Indiana Department of Health

2021 FALL SCHOOL WEBINAR

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CHIEF NURSE CONSULTANT

08/12/2021

It's a new school year

- We now have the tools to keep schools open and safe
  - Vaccines: The best defense against the virus
  - Masks to prevent the spread
- Layered mitigation:
  - Physical distancing
  - Good ventilation
  - Handwashing and respiratory etiquette
  - Stay home when sick, get tested
  - Screening testing to identify cases, clusters and outbreaks
  - Contact tracing in combination with isolation and quarantine
  - Cleaning and disinfection
- Implementing as many of these mitigation strategies as possible is the most effective

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2021 FALL SCHOOL WEBINAR

PAM PONTONES, MA

DEPUTY STATE HEALTH COMMISSIONER

STATE EPIDEMIOLOGIST

08/12/2021

Newly Reported Confirmed COVID-19 Counts

New Tests Administered
35,764
04/17/2020 ... 08/10/2021
6,679 New Individuals Tested

New Positive Cases
2,507
08/10/2021 ... 08/10/2021

Positivity - All Tests
9.3 % 7-Day Rate
07/29/2021 ... 08/04/2021
8.4 % cumulative rate

New Deaths
19 Newly Reported Deaths
Date of death between
07/26/2021 ... 08/10/2021
7-Day Average - 8 Deaths

Total Confirmed COVID-19 Counts

Total Tests Administered
11,488,627
02/26/2020 ... 08/10/2021
3,723,245 Individuals Tested

Total Positive Cases
790,926
03/06/2020 ... 08/10/2021

Positivity - Unique Individuals
17.6 % 7-Day Rate
07/29/2021 ... 08/04/2021
21.2 % cumulative rate

Total Deaths
13,680
03/16/2020 ... 08/10/2021

Cases and Advisory Level

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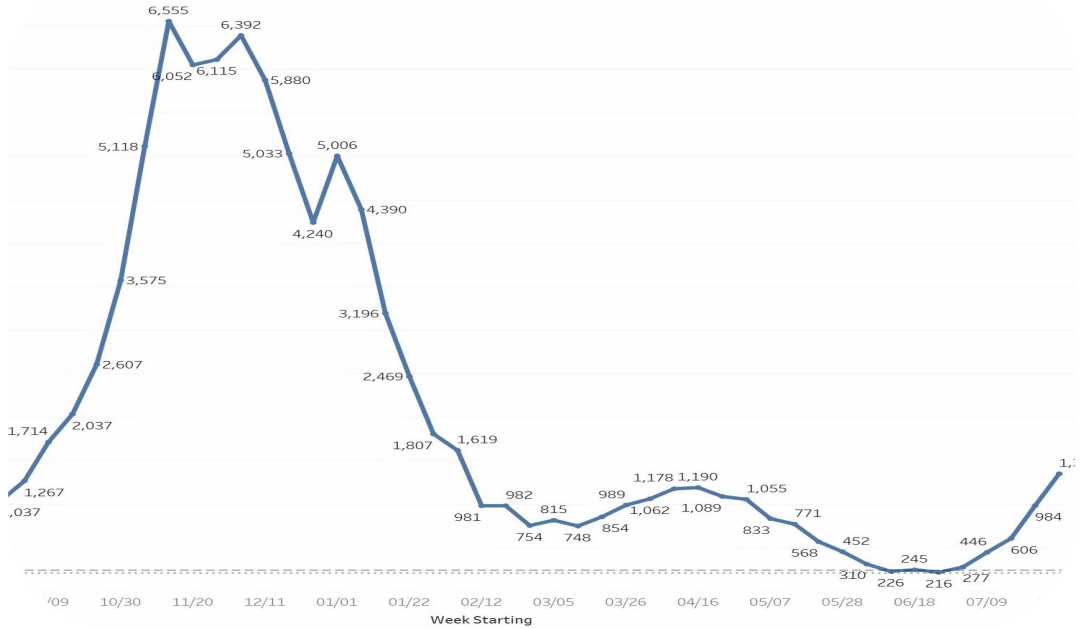
Indiana Numbers

- Reported 2,507 new cases on 8/11--recent uptick is highest average cases per day since peak last December
- Averaged 1,350 cases per day this past week—five straight weeks of increases
- 7-day positivity rate on 8/11 was 9.3%, highest in several months
- Hospitalizations and deaths increasing
- But vaccine first doses have increased >60% from low in early July



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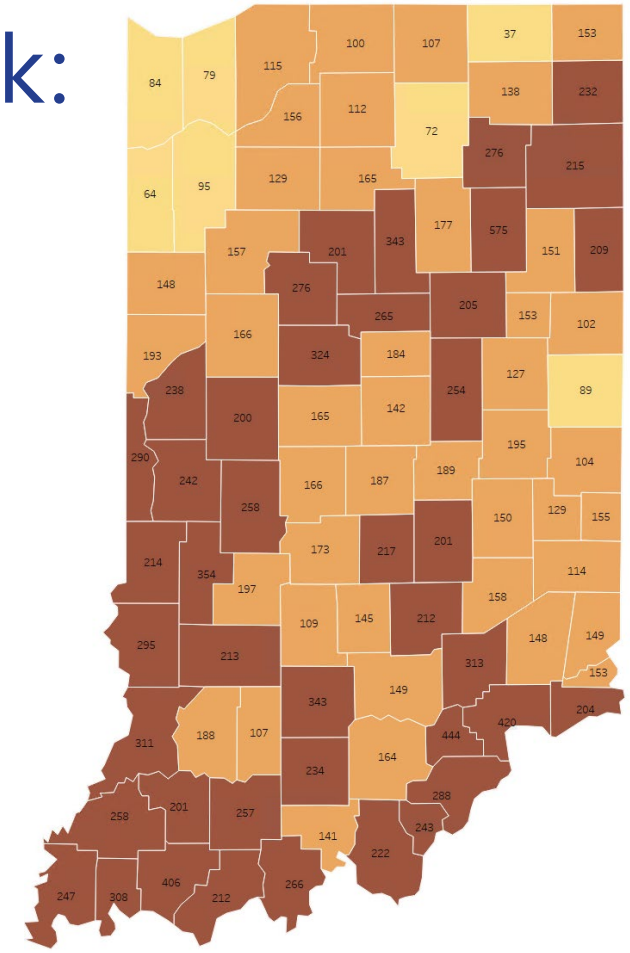
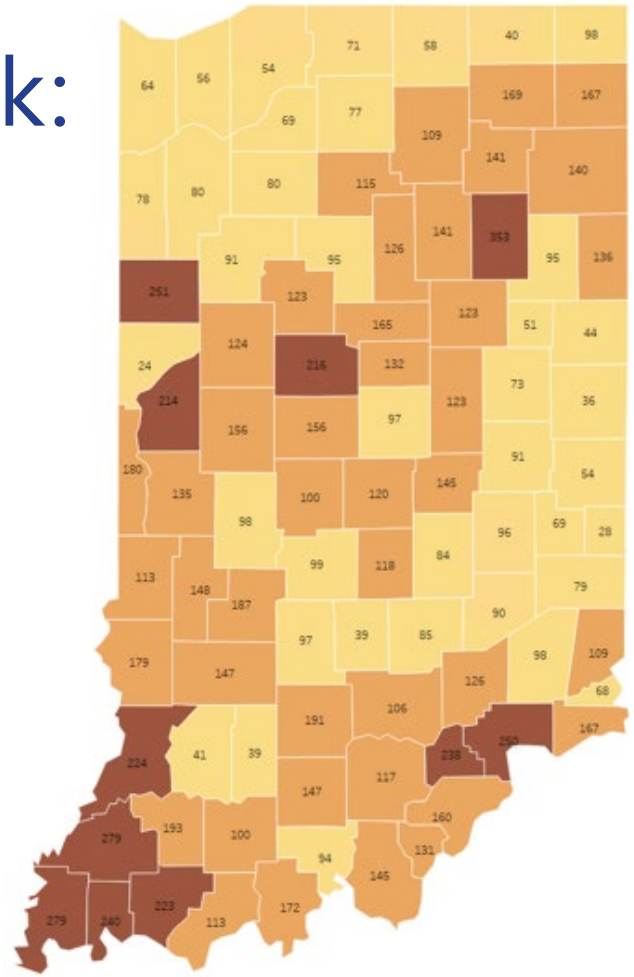
Cases per 100,000 Residents

This week:



Last week:



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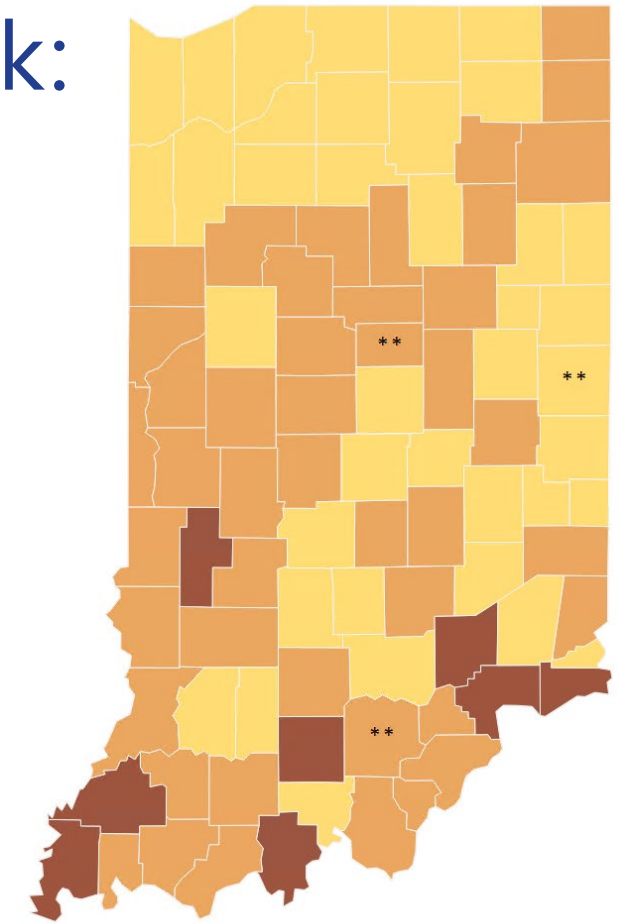
County Advisory Map

This week:



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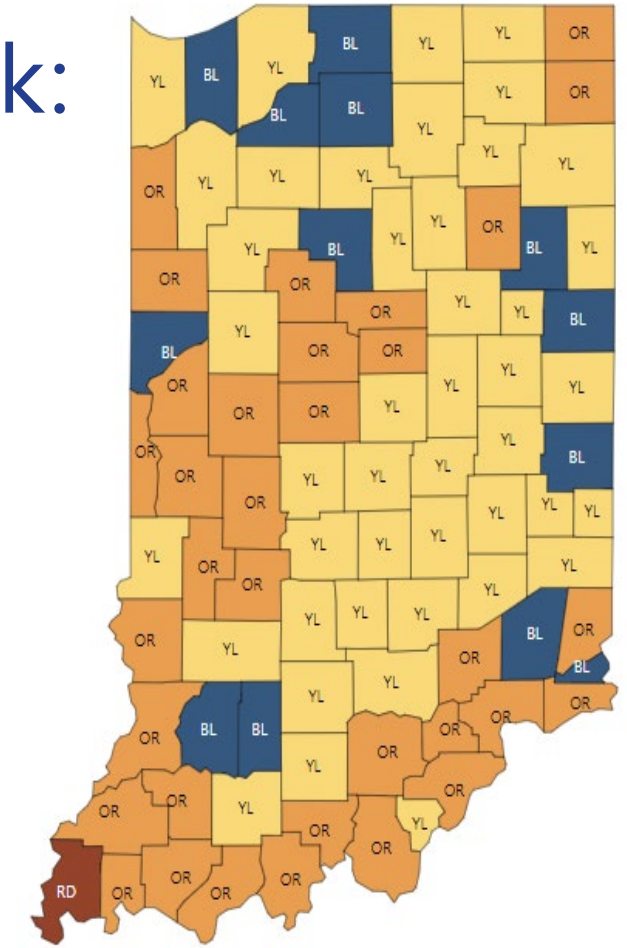

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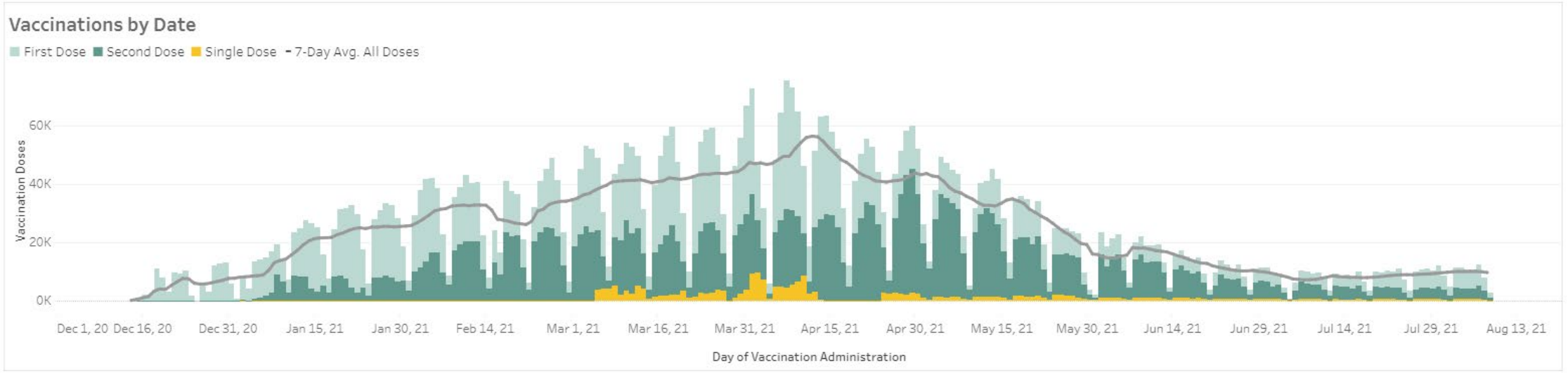
COVID Surge

- Average cases have increased nine-fold since early July
- Hospitalizations are highest since February
- Child and teen cases jumped 84% from July 22-29
  - 5x what was reported since end of June
  - Kids now account for 20% of cases nationwide
- Delta variant responsible for 93% of US cases
- Most people live in substantial or high COVID transmission areas — majority of Indiana counties
- Good news: vaccinations starting to pick up — best way out of pandemic

Vaccine Overview

- More than **2.985 million** Hoosiers fully vaccinated
- **More than 6 million doses** administered so far
- Seeing vaccination rate climbing a little bit



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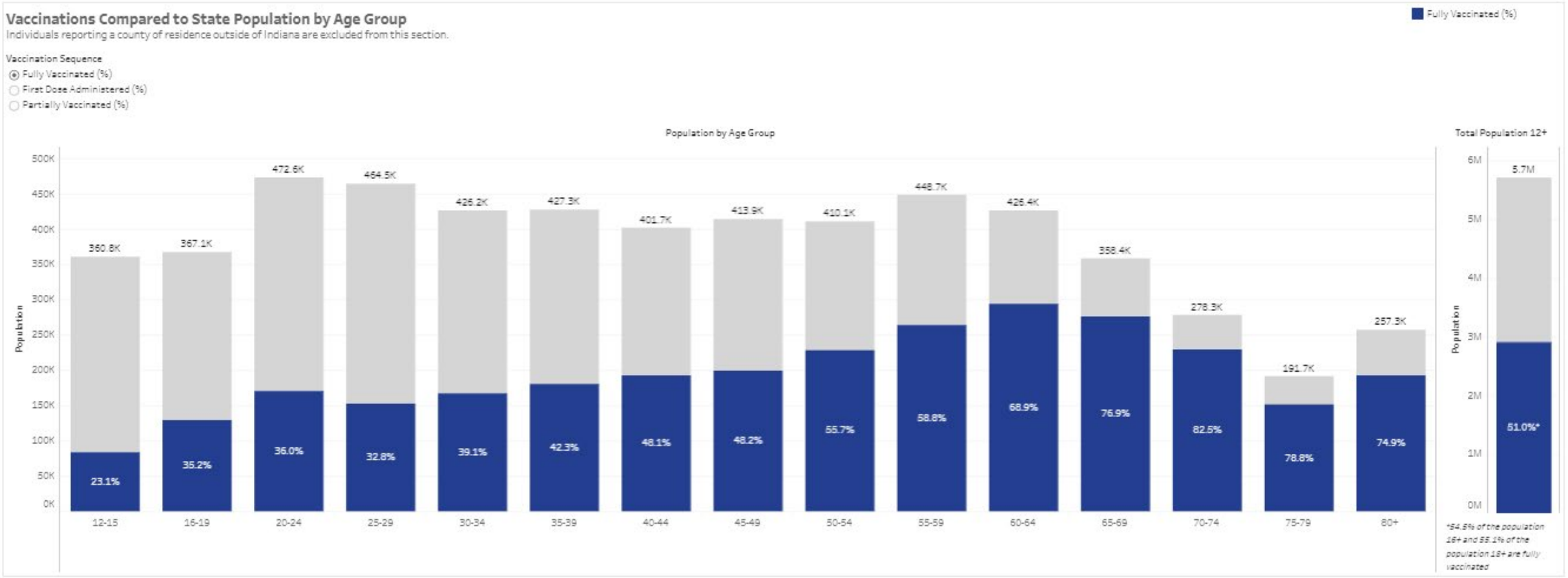
Vaccine Dashboard: Fully Vaccinated



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Promote COVID-19 Vaccination

- Strong confidence in COVID-19 vaccines within communities leads to more people getting vaccinated, which leads to fewer COVID-19 illnesses, hospitalizations, and deaths.
- CDC toolkit is designed to help educational leaders and partners reinforce confidence in this important prevention tool among teachers, childcare workers, teaching assistants, paraprofessional educators, office staff, bus drivers, school nurses and counselors, school nutrition staff, coaches and athletic trainers, custodians, and security staff.

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/your-vaccination.html

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/about-vaccines/index.html

- COVID-19 vaccines were developed using science that has been around for decades.
- COVID-19 vaccines are not experimental. They went through all the required stages of clinical trials. Extensive testing and monitoring have shown that these vaccines are safe and effective.
- COVID-19 vaccines have received and continue to undergo the most intensive safety monitoring in U.S. history.

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/toolkits/schools-childcare.html

Mobile unit requests

- Created a public portal to request a mobile vaccination unit
- COVID-19 Mobile Request Page: https://eportal.isdh.in.gov/C19MobileUnit/
- Community vaccination events increases access to the safe and effective COVID-19 vaccine
- Priority will be given to events that aim to serve under-resourced communities
- Will add mobile testing soon

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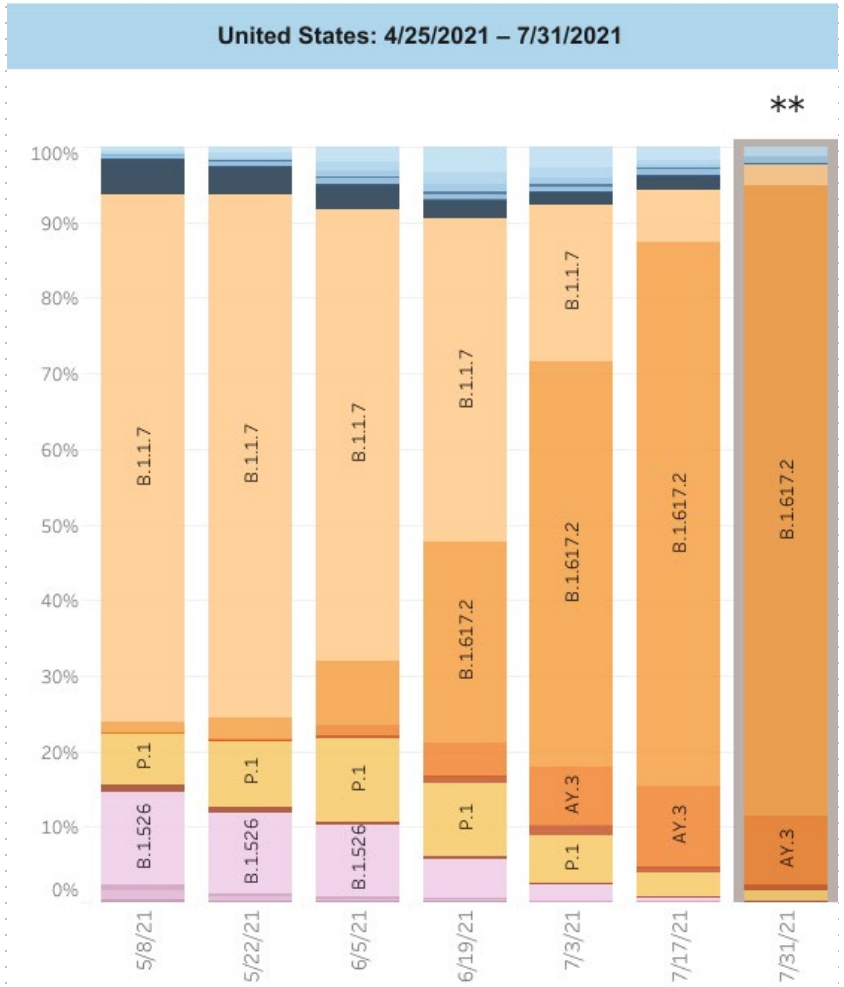

Variants

More Info on Variants

Variant	% of Samples (in current month)	Change in % of Samples (from previous month)
Delta / B.1.617.2	82.6%	7%
Not Variant of Concern	14.8%	6.9%
Gamma / P.1	1.4%	-2%
Alpha / B.1.1.7	1.1%	-12%
Beta / B.1.351	0%	0%

Variants and more

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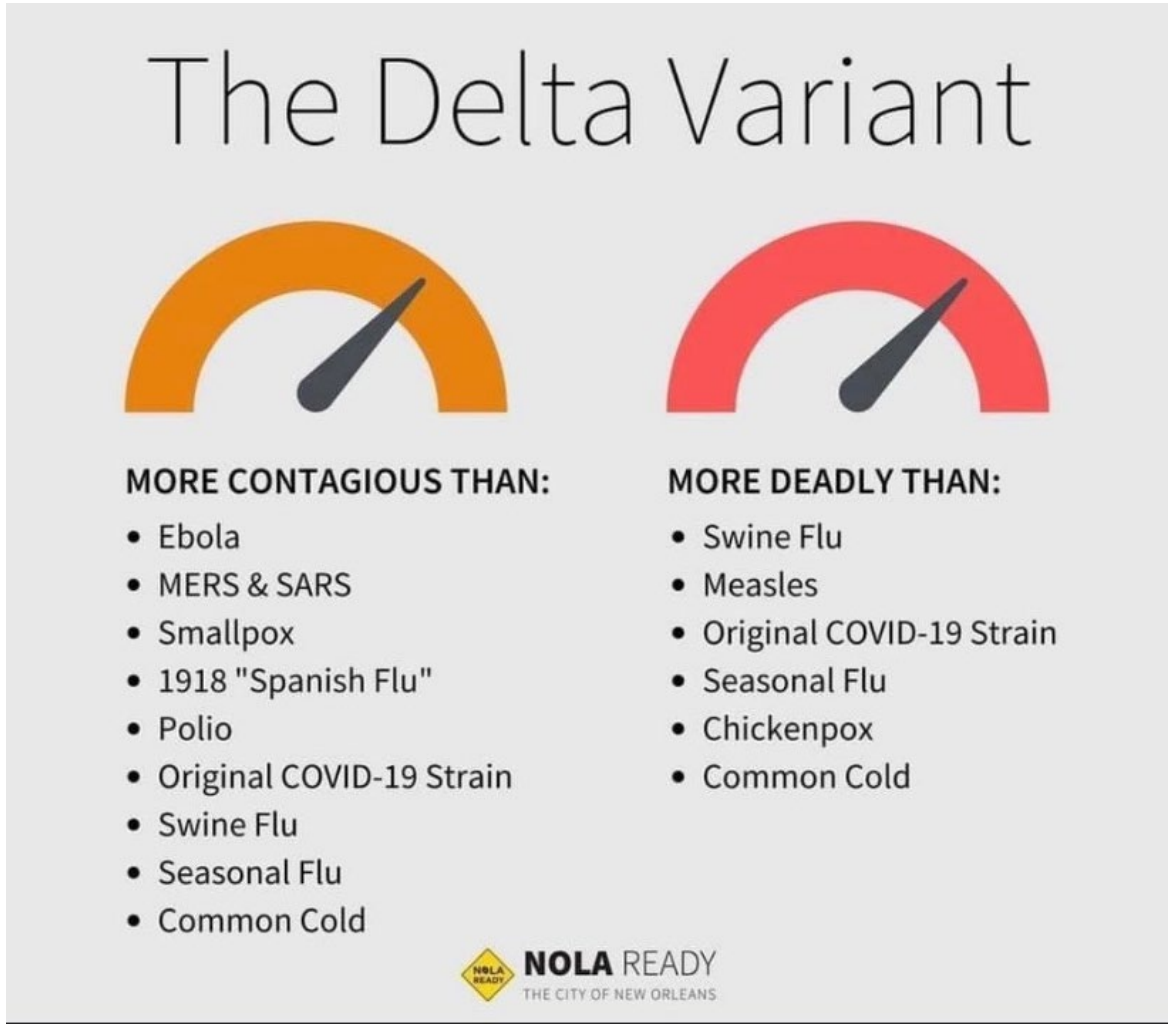
Danger from Delta Variant

- Accounts for 95.6% of sequenced cases in Indiana
- Transmissibility
  - Spreads more than twice as easily from one person to another, compared to earlier strains
  - One person can infect 8-9 susceptible people — about the same as chickenpox
- Infectivity
  - Studies show fully vaccinated people can spread delta variant
  - Accounts for more breakthrough cases than other strains: viral load 1000x greater
  - Responsible for outbreaks in Indiana

- **Race to increase vaccination coverage before new variants emerge: increased transmission = more variants = more likely to escape vaccine**

Delta versus Other Infectious Diseases



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COVID-19 Reporting and Mitigation

- In Indiana, communicable disease laws require individuals, schools, healthcare settings, and others to comply with control measures, to help stop the spread of disease
- Pursuant to IC 16-41-2-1, IDOH is required to publish a list of reportable communicable diseases and their control measures on its website, and those diseases listed must be reported, investigated, and mitigated as appropriate.
- COVID-19 control measures to be followed by schools are posted on the IDOH website
- Control measures include case and contact reporting, contact tracing, isolation of positive cases, and quarantining of close contacts as necessary to prevent the spread of COVID-19
- For additional information, please see https://www.in.gov/health/erc/files/COVID-Control-Measures-Document-7.26.21.pdf

School Statute

The statute provided below requires schools to complete with the Indiana Department of Health regulation.

IC 20-26-5-6 Applicability of laws governing state agencies

Sec. 6. All powers delegated to the governing body of a school corporation under section 1 or 4 of this chapter are subject to all laws subjecting the school corporation to regulation by a state agency, including the secretary of education, state board of accounts, state police department, fire prevention and building safety commission, department of local government finance, environmental rules board, state school bus committee, state department of health, and any local governmental agency to which the state has been delegated a specific authority in matters other than educational matters and other than finance, including plan commissions, zoning boards, and boards concerned with health and safety.

[Pre-2005 Elementary and Secondary Education Recodification Citation: 20-5-2-3.]

As added by P.L.1-2005, SEC.10. Amended by P.L.113-2014, SEC.111; P.L.43-2021, SEC.70

Combatting Misinformation

- Many people have had trouble figuring out what to believe, which sources to trust, and how to keep up with changing knowledge and guidance
- The only way to address health misinformation is to recognize that all of us, in every sector of society, have a responsibility to act. Every single person can do their part to confront misinformation.
- Educate students and the public on common tactics used by those who spread misinformation online.
- Recent research suggests that teaching people how to spot these tactics can reduce people's willingness to share misinformation
- Visit the IDOH back to school resources pages for flyers and other tools

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Confronting Health Misinformation (hhs.gov)

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LINDSAY WEAVER, MD, FACEP

CHIEF MEDICAL OFFICER

08/12/2021

School-Located Vaccination Clinic Survey

https://redcap.isdh.in.gov/surveys/?s=AEX7KP9AWY

Data Update

You'll receive link for data collection

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North Carolina: ABC Science Collaborative Plan A: All Masks All in School

6,484 primary cases among students and 1106 primary cases among staff

308 secondary cases among students and 55 secondary cases among staff

The estimated secondary attack rate (of all people quarantined who acquired COVID) is <1%

Wearing masks is an effective strategy to prevent in-school COVID-19 transmission.

Schools that follow the strategies in the NCDHHS Strong Schools NC Public Health Toolkit (K-12) and adhere to the mask mandate effectively mitigate within-school transmission of COVID-19 in Plan A.

Distance does not predict the spread of COVID-19 when students/staff/teachers are masked.

FIGURE 1. Three-week moving average COVID-19–associated hospitalization rates* among children and adolescents aged <18 years, by age group — COVID-NET, 14 states,† March 1, 2020–April 24, 2021

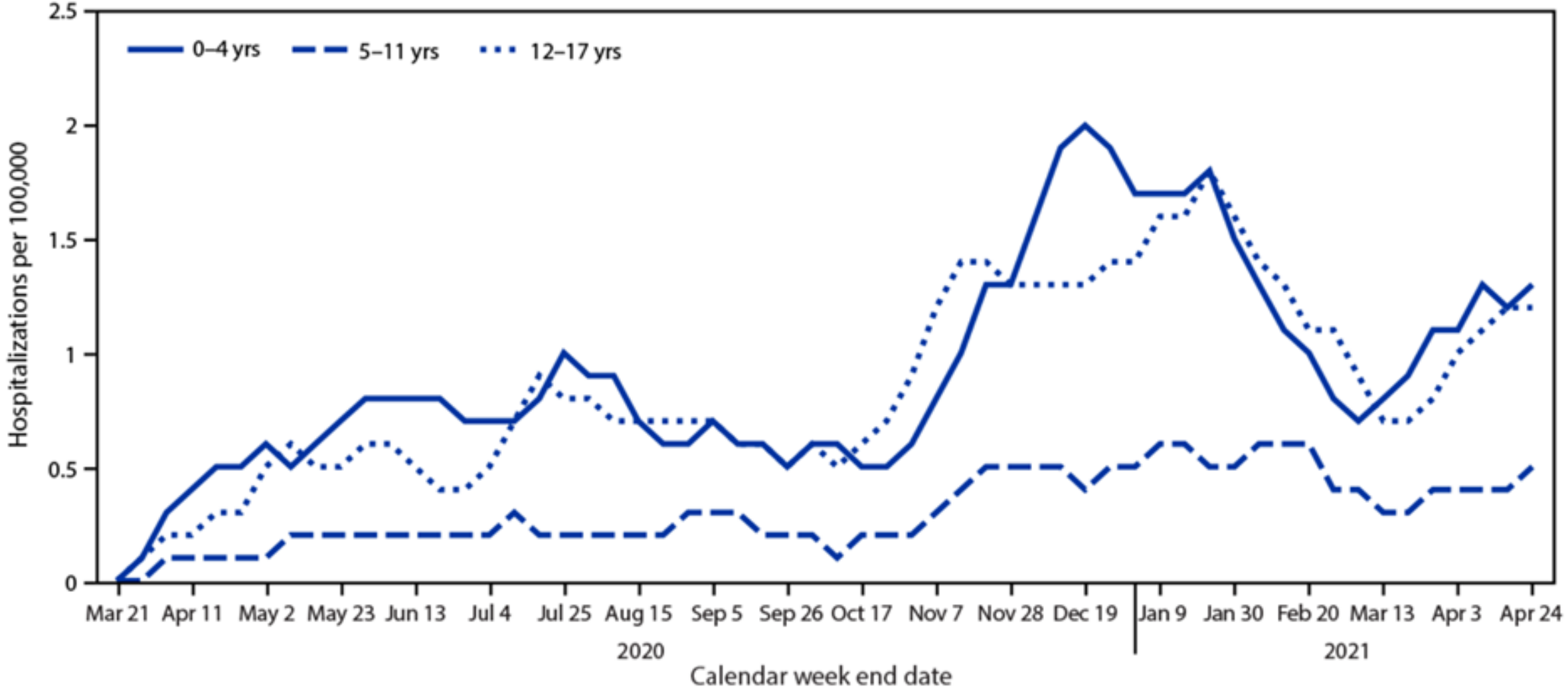
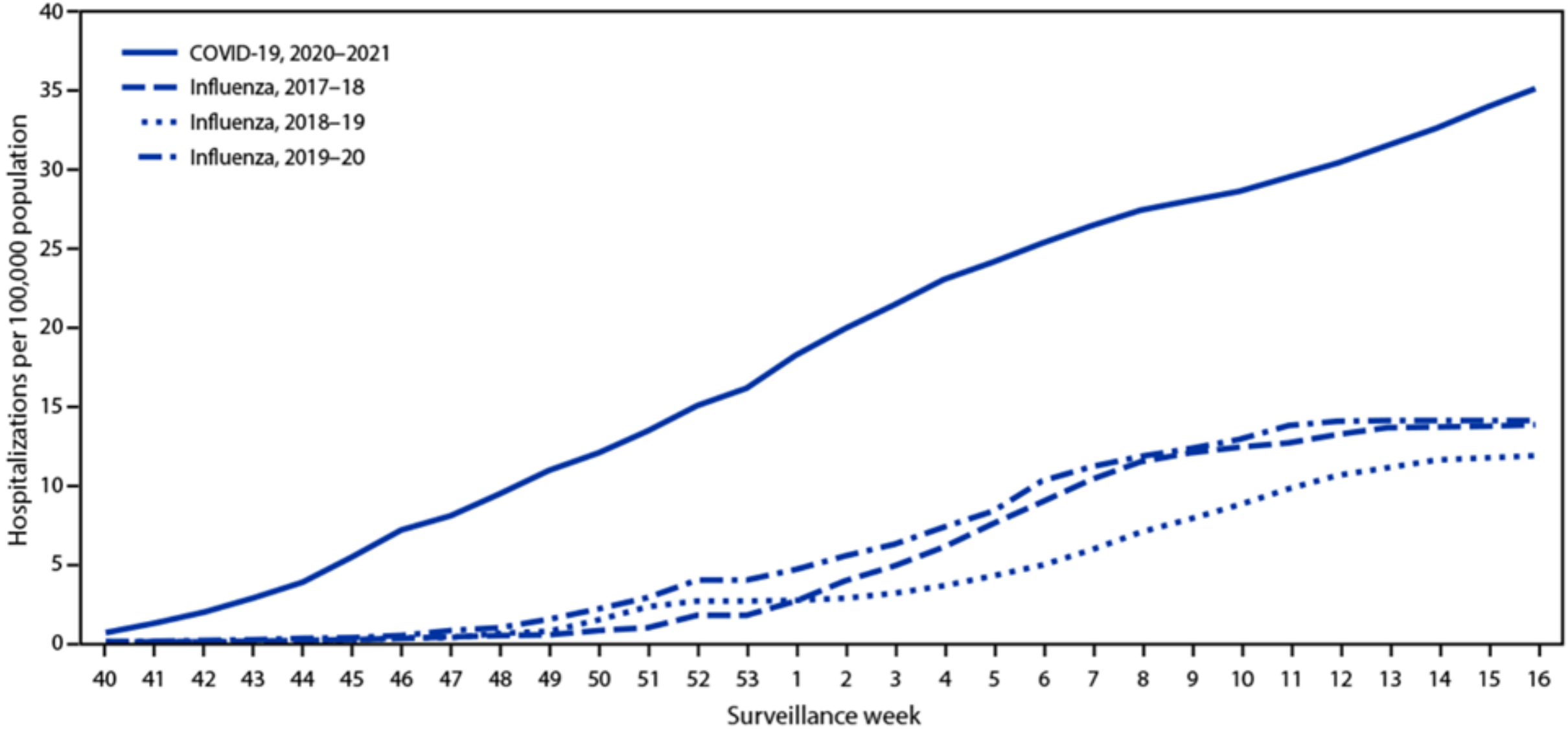


FIGURE 2. Cumulative rates for COVID-19–associated hospitalizations* compared with influenza-associated hospitalizations† among adolescents aged 12–17 years, by surveillance week§ — COVID-NET¶ and FluSurv-NET, 14 states,†† 2017–2021§§**



CDC, ACOG, SMFM all recommend Pregnant and Breastfeeding Women get the COVID Vaccine

Based on new evidence about the safety of the COVID-19 vaccines, CDC is strengthening its recommendation for COVID-19 vaccination during pregnancy.

A new analysis of current data from the v-safe pregnancy registry assessed vaccination early in pregnancy and did **not** find an increased risk for miscarriage among people who received an mRNA COVID-19 vaccine before 20 weeks of pregnancy.

Miscarriage rates after receiving a COVID-19 vaccine were similar to the expected rate of miscarriage.

Additionally, previous findings from three safety monitoring systems did not find any safety concerns for pregnant people who were vaccinated late in pregnancy or for their babies.

COVID-19 vaccination is recommended for all people 12 years and older, including people who are pregnant, breastfeeding, or trying to get pregnant now or might become pregnant in the future.

Additional Guidance

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Masking/Face Coverings

- **All K-12 schools should require universal masking when indoors during the school day.** (This applies to all within the school environment regardless of vaccination status).

- **Besides vaccination, masking is a critical step in reducing transmission of COVID-19**

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html

CDC Guidance

CDC updated its information for fully vaccinated people given new evidence on the B.1.617.2 (Delta) variant currently circulating in the United States, including Indiana.

If you've been fully vaccinated:

- Wear a mask in public indoor settings in areas of substantial or high transmission
- Wear a mask regardless of the level of transmission, particularly if they are immunocompromised or at increased risk for severe disease from COVID-19, or if they have someone in their household who is immunocompromised, at increased risk of severe disease or not fully vaccinated
- If you have a known exposure to someone with suspected or confirmed COVID-19 to be tested 3-5 days after exposure, and to wear a mask in public indoor settings for 14 days or until they receive a negative test result. PCR test is recommended for those who are fully vaccinated, close contacts.
- Recommends universal indoor masking for all teachers, staff, students and visitors to schools, regardless of vaccination status

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html

Close Contact Definitions and Guidance (updated Aug. 5)

- **Close Contact through Proximity and Duration of Exposure:** Someone who was within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example, *three individual 5-minute exposures for a total of 15 minutes)*. An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet criteria for discontinuing home isolation.
- **Exception:** In the **K–12 indoor classroom** setting, the close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time.
- This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.

NOTE: Continue to use the Gateway portal to enter **all** close contacts (even if vaccinated). This provides consistent reporting in case of an outbreak.

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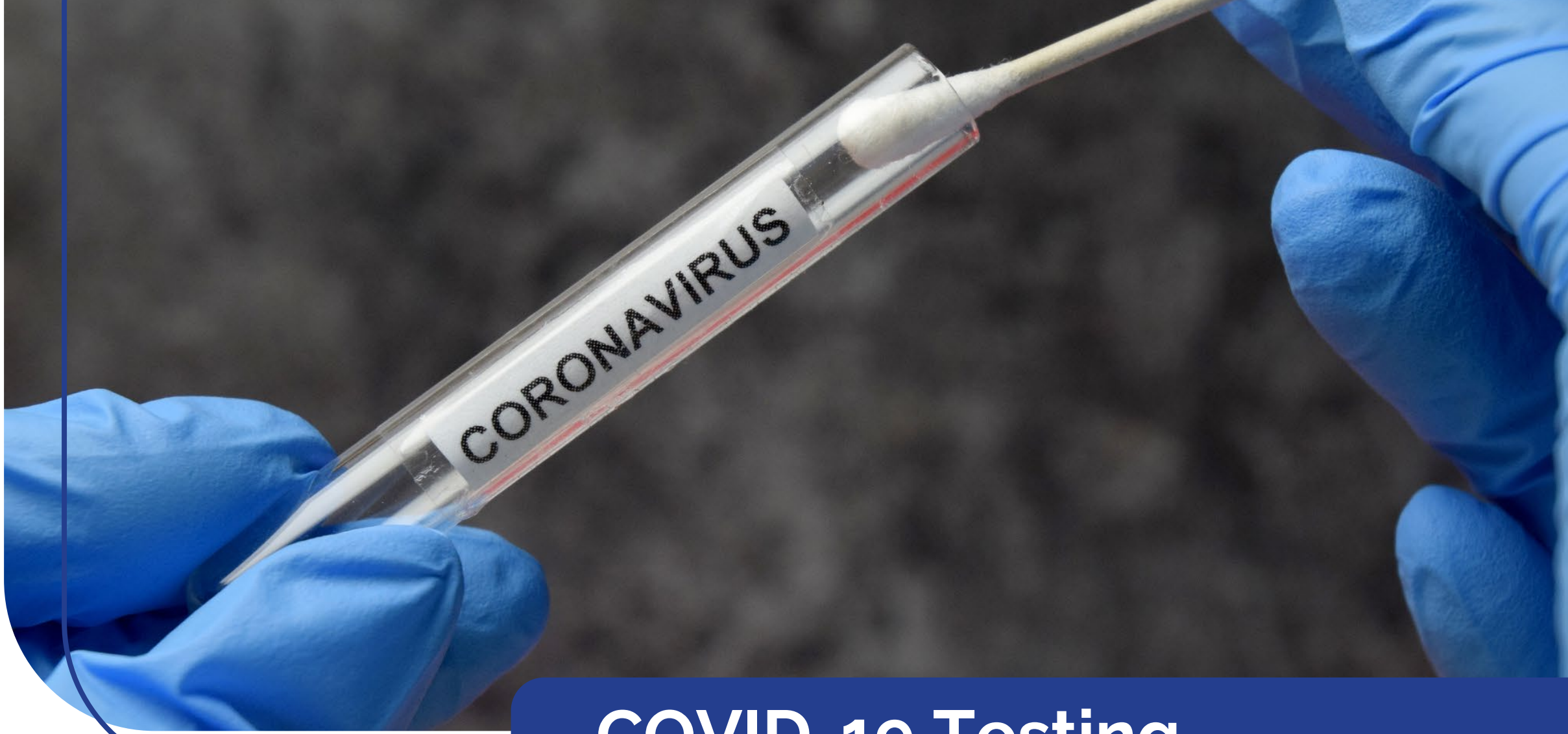
https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing plan/appendix.html#contact



COVID-19 Testing and Reporting Reminders

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Key Points to Remember

- Diagnostic and screening testing programs can be done in combination or individually.
- Any lab or testing site that performs diagnostic or screening testing must have a Clinical Laboratory Improvement Amendments (CLIA) certificate and meet all applicable requirements.
- Tests used must have received an Emergency Use Authorization (EUA) from the FDA or be offered under FDA policies.

If you want BinaxNOW

- Requires training, competency assessment and reporting

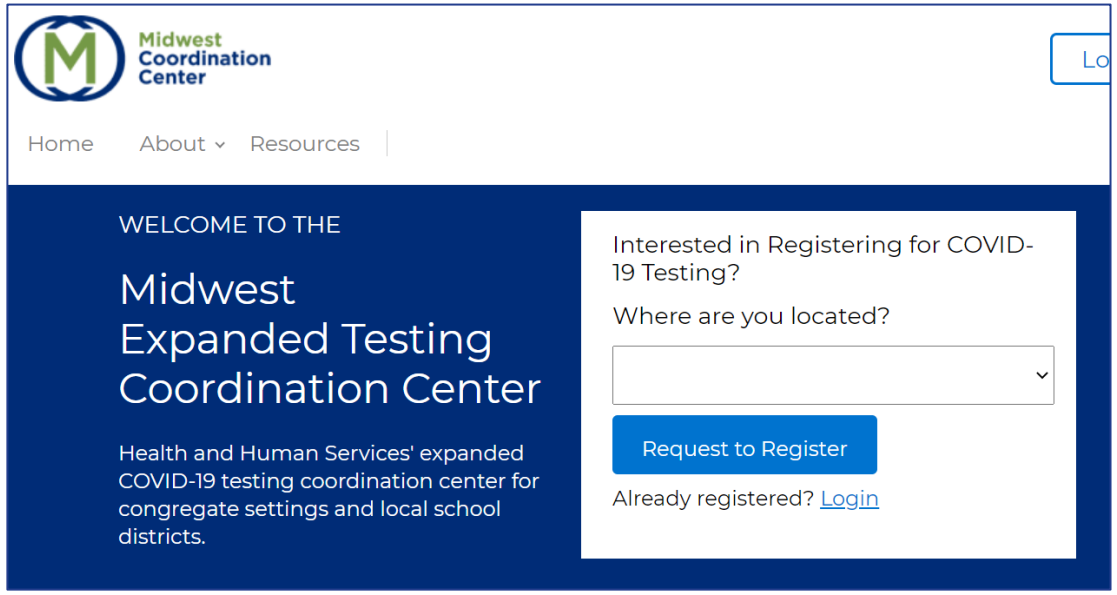
- Email BinaxNOWtestsupport@isdh.in.gov for more information or to order more testing supplies

If you are interested in PCR screening

Midwest Coordination Center

- May also hear it referred to as Operation ET or Battelle

- Free program for K-12 and other congregate settings
- Fully funded by HHS at least through November 2021
- Battelle is petitioning HHS to expand scope and duration
- Pooled PCR screening testing
- Schools can register directly via https://testedandprotected.org/#/



K-12 Case and Close Contact Reporting Portal

- K-12 Case and Close Contact Reporting Portal Link: https://gateway.isdh.in.gov/Gateway/SignIn.aspx

- Issues with the K-12 Case and Close Contact Reporting Portal, including adding a new user? Please submit a helpdesk ticket here: https://eportal.isdh.in.gov/SchoolAppCustomer/

Quarantine Calculations

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Guidance for Testing and Quarantine Options

- Close contacts who are unvaccinated MUST follow one of these three quarantine options as directed by the school/school district.
  - Asymptomatic close contact may return after Day 10 with enhanced precautions in place Days 11-14
  - Asymptomatic close contact may return after Day 8 with negative PCR on day 5, 6, or 7 or negative BinaxNOW (if performed in your school) on Day 8. Continue enhanced precautions Days 8-14
  - Asymptomatic close contact return on Day 15. May return to all prior activities without enhanced precautions or testing
- All fully vaccinated individuals who remain asymptomatic (even if a close contact) do not need to quarantine but should monitor for symptoms throughout the 14 days following their exposure and are encouraged to get tested 3-5 days after exposure. We recommend a PCR test for these individuals.

https://www.coronavirus.in.gov/files/21_Decision%20Trees_2-4.pdf

Key Concepts

For Cases

- Day Zero of isolation is either the day of specimen collection or the first day symptoms began, whichever came first.
- Isolation continues for at least 10 days regardless of vaccination status
  - If case is or becomes symptomatic, and symptoms do not resolve by the 10th day, then isolation continues until 24 hours symptom free without fever reducing medications.
  - Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation

For Close Contacts

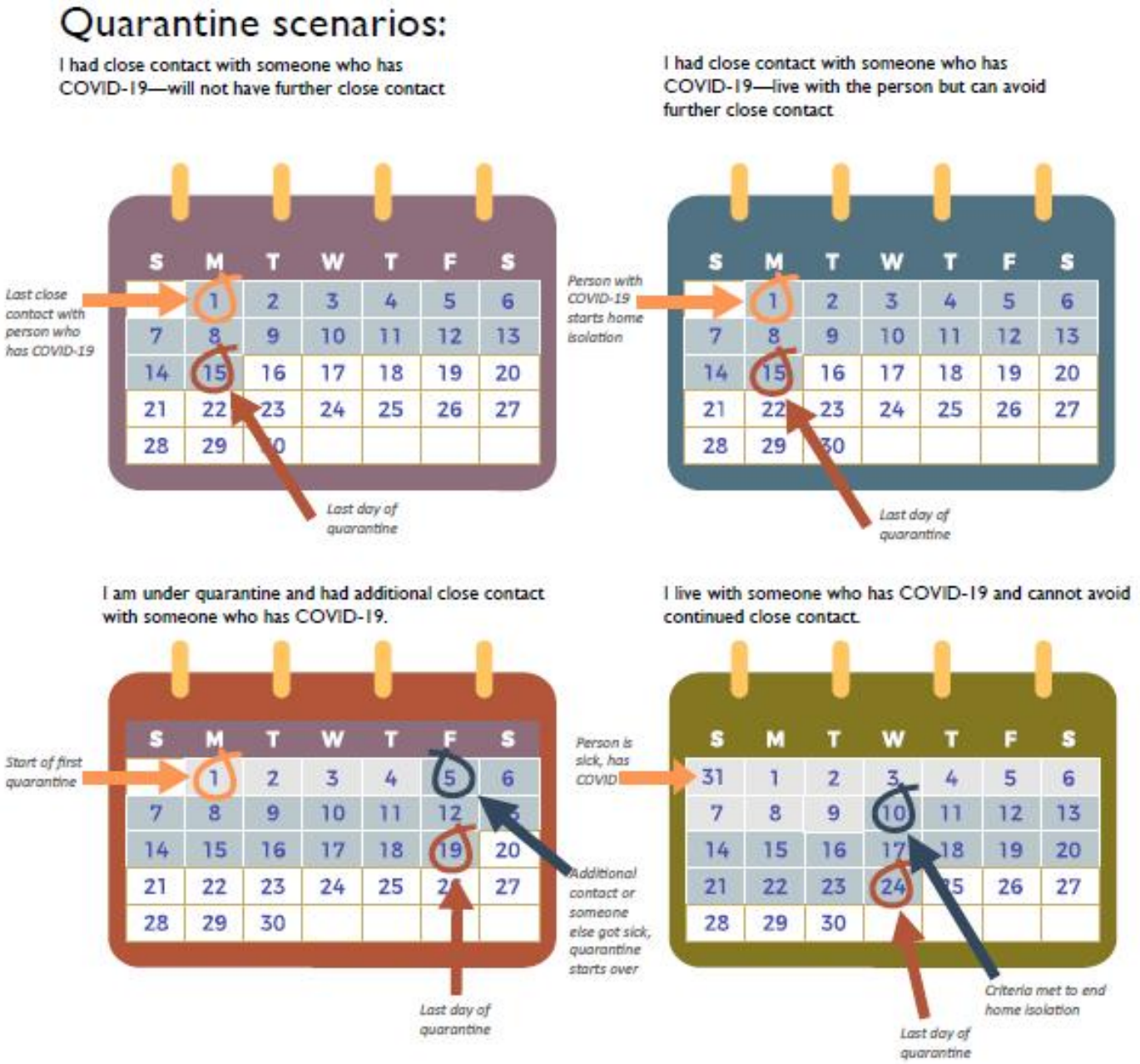
- Day Zero of quarantine is the last day of exposure to the positive case
- Fully vaccinated individuals do not need to quarantine if they remain asymptomatic
- Someone who has COVID-19 illness within the prior 3 months does not need to quarantine if they stay asymptomatic
- Everyone who develops symptoms should isolate and seek a COVID-19 PCR test

https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html

14 Day Quarantine

Key Points

- The only option for symptomatic close contacts. Still encourage testing, though will stay in quarantine even if test comes back negative.
- If asymptomatic close contact that is also a student, staff or teacher, this is still the best and preferred option
  - However, an LHD may allow additional options for earlier returns to classroom activity.



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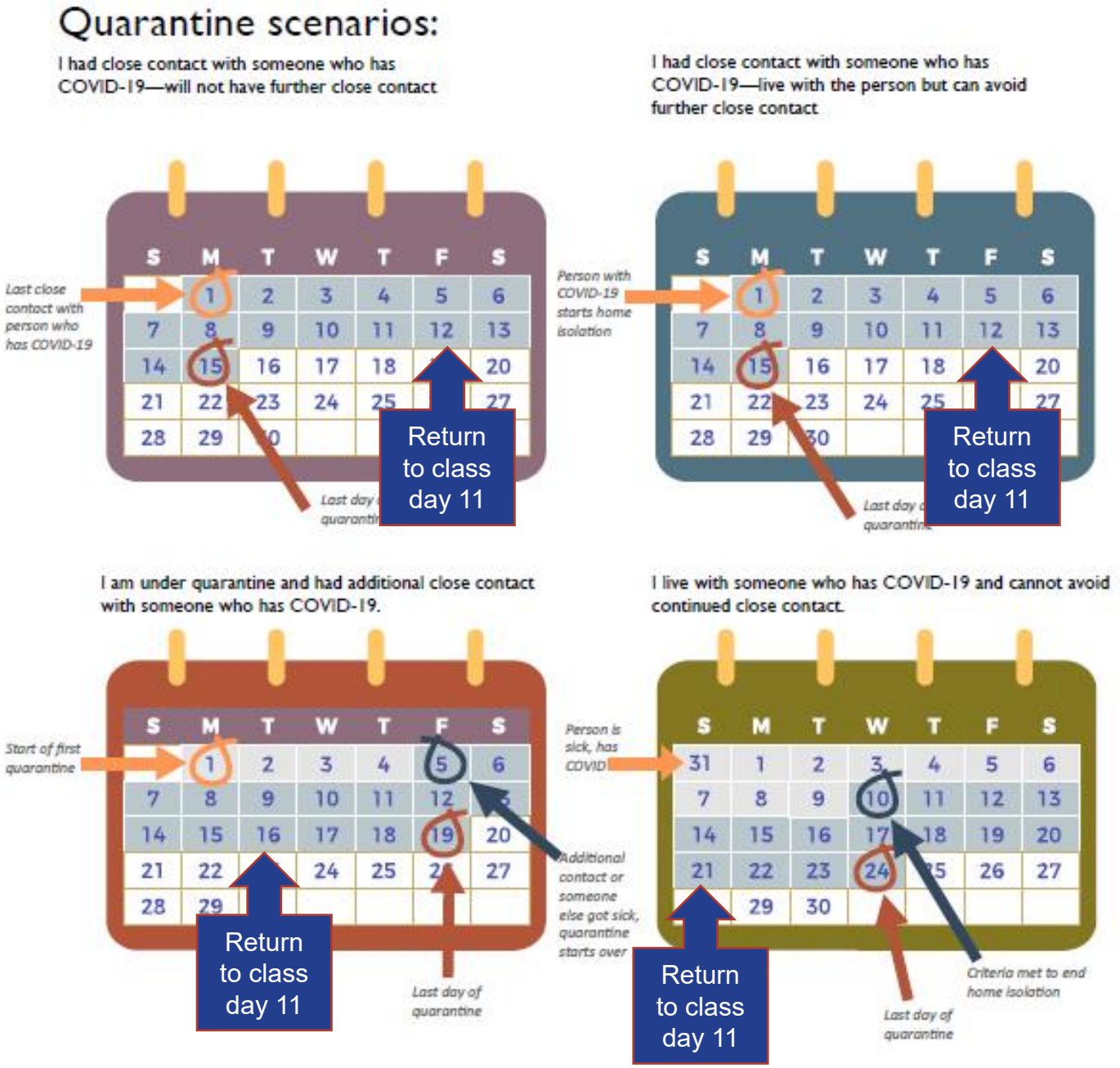
https://www.coronavirus.in.gov/files/21_Decision%20Trees_7-26.pdf

10 Day Option

- Must stay asymptomatic
- Return to class Day 11
- Do not return to other activities unless can stay 6 feet away, stay masked the entire time, continue hand and cough hygiene, daily self monitoring for symptoms, etc.
- Return to other activities on Day 15



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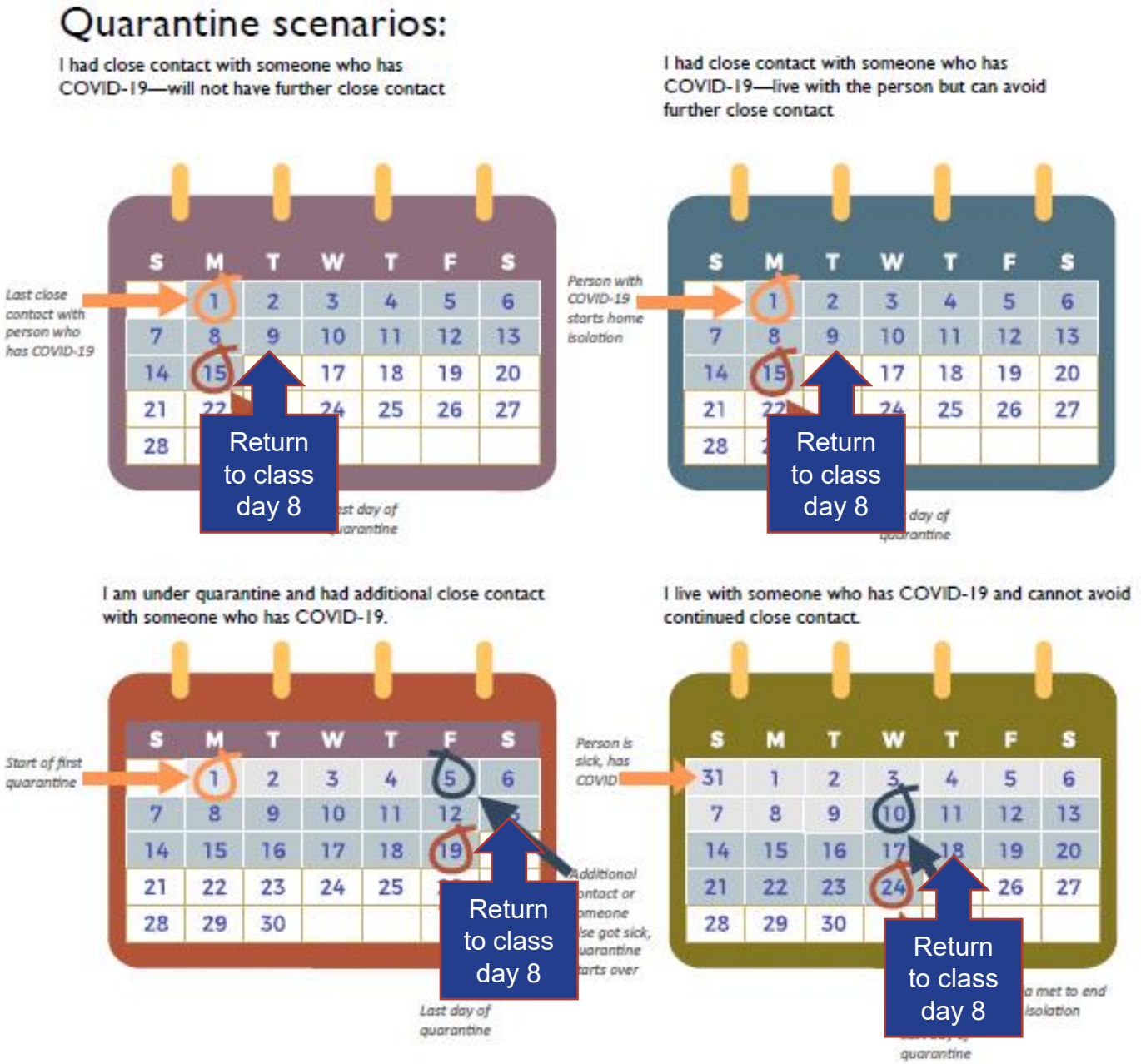
https://www.coronavirus.in.gov/files/21_Decision%20Trees_7-26.pdf

7 Day Option

- Must stay asymptomatic
- Return to class Day 8, **ONLY IF**
  - Gets a PCR test performed on Day 5, 6 or 7 AND results come back negative before return to school
  - **OR**
  - Get a BinaxNOW test performed at the school by trained personnel on Day 8 **AND** results are negative
- Do not return to other activities unless can stay 6 feet away, stay masked the entire time, continue hand and cough hygiene, daily self monitoring for symptoms, etc.
- Return to other activities on Day 15



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https://www.coronavirus.in.gov/files/21_Decision%20Trees_7-26.pdf

Help Calculating Isolation or Quarantine

- Decision Tree: https://www.coronavirus.in.gov/files/21_Decision%20Trees_7-26.pdf
- Schools can reach out to Back2School:
  - Call 800-745-7487, 7 days a week, 8 a.m. to 8 p.m. EST
  - Email backtoschool@isdh.in.gov
- General public encouraged to call the state contact tracing team:
  - Call 833-670-0067. 7 days a week, 8 a.m. to 8 p.m. EST
- Everyone can access the online isolation & quarantine calculator:
  - https://www.coronavirus.in.gov/2400.htm