ft apart.

- Clarified language that the modified quarantine option does not apply to extracurricular activities, including athletics

- *Coming soon,* updates to address frequent isolation and quarantine questions

Q & A