

NC DHHS K-12 COVID-19 Response Updates

DPI/NC DHHS Monthly Meeting
January 11, 2022

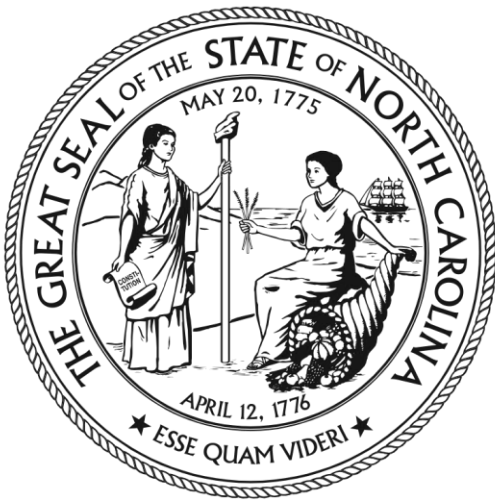


NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



Agenda

- **Statewide COVID-19 Updates and Data Trends**
- **Vaccination**
- **Updated Scientific Studies**
- **StrongSchoolsNC Toolkit**
- **K-12 Covid Testing**
- **K-12 Contact Tracing**



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Statewide COVID-19 Updates & Data Trends

Dr. Betsey Tilson

State Health Director & Chief Medical Officer
NCDHHS

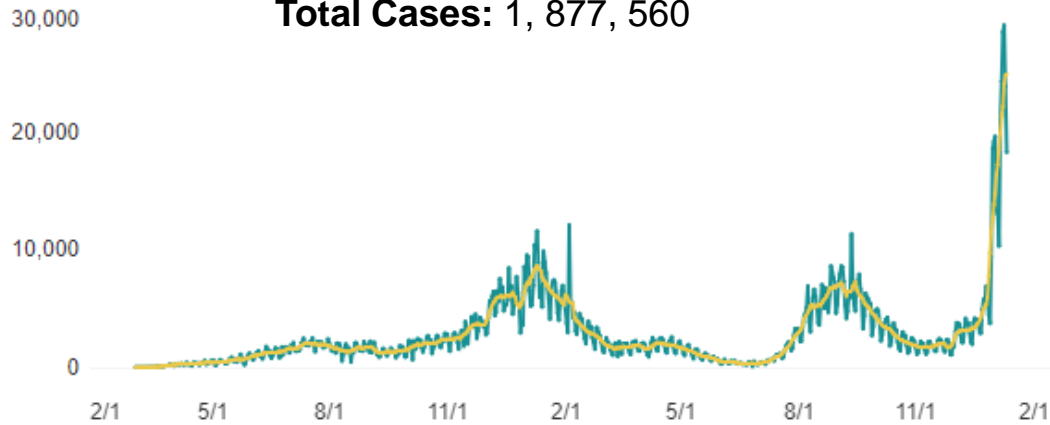
NC DHHS- DPI Monthly Webinar

January 11, 2022

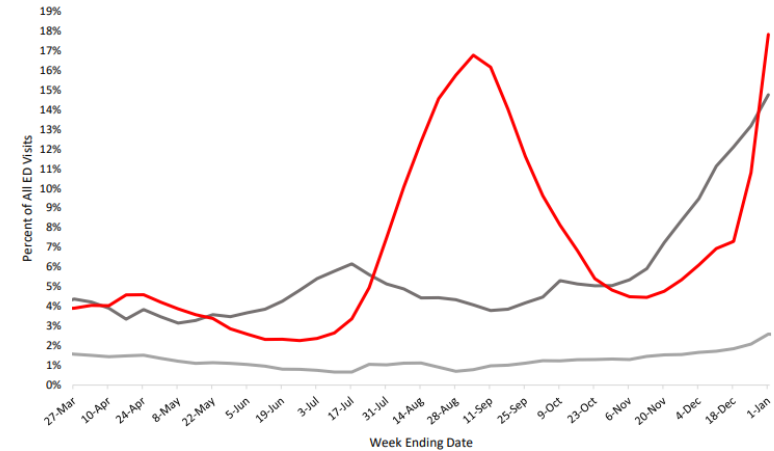
Four Key Metrics- Rising steeply again

Daily Cases by Date Reported

Total Cases: 1, 877, 560



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

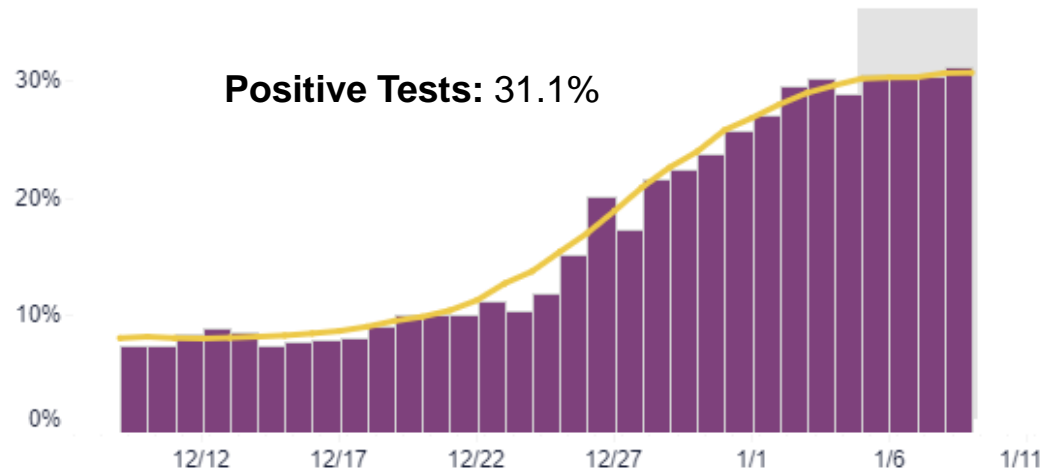


Source: NC DETECT
Generated: 01/05/2022

— 2019-2020 — 2020-2021 — 2021-2022

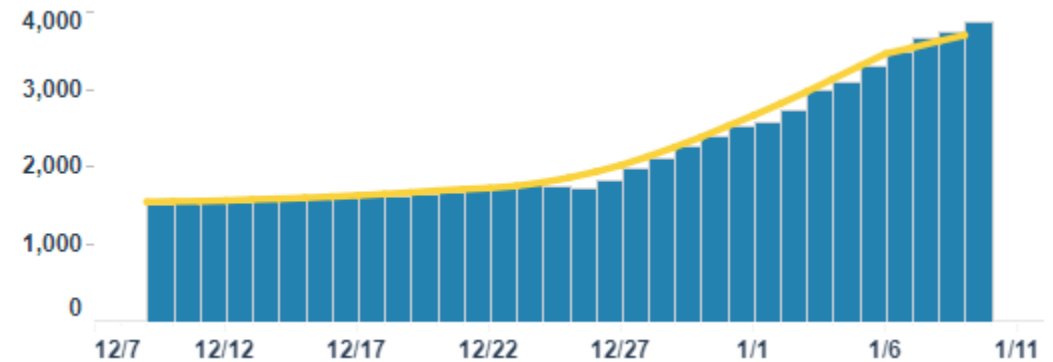
Positive Tests as a Percent of Total Tests

Positive Tests: 31.1%



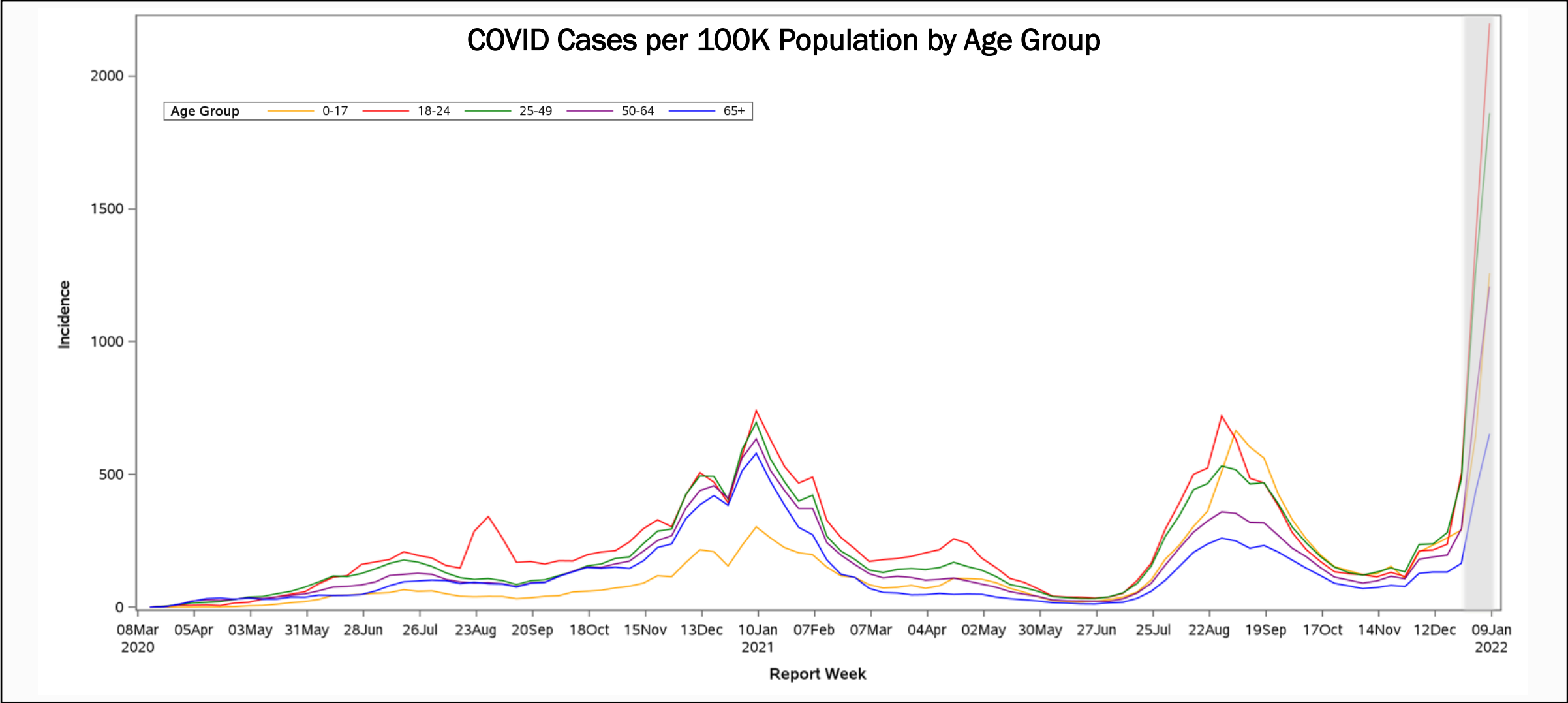
Daily Number of People Currently Hospitalized

Currently hospitalized: 3,850



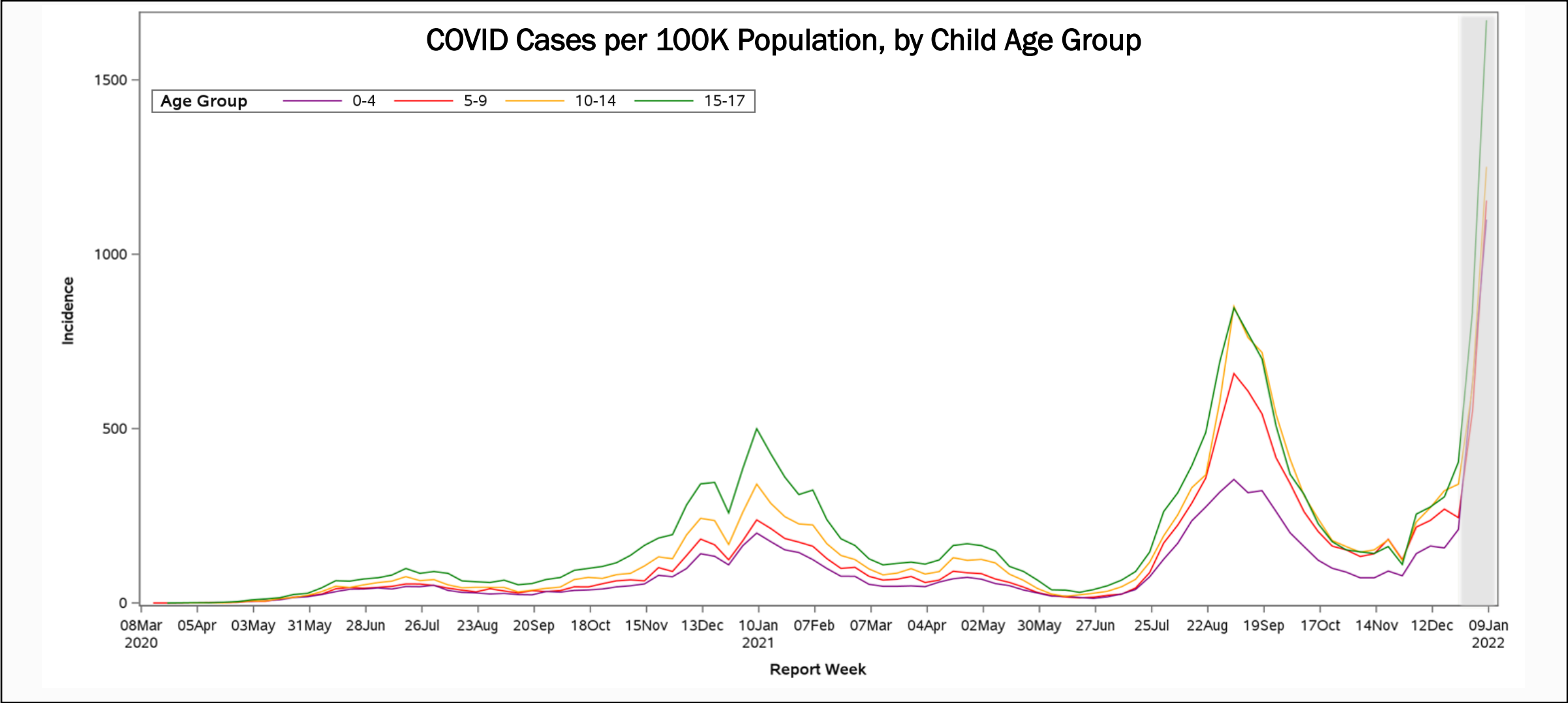
Case Rates Rapidly Increasing Across All Age Groups

Case rates across age groups have rapidly increased begun to converge;
rates among the 0–49-year-old age groups remain the highest.



Case Rates Rapidly Increasing Among Children

Case rates remain higher among school-aged group (as compared to 0–4-year-olds).





Impact on Infection and Clinical Illness

- Highly transmissible. Likely at least two-three times as contagious as Delta
- Rapidly spreading – Estimated to be at least 95% of what is circulating in Southeastern US region
- Preliminary data suggests less severe disease – Affects upper respiratory track (nose and throat) more than lower respiratory tract (lungs)

Impact on Vaccines and Therapeutics

- **Decreased protection from primary series of vaccination or past infection.**
- **Boosters provide increase protection.** A COVID-19 vaccine booster dose restores vaccine effectiveness against infection to 75%. Boosters reduce risk of hospitalization by 81%.
- **Decreased protection from some therapeutics:** Decreased effectiveness of monoclonal antibodies, except Sotrovimab. Other Antivirals (remdesivir, molnupiravir, and PAXLOVID™) still appear to be effective.

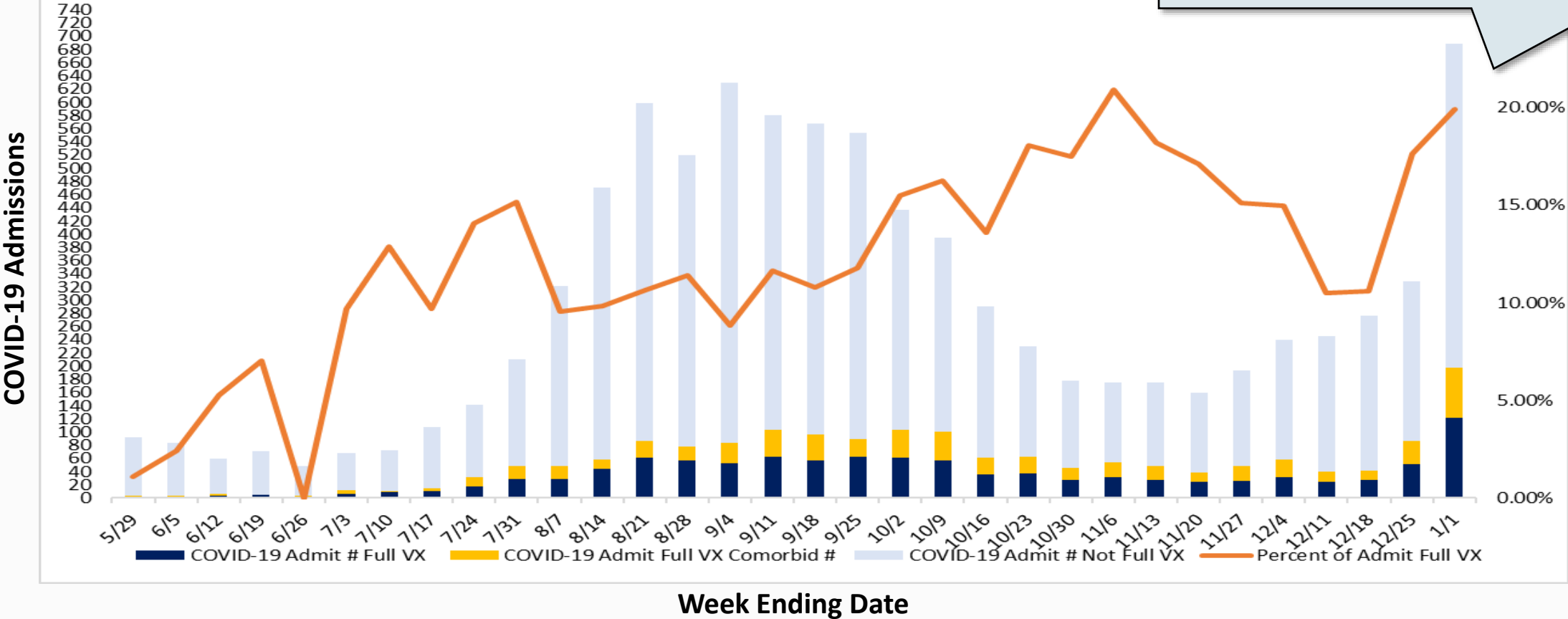
COVID-19 Admissions Mostly Among Unvaccinated

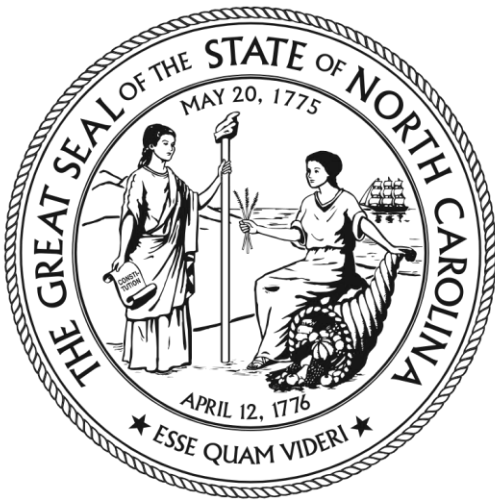
COVID-19 PHE Admissions by Vaccination Status
Data through January 01, 2022

What proportion of PHE admissions were fully vaccinated?

Unvaccinated individuals account for:

- 80% of COVID hospitalizations





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Vaccination Update

Dr. Betsey Tilson

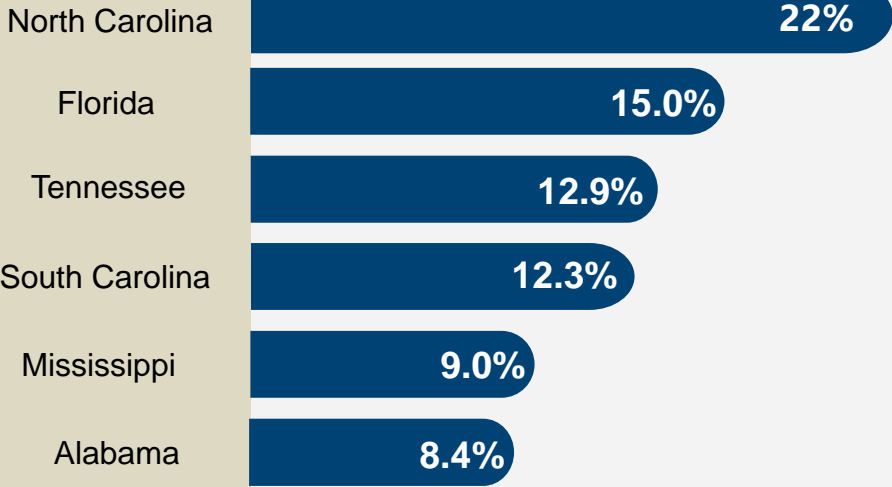
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PEDIATRIC VACCINATION RATES

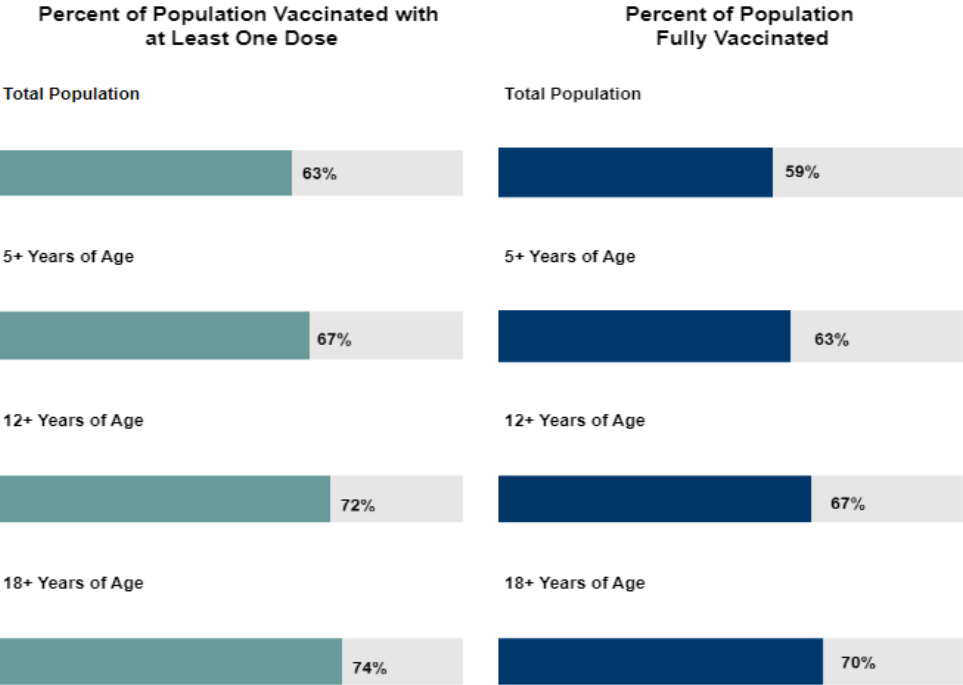
North Carolina has the highest pediatric vaccination rate of FEMA IV States



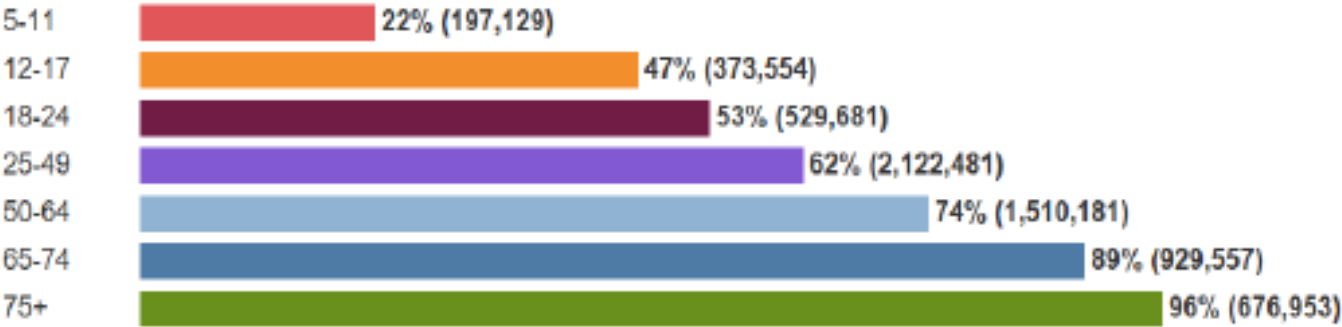
Source: All metrics are from state's public dashboards with update dates ranging from 12/30-1/3.

Note: FEMA IV states shown are states with comparable vaccine programs. Kentucky and Georgia have been excluded due to lack of data.

Vaccinated population regarded as at least one dose received.



Percent of Population Vaccinated with at Least One Dose by Age Group

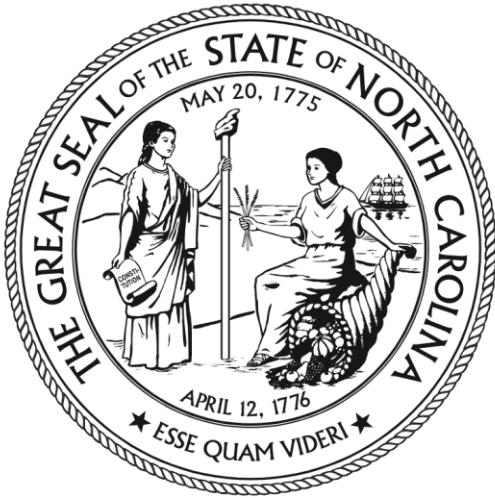




Which COVID-19 vaccine booster should I receive, and when?

Which vaccines did you get?	Pfizer-BioNTech	Moderna	Johnson & Johnson
You can get your booster if:	It's been 5+ months since you received your second shot AND you are:	It's been 5+ months since you received your second shot AND you are:	It's been 2+ months since you received your vaccine AND you are:
If eligible you can get a booster of:	<div><div>Ages 12-17</div><div>Pfizer- BioNTech Only</div></div> <div><div>Age 18+</div><div>Moderna or Pfizer Recommended, Johnson and Johnson</div></div>	<div>Age 18+</div> <div>Moderna or Pfizer Recommended, Johnson and Johnson</div>	<div>Age 18+</div> <div>Moderna or Pfizer Recommended, Johnson and Johnson</div>

Visit MySpot.nc.gov to learn more and locate a provider near you.



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Updated Scientific Studies

Dr. Betsey Tilson

State Health Director & Chief Medical Officer
NCDHHS

January 11, 2022

UPDATED SCIENCE BRIEF: COMMUNITY USE OF MASKS TO CONTROL THE SPREAD OF SARS-COV-2

- <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/masking-science-sars-cov2.html>
- **Updated review on data on masks**
- Summarize findings of **21 different studies that showed benefit of masks.**
- Including new study among eight public K-12 school districts in Massachusetts
 - 70 schools (with >33,000 enrolled students) during the 2020–21 school year
 - Secondary attack rate of 11.7% for unmasked versus 1.7% for masked interactions.

NC Reported K-12 Clusters (October 10 – December 7, 2021)

According to Face Mask Policies

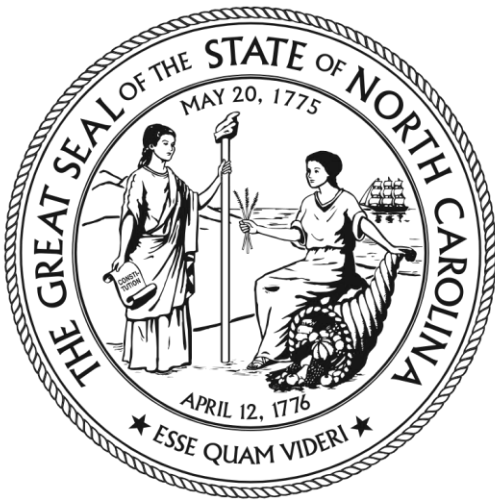
- **21 of 46 districts (45%) with optional mask policies** reported a cluster during this time frame, compared with **6 of 65 districts (9%) with mandatory mask policies**
- Among counties that reported a K-12 clusters during this period, there was an average of **7.2 clusters/100 schools** in **mask optional** counties (**n=21**) and **2.4 clusters/100 schools** in masks required counties (**n=6**)
 - This represents a 3-fold difference comparing counties by school mask policy
 - 71 counties did not report a cluster during this time period; 2 were excluded due to changes in policy

Notes:

1. This analysis is based solely on K-12 clusters reported to public health during an 8-week period. Jurisdictions were considered mask optional if they had a mask optional policy for at least one week during the 8-week timeframe.
2. This analysis does not account for other factors that could affect cluster occurrence or reporting – e.g., incidence rates among school-age cases or vaccine uptake.

TEST TO STAY PILOTS

- CDC reported data on test to stay pilots in two school districts (CA, IL)
 - Limited to universally masked settings with fully masked exposures for both person with infection and person exposed
 - Secondary attack rate 0.7-1.5%. No increase in transmission in test to stay environments
- [NC – ABC collaborative Test to stay research pilot.](#)
 - Over six weeks, enrolled 367 participants from five North Carolina school districts and one charter school. Data through December 13, 2021
 - All masked required schools. Test to stay for brief unmasked exposures in mask required settings (e.g., lunch, athletics)
 - In-school secondary transmission rate 1.7%. No documented transmission from study participant to another person
 - While still low, exposure during athletics higher risk than other exposures
 - Most exposures occurred during lunch (39%). Only 13% of exposures occurred during athletics; however, these exposures accounted for 50% of all individuals with positive tests.



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StrongSchoolsNC Toolkit

Karen Wade
Senior Policy Advisor
NCDHHS

NC DHHS- DPI Monthly Webinar

January 11, 2022

CONSISTENT GUIDANCE

Data continues to
support importance of
two key prevention
strategies

- **Vaccination and Boosters**
- **Masking**

Based on evolving data on COVID-19 and the Omicron variant, CDC revised isolation and quarantine guidance.

High Level Major Changes

- **People with COVID-19** - Isolate for at least 5 full days and wear a mask for an additional 5 days.
- **People exposed to COVID-19** - Quarantine for 5 days and wear a mask for an additional 5 days. Exemptions in all settings
 - People vaccinated against COVID-19. For adults, this includes boosters.
 - People who tested positive for COVID-19 in past 90 days.
 - When both people were consistently masked during the exposure.

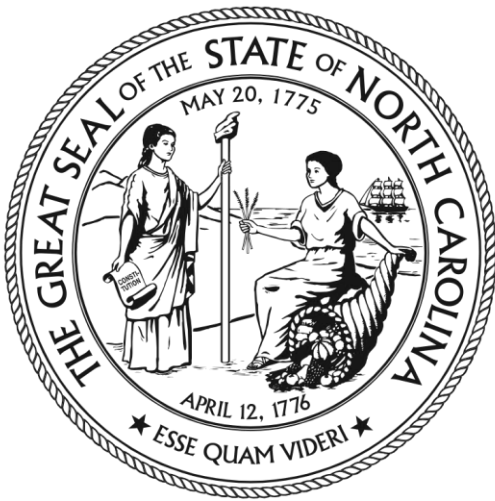
NEW GUIDANCE ON TEST TO STAY

- **In mask required school settings only**, individuals not otherwise exempt from exclusion after exposure, do not need to be excluded from school after an unmasked exposures (e.g. during lunch or extracurricular).
 - Individuals should get tested on the day of notification of exposure and as close to 5 days as possible after exposure and wear a mask in school settings.
 - If tests are limited, exposures during athletics should be prioritized
 - This applies to exposures in or out of school but does not apply to in-home exposures.
 - Outside of school, individuals should stay home, not attend non-school activities and wear a mask anytime they leave the house.
- Will continue to monitor data with Omicron spread.
- ABC collaborative has enrolled 7 mask optional school districts in the next phase of the pilot. Can consider change in guidance for those settings based on forthcoming data.

N95 MASK

- Reminder that N95 masks are available for teachers and adults at no costs.
- Schools can request N95 masks online at:
<https://covid19.ncdhhs.gov/RequestMasks>.
 - Please use the “Critical Infrastructure PPE Request Form” to ensure your request is prioritized for shipment.

The screenshot shows a web form titled "North Carolina Critical Infrastructure Request Form" with the subtitle "Non-Healthcare PPE Request Form". The form is powered by ReadyOp. It includes a dashed line for internal use only, followed by the instruction "Top Section for Internal Use Only, Proceed Below to 'Requester Information'". Below this is a section titled "INTERNAL USE ONLY TO BE COMPLETED BY NC DHHS STAFF" with four radio button options: "Support Cell Received" (purple bar), "Support Cell Vetted" (pink bar), "Warehouse Received" (blue bar), and "Complete" (green bar). At the bottom, there is a field for "Tracking Number (no need to enter anything here)" with a barcode icon and a text input box.



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K-12 COVID-19 Testing Updates

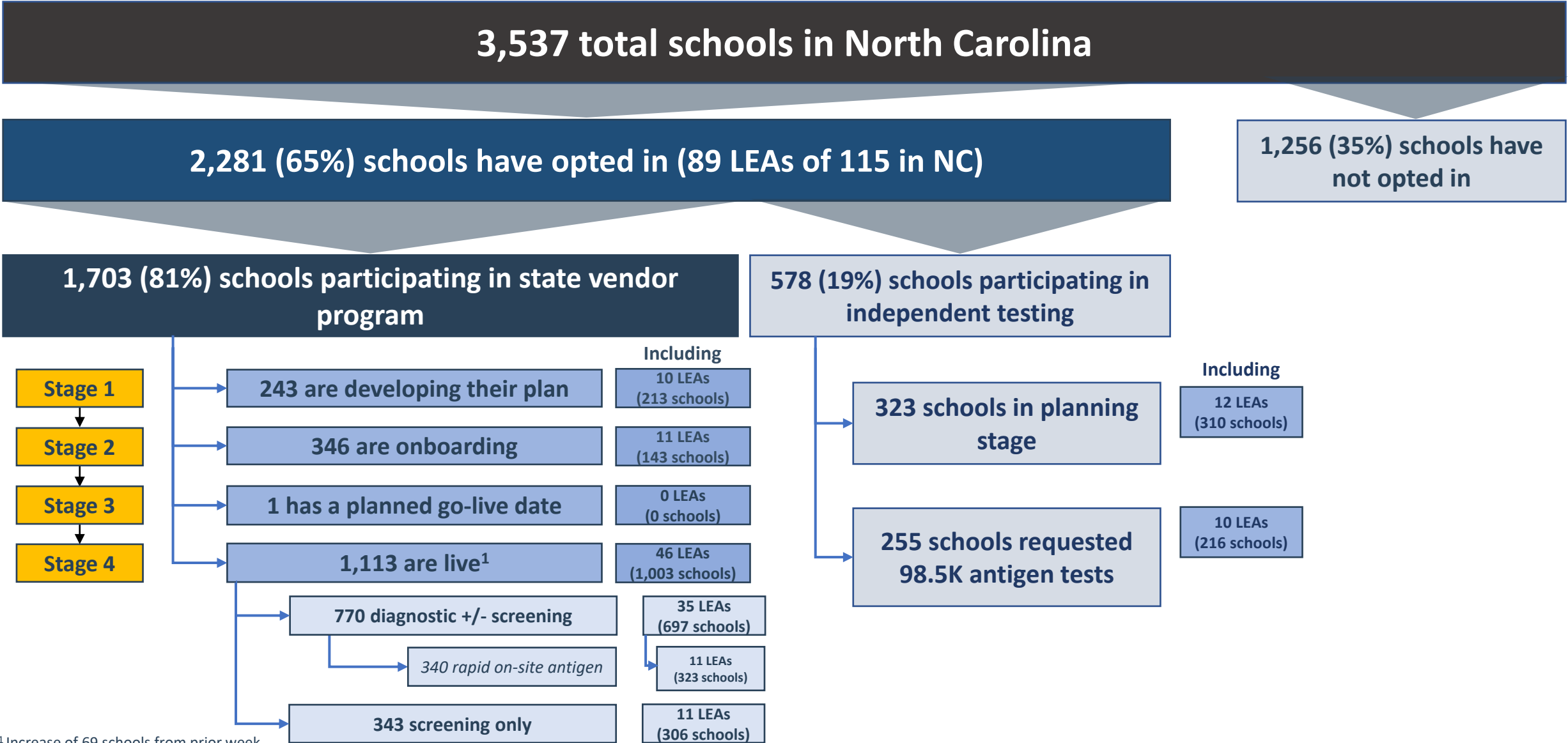
Deborah Porterfield, MD, MPH

K12 Testing Lead

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Program Current State – Testing Status as of January 4th



¹ Increase of 69 schools from prior week

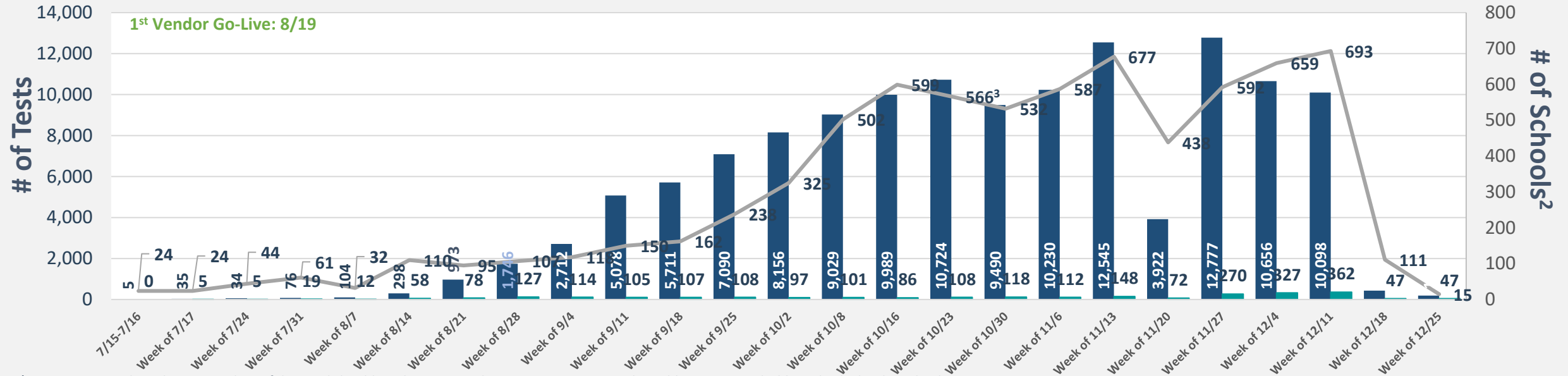
StrongSchoolsNC K-12 COVID-19 Testing Program: 2021-22 Testing Reporting

Test Result Reporting¹ (as of 12/31)

135,048
Total tests
(Jul 15– Dec 31)

3.3% (↑0.1%)
Positivity Rate¹
(Month of Dec)

■ Total Tests ■ Positive Tests — # of Schools



¹Positivity Rate is based on past 7 days of data and should not be compared to percent positive on the public NC COVID dashboard, which is based only on ELR PCR tests

²Schools reporting are lower than number of schools live due to lag for recent go-lives and some districts using a phased go-live approach

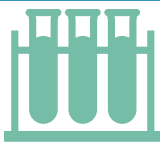
³Drop in schools reporting is due to schools who perform diagnostic testing not performing/reporting tests last week

Key Reporting Statistics

- 45% (500 of 1,113 schools who have gone live) are performing tests on an as-needed basis (i.e., diagnostic testing), reporting only symptomatic and close-contact cases among students and staff. These schools **may not perform and report tests on a weekly basis**
- 24% (270 schools of 1,113 schools who have gone live) are performing both diagnostic and screening testing
- 31% (343 schools of 1,113 schools who have gone live) are only performing weekly screening testing
 - We continue to follow up with these schools to encourage them to implement diagnostic testing

STRONGSCHOOLSNC K-12 TESTING PROGRAM CAN SUPPORT TEST TO STAY

Schools not currently in the program who are interested in implementing **Test to Stay** can opt-in to the Independent Testing Program. Test to Stay requires ability to perform daily antigen tests.



State Contracted Vendor

NCDHHS vendor available to support testing program at school/district:
screening plus PCR or antigen diagnostic testing

Available to all schools

OR

Independent Testing

NCDHHS provides free tests that schools may request to perform
antigen screening and/or diagnostic testing**

Available to all schools

+

Staffing Support*

NCDHHS provides funds for LEAs/charters to hire clinical staff

Available to LEAs and charters who participate in testing (opt in)

Districts will define their own testing programs or may choose not to participate in testing for 2021-2022.
[StrongSchoolsNC K-12 Testing Program Guidance](#)

**Staffing support is a program that LEAs and charters can take advantage of in addition to state contracted vendor or independent testing*

***Schools interested in implementing Test to Stay can opt-in to the Independent Testing Program*

TEST TO STAY IS ONE SPECIFIC KIND OF DIAGNOSTIC TESTING **ALREADY COVERED**

Routine Screening	Diagnostic
<p>Regular preventative testing done on students/staff who are asymptomatic and do not have a known/suspected COVID-19 exposure.</p> <p>Gets Ahead of Transmission</p> <p>Helps get ahead of virus transmission. Screening can detect cases:</p> <ul style="list-style-type: none">• Before students are known to be symptomatic; and• Even when students/staff are asymptomatic. <p>This helps leadership and health staff make informed decisions to limit transmission within their schools.</p>	<p>Testing done when student/staff has:</p> <ul style="list-style-type: none">• Symptoms of COVID-19; or• Confirmed as close contact / exposure to COVID-19. <p>Confirms an Individual Case</p> <p>Confirms if a person suspected of having COVID is infected. Limited as a preventative measure because:</p> <ul style="list-style-type: none">• 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")
<p>Limits Exposures</p> <p>Because the virus can be detected earlier, including before symptoms present and in asymptomatic cases, the number of potential exposures can be minimized, and fewer instances of quarantine needed.</p>	<p>Potential for More Close Contacts</p> <p>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.</p>
<p>Minimize Disruption with A Plan</p> <p>Routine screening provides predictability for staff, students, and families to help minimize learning disruptions. Pooled screening for groups is fast, easy and dependable.</p>	<p>Hard To Plan Ahead</p> <p>When a student/staff member will need to be tested depends on when symptoms present, making planning and scheduling difficult.</p>
<p>Routine screening, with <i>supplemental</i> diagnostic testing, helps <u>get ahead of transmission</u> and <u>be responsive</u> to daily needs.</p> <p>Providing diagnostic tests in-school is a key part of any plan because it helps keep students in school through quick testing results.</p>	

K12 Testing Program Supporting Schools through the Omicron Surge

Testing in K12 schools remains a critical mitigation strategy

1. Schools can still opt-in to the StrongSchoolsNC Testing Program. Options include vendor pooled screening, vendor PCR diagnostic, independent antigen diagnostic (including Test-to-Stay)
2. To strengthen our testing supply during nationwide shortage, NCDHHS has identified additional suppliers of antigen tests, which will begin shipping on 1/10/22.
3. Antigen test “conservation” strategies may be warranted (e.g., Test-to-Stay option, prioritizing athletics).



All schools should consider onboarding to vendor PCR diagnostic to supplement, when necessary, current screening or antigen testing



Schools will need to update CLIA waivers to use new types of tests (testing contacts being sent details)



For schools in the independent testing program, when supply is low and prioritization decisions must be made, NCDHHS recommends using antigen tests for diagnostic rather than screening



Schools should limit their ordering to ensure they are only ordering for more immediate needs of 2-3 weeks.

Links to Key Resources

Check back often as files are regularly updated (links stay the same):

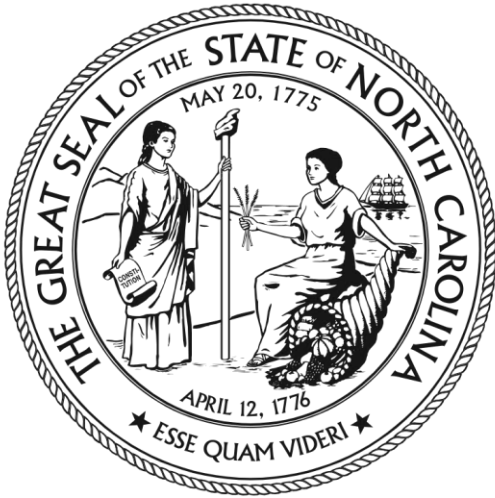
<https://covid19.ncdhhs.gov/guidance#schools>

For a summary of all key K12 updates, please see the link below:

<https://covid19.ncdhhs.gov/k-12-public-health-guidance-key-updates/download>

- [Strong Schools NC K-12 Public Health Toolkit](#)
- [StrongSchoolsNC FAQ](#)
- [CDC Guidance for Expanded Screening Testing](#)
- [K12 Communications Toolkit](#)
- [Reference Guide for Suspected, Presumptive, or Confirmed Cases of COVID-19 \(K-12\)](#)
- [CDC Science Brief on Community Use of Masks to Control the Spread of SARS-CoV-2](#)
- [Abbott BinaxNOW training modules](#)
- K12 Office Hours TBD, 9:30-10:30am
- [NCDHHS Find My Testing Site](#) (for PCR testing)

Questions? Email K12COVIDTesting@dhhs.nc.gov



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K-12 Contact Tracing

Elizabeth Murray

K-12 Contact Tracing Lead

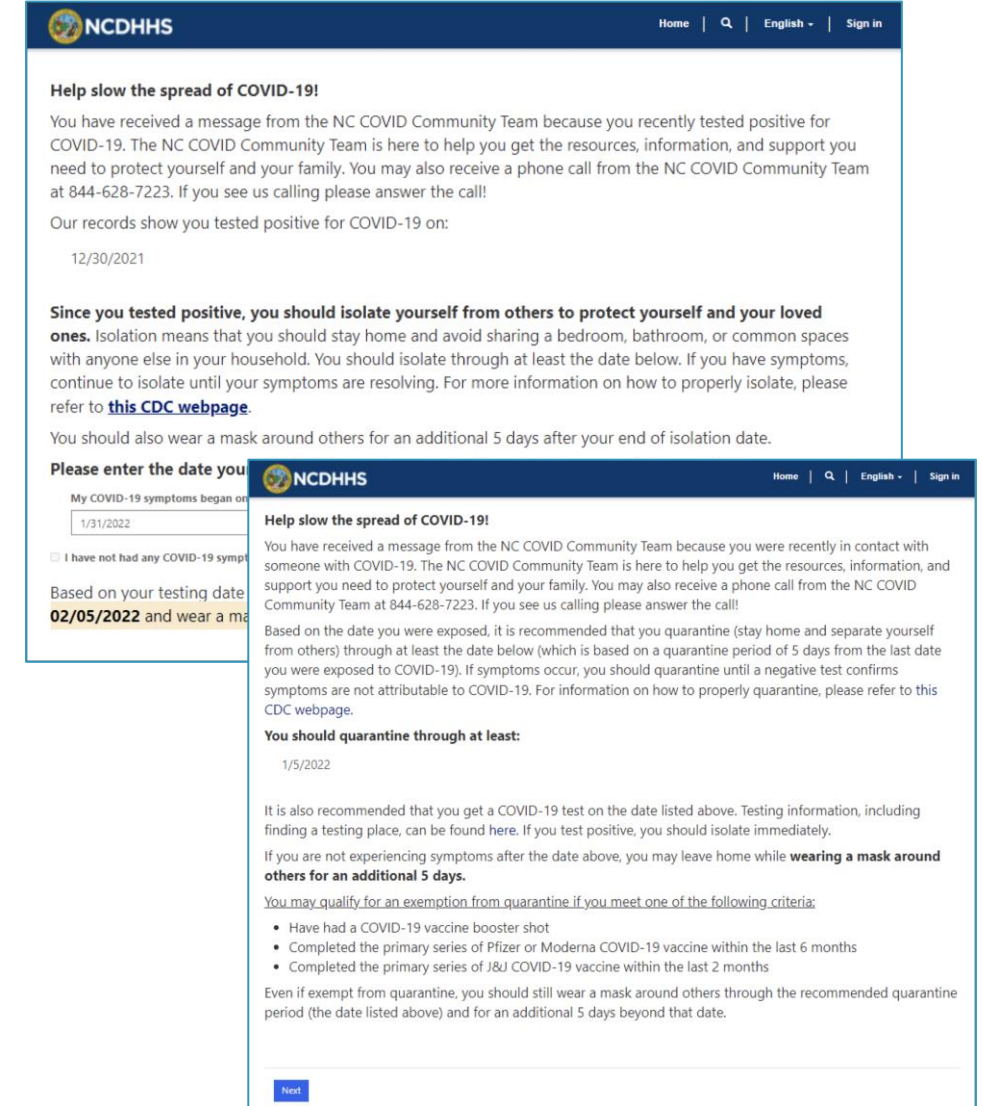
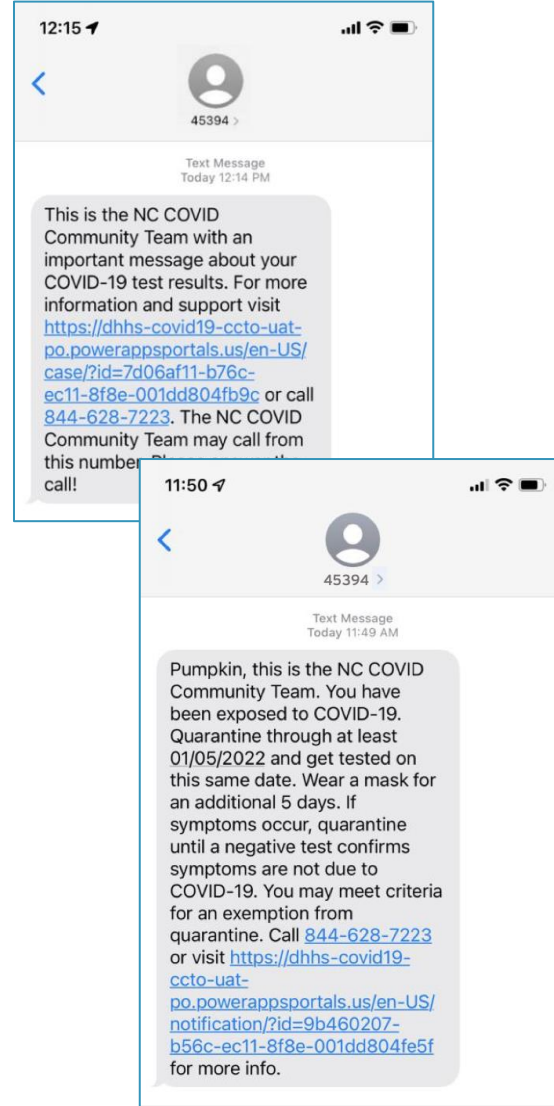
NCDHHS

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Case and Contact Digital Outreach Notification Updates

- Emails, texts, and portal landing page language have been updated per the following:
 - Updated the calculated quarantine/isolation end date to be **5 days** post exposure or onset of illness
 - Clarified **criteria to end quarantine/isolation**
 - Added instruction for **strict mask use** after quarantine/isolation
 - Clarified **when to get a test**
 - Updated **quarantine exemption rules** to match CDC



K12 Contact Tracing Resources

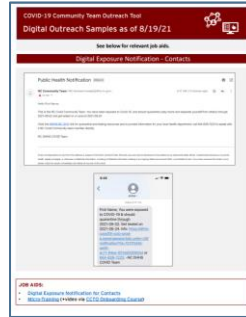
CCTO Job Aids



CCTO job aids include information on

- digital notification,
 - monitoring,
 - navigating CCTO,
 - technical support,
- ...and more!

Notification Samples



The Digital Outreach Samples doc on the CD Manual contains sample texts, emails, and portal screens for contact and case notification.

StrongSchoolsNC Contact Tracing Procedure Guide



This document is designed for public and private K-12 schools to help streamline CICT processes and maximize collaboration with the LHD.

Office Hours



Elizabeth Murray (K12 Contact Tracing Lead) is holding weekly office hours resuming Wednesday 1/19 from 12-1pm. Email Elizabeth.m.murray@dhhs.nc.gov with any additional questions.

