COVID-19 and Back to School

Allison H. Bartlett, MD, MS
Associate Professor, Pediatric Infectious Diseases
abartlett@peds.bsd.uchicago.edu

Disclosures

- I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.
- I do not intent to discuss an unapproved/investigative use of a commercial product/device in my presentation.

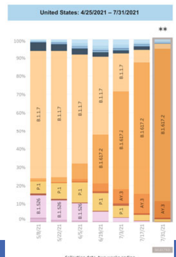
Learning Objectives

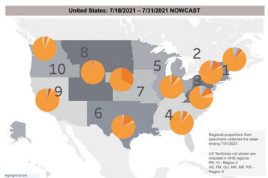
- By the end of this session, the participant will be able to:
  - List effective measures to minimize the risk of SARS-CoV-2 between students, teachers, and other school staff
  - Understand the implications of new variant strains
  - Discuss the risk/benefits of COVID-vaccination in children
  - Describe the symptoms of MIS-C

Schools Are Essential!

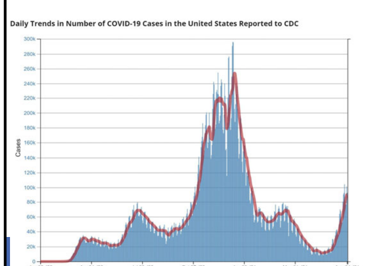
- Schools are an important part of the infrastructure of communities. They provide safe and supportive learning environments for students that support social and emotional development, provide access to critical services, and improve life outcomes.
- They also employ people, and enable parents, guardians, and caregivers to work.

Big changes from last summer





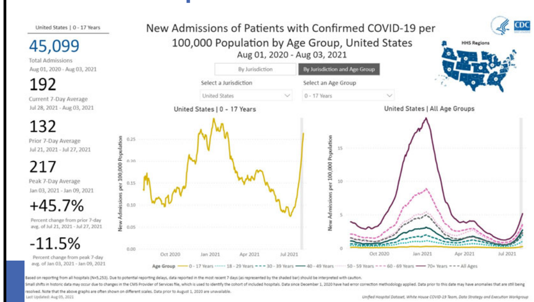
Current Trends in COVID-19 Cases



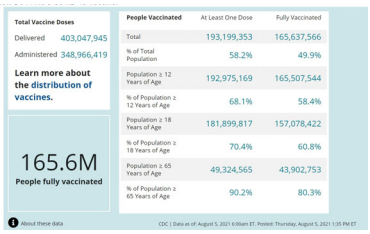
34,722,631 Total Cases Reported	66,606 Current 7-Day Average*
40,597 Prior 7-Day Average	+64.1% Change in 7-Day Average since Prior Week

[CDC COVID Data Tracker]

Rates of hospitalized children are increasing



Where do we stand with vaccination?



Total Vaccine Doses

Delivered	403,047,945
Administered	348,966,419

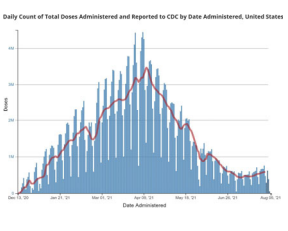
Learn more about the distribution of vaccines.

165.6M
People fully vaccinated

About these data

People Vaccinated	At Least One Dose	Fully Vaccinated
Total	193,199,353	165,637,566
% of Total Population	58.2%	49.9%
Population ≥ 12 Years of Age	192,975,169	165,507,544
% of Population ≥ 12 Years of Age	68.1%	58.4%
Population ≥ 18 Years of Age	181,899,817	157,078,422
% of Population ≥ 18 Years of Age	70.4%	60.8%
Population ≥ 65 Years of Age	49,324,565	43,902,753
% of Population ≥ 65 Years of Age	90.2%	80.3%

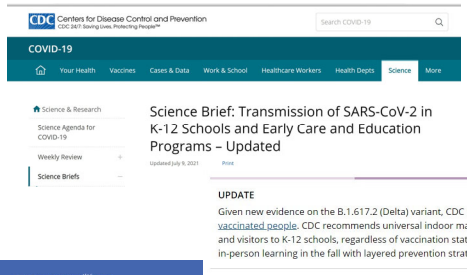
CDC | Data as of: August 5, 2021 4:00am ET. Posted: Thursday, August 5, 2021 1:35 PM ET



How can we reopen schools safely?

AT THE FOREFRONT OF KIDS MEDICINE
UChicago Medicine
Comer Children's

Hooray for SCIENCE!



Here's what we learned last year

- Children are just as likely as adults to become infected with SARS-CoV-2
- Children are more likely to have no or mild symptoms
- Children can transmit SARS-CoV-2 even if they have no symptoms
- Children are much less likely to be hospitalized or die, but rates are higher among Latino / Black / African American children than White children

More of what we learned last year

- School reopening in counties with low or moderate COVID rates did NOT impact hospitalization rates
- School outbreaks HAVE occurred – mostly when prevention strategies were NOT followed.
  - » With prevention methods, transmission in schools if often lower than among the community overall
- Staff-to-staff transmission is more common than student-to-staff
- Masking is very important. 3' distance is probably enough
- Screening testing programs may help identify asymptomatic individuals and get the isolated sooner, but is operationally complex

Updated CDC Guidance on Prevention Strategies

- Promoting vaccination
- Consistent and correct mask use

- Physical distancing
- Ventilation
- Handwashing and respiratory etiquette
- Cleaning and disinfection

- Screening testing to promptly identify cases, clusters, and outbreaks
- Staying home when sick and getting tested
- Contact tracing, in combination with isolation and quarantine

Promote Vaccination

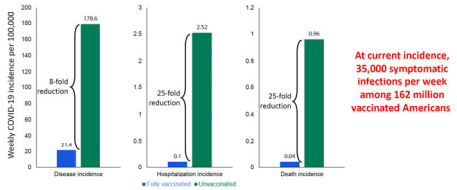
- ENCOURAGE VACCINATION!
  - » Hold information sessions for parents, teachers, staff – EVERYONE!
  - » Offer flexible leave (e.g., paid sick leave) for employees to get vaccinated
- Consider partnering with public health department to have vaccine clinic at school when it is approved for <12 year-olds
- Helpful resources
  - » COVID-19 Vaccination Toolkit for Health Departments and other Public Health Partners | CDC
  - » Workplace COVID-19 Vaccine Toolkit | CDC
  - » On-Site Vaccination Clinic Toolkit | WECANDOTHIS.HHS.GOV
  - » Post-vaccination Considerations for Workplaces | CDC

Vaccinating people ≥ 12 protects those around them

- No kids <12 are vaccinated
- Rates of infected kids in Louisiana and Florida are 10-12 times higher than Massachusetts

Vaccines Prevent Serious Illness

Greater risk of disease, hospitalization and death among unvaccinated vs. vaccinated people: National estimates



At current incidence, 35,000 symptomatic infections per week among 162 million vaccinated Americans

Consistent and Correct Mask Use

- Delta has changed the discussion. Masking indoors is important for ALL until community transmission is lower and vaccination rates are higher
- Masks are required on school buses and all other public transportation
- Universal indoor masking is easier to implement and causes less peer pressure
- Masks not needed outdoors unless unvaccinated and in crowded setting

Physical Distancing

- Implement distancing to the extent possible
- Unvaccinated individuals should maintain 6 feet from others
  - » Masks are effective at decreasing the risk allowing closer distances safely
- Cohorting can help limit spread of COVID within schools but is not a stand-alone measure
  - » Ensure cohorting is done in an equitable manner that doesn't perpetuate academic, racial or other tracking.
  - » Cohorting vaccinated and unvaccinated separately is NOT recommended

Ventilation

- Bringing fresh air into the building can reduce the number of virus particles in the air
  - » Open doors and windows
  - » Use fans (child-safe) to increase airflow through open windows
  - » Make changes to HVAC, air filtration systems
  - » Open windows in buses and other transportation (safely – just a few inches is enough)

Handwashing and Respiratory Etiquette

Cleaning and Disinfection

- Cleaning once a day is enough if no confirmed / suspected COVID-19 a space
- If sick or COVID-19 positive person at school in the past 24 hr: **clean and disinfect** the space
- Consider cleaning more frequently or disinfecting if:
  - High community transmission of COVID-19
  - Low vaccination rates
  - Infrequent use of other prevention (masks, hand hygiene)
  - Space occupied by people at increased risk for severe illness from COVID-19

Clean Surfaces with Soap and Water

Normal routine cleaning with soap and water lowers the risk of spreading COVID-19 by removing germs and dirt from surfaces. In most situations, cleaning is enough to reduce risk.

Use EPA-Registered Disinfectants According to Label Directions

Disinfectants further lower the risk of spreading COVID-19 by using chemicals to kill germs. Use disinfectants on high-touch surfaces when you know or suspect someone around you is sick with COVID-19.

US EPA - Cleaning and Disinfecting Best Practices During the COVID-19 Pandemic

Screening Testing

- Identifies infected people (including asymptomatic ones) who may be contagious. Measures can then be taken to prevent further transmission.
- CDC says fully vaccinated individuals do not need to participate
- Screening testing decisions may be made at state or local level
- May be most valuable:
  - High community transmission of COVID-19
  - Low vaccination rates
  - Other prevention (masks, physical distance) not being used

Screening Testing

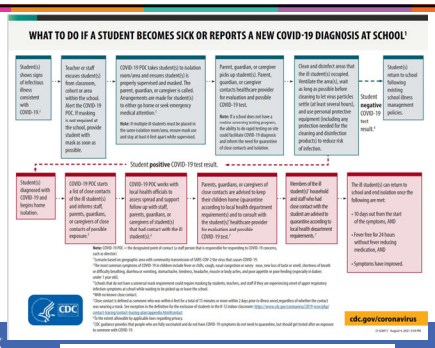
Table 1. Screening Testing Recommendations for K-12 Schools by Level of Community Transmission

	Low Transmission[1] Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Students	Do not need to screen students.	**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 (football, wrestling, singing, shouting, band, exercise, esp indoors)	**Recommend screening testing for high-risk sports[2] and extracurricular activities[3]** at least once per week for participants who are not fully vaccinated.		**Recommend screening testing for high-risk sports and extracurricular activities** twice per week for participants who are not fully vaccinated.	**Cancel or hold high-risk sports and extracurricular activities virtually** to protect in-person learning, unless all participants are fully vaccinated.
Low- and intermediate-risk sports (Low: diving, golf; int: baseball, cross country)	Do not need to screen students participating in low- and intermediate-risk sports.[2]	**Recommend screening testing for low- and intermediate-risk sports** at least once per week for participants who are not fully vaccinated.		

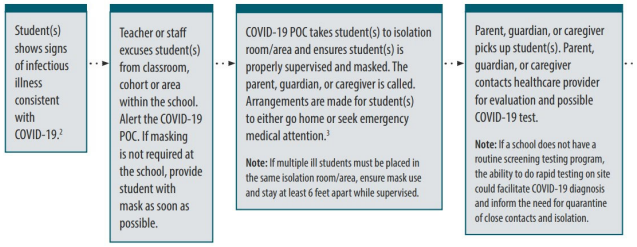
Staying Home When Sick and Getting Tested

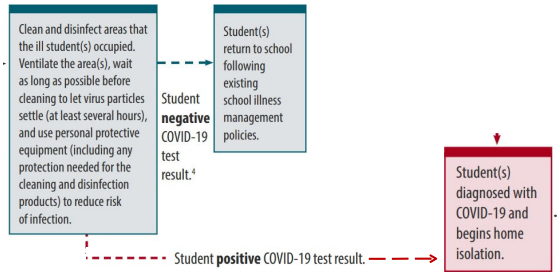
- Staying home when sick is essential to keeping infections out of school
  - » Testing to know whether symptoms are due to COVID-19, another respiratory virus, etc. helps determine next step
- Prevent "Presenteeism"
  - » Flexible, non-punitive and supportive paid sick leave policies so workers can stay home when sick without fear of retaliation or loss of pay
  - » Process for excused absences for students who are sick

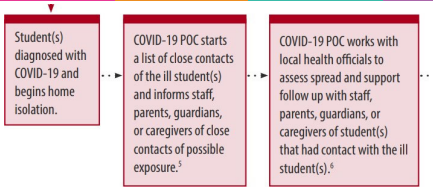
What do we do if a student gets sick or reports a new COVID-19 diagnosis at school?



What to do if a Student Becomes Sick at School or Reports a New COVID-19 Diagnosis Flowchart | CDC

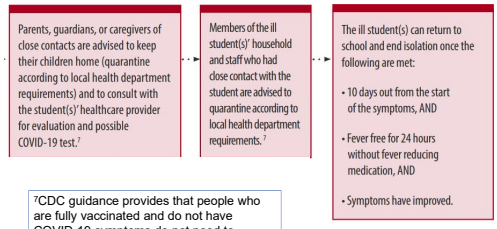






[5]**Close contact:** within 6 feet for 15 min or more within 2 days prior to illness onset, regardless of mask use

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.



[7]CDC guidance provides that people who are fully vaccinated and do not have COVID-19 symptoms do not need to quarantine or get tested after an exposure to someone with COVID-19. (But should wear a mask indoors for 14 days)

Contact Tracing in Combination with Isolation and Quarantine

- Collaborate with your state and local health departments
- Fully vaccinated close contacts should be referred for testing but do not need to quarantine.
  - » They should wear masks at school and other indoor public settings for 14 days or until a negative test
- Unvaccinated close contacts should be referred for COVID-19 testing, but should quarantine at home for 14 days after exposure.
  - » Option to shorten quarantine: 10- or 7-day quarantine with negative test result

Additional Considerations

AT THE FOREFRONT OF KIDS MEDICINE
UChicago Medicine
Comer Children's

Disabilities

- Work with families to understand the individual needs of students with disabilities.
- Ensure access to services for students with disabilities when developing cohorts.
- Physical distancing, wearing masks can be difficult for young children, people with certain disabilities (e.g., visual or hearing impairments) or those with sensory or cognitive issues.
  - » If unable to wear masks some of the time, prioritize masks when it is difficult to separate students and/or teachers and staff (e.g., while standing in line or during drop off and pick up).
  - » Consider having teachers wear a clear mask with a clear panel when interacting with young students, students learning to read, or when interacting with people who rely on reading lips.
  - » Use behavioral techniques (such as modeling and reinforcing desired behaviors and using picture schedules, timers, visual cues, and positive reinforcement) to help all students adjust to transitions or changes in routines.

Visitors

- Limit nonessential visitors, volunteers, activities involving external groups – especially where there is moderate-to-high community COVID transmission
- Do NOT limit access for direct service providers, but ensure compliance with visitor policies, ask about COVID at other institutions where incompletely vaccinated DSPs work
- Emphasize the importance of staying home when sick

Food Service and School Meals

- Staff should wear masks at all times during meal prep and service
- Students should wear masks in food service line
- Maximize physical distance in line and while eating
- Very low risk of transmission from surfaces and shared objects.
  - » No need to limit food service approach to single-use items and packaged meals
- Clean frequently touched surfaces
- Promote hand washing
- Improve ventilation in food prep, service, and seating area

Recess and Sports

- Masks not needed when outdoors!!!
- Consider masking for incompletely vaccinated people, especially in areas of substantial to high transmission if:
  - » Crowded outdoor settings or
  - » During activities with sustained close contact with other incompletely vaccinated people.

CDC and AAP Sports Guidance

- Outdoors is safer than indoors
  - Transmission associated with outdoor sports mostly related to off-field activities (sharing meals, during unmasked transportation in private vehicles)
- Risk-reduction modifications
  - Prioritize noncontact activity (e.g. conditioning and drills) where distance can be maintained
  - Proper use of face masks
  - Hand hygiene, respiratory etiquette
  - Main practice group pods

COVID-19 Interim Guidance: Return to Sports and Physical Activity (aap.org)

Sport-specific masking recommendations

- Masks should not be worn for:
  - Competitive cheerleading (tumbling/stunting/flying) or gymnastics – theoretical risk of mask getting caught and becoming choking hazard or impairing vision
  - Wrestling – mask can become choking hazard
  - Water sports – wet mask can be more difficult to breathe through
- Any mask saturated with sweat should be removed
- Masks SHOULD be worn in above sports when on sidelines or not competing

AT THE FOREFRONT OF MEDICINE®

UChicago Medicine

Comer Children's