



Back to School 2021-2022 With COVID-19 January 6, 2022

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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/school-guidance/>

<https://www.mmdhd.org/covid-schools/>

<https://www.cmdhd.org/novelschools>

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!

Isolation and Quarantine Changes

- ▶ On Dec. 27th, the CDC announced via a press release major changes to Isolation and Quarantine guidelines (surprise to all of us)
- ▶ On the 29th, they had a webinar for State, Tribal, Local, and Territorial partners to discuss
 - ▶ Given the numbers of people out of the work force due to illness or quarantine, they felt it was an urgency to make the change in this unusual way.
 - ▶ They stated there was little new evidence to support this
 - ▶ They did not have any specifics worked out for special populations (schools, group settings, etc.) but were working on them as fast as possible
 - ▶ Were unable to answer a lot of questions presented
 - ▶ They did stress the importance of the mask elements in order for these shortened time frames to work

Isolation and Quarantine Guidance

- ▶ Evening of Jan 4th, this did update their general isolation and quarantine page and added background information explaining why they shortened the time frames (available here <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation-background.html>)
- ▶ Rational: discussed the potential for large numbers of cases of COVID due to omicron, plus illness from influenza and other infections and that these recommendations “reflect the societal impact (e.g., critical infrastructure and staffing shortages) and the latest science on disease severity and when and for how long a person is maximally infectious”
- ▶ Explain evidence *pre-omicron* that the risk of spreading COVID is highest starting 2-3 days before symptoms start until 8 days after symptoms begin
- ▶ They discuss the importance of masking, stating “Modeling data from the United Kingdom reinforce the importance of mask use; after the 5th day after a positive test, an estimated 31% of persons remain infectious”
- ▶ They discuss the lower severity of omicron, the continued poor mental health of many due to the pandemic, and that studies suggest only 25%-30% finish a full 10-day isolation
 - ▶ Many see this as a step toward “normalizing” COVID

Isolation and Quarantine Guidance

- ▶ Other recommendations after day 5 of quarantine or isolation the CDC discusses:
 - ▶ Continue to wear a mask and limit contact with those in their household for 10 days following detection of SARS-CoV-2 infection or for 10 days after coming into close contact with someone with COVID-19.
 - ▶ Avoid people who are immunocompromised or at high risk for severe disease until after at least 10 days
 - ▶ Avoid nursing homes, other high-risk settings until after at least 10 days
 - ▶ Delay travel until after at least 10 days if at all possible
 - ▶ Do not go places you cannot wear a mask, such as restaurants, bars, gyms for a full 10 days
 - ▶ Avoid being around other people in situations where you cannot use a mask, such as eating at home and at work.

Isolation and Quarantine Guidance

- ▶ They do state the recommendations on quarantine and isolation in the new guidance do apply to K-12 school settings, **however** they have not made changes to their K-12 guidelines to reflect this yet or give specific guidance for things like meals, sports, etc.
 - ▶ They have a call with state/local public health today at 3:45p to provide update call and further explanation of their use of the phrase “up to date” when talking about COVID-19 vaccination
- ▶ MDHHS stated they are coming up with updated guidance and it would be available today
 - ▶ Nothing yet....

Isolation and Quarantine Guidance

- ▶ Who may NOT qualify for the shortened recommendations?
 - ▶ Anyone unable (*or not willing*) to wear a mask (children <2 years of age, people with mask waivers, etc.)
 - ▶ If infected: they need to isolate x 10 days, if exposed and under vaccinated, quarantine at least 10 days
 - ▶ People who have moderate to severe illness (those that have had to be hospitalized, or in the ICU, or on a ventilator)
 - ▶ They should isolate at least 10 days and may need to isolate longer (as instructed by their healthcare provider)
 - ▶ People with a weak/compromised immune systems
 - ▶ If infected with COVID, these individuals may stay contagious for longer and should isolate at least 10 days and may need to isolate longer (as instructed by their healthcare provider)

What evidence is there?

- ▶ For omicron, early evidence suggests the median (middle) incubation time is 3 days (range 0-8 days)
 - ▶ Delta was median of 4 days
- ▶ For omicron, MOST contagious from 2 days prior to symptoms to 3 days after symptom onset
- ▶ No evidence re: how long people are contagious
- ▶ Does appear to be more contagious than other variants (estimates range from 2-5x more than Delta)
- ▶ Seems to cause much higher viral loads/levels in the nasal passages and bronchi (i.e., the upper air ways-like colds), though other studies found it might replicate more quickly and efficiently in the throat and mouth than in the nose, and not much in the lungs like prior variants

Only study I could find on time and viral load...and not great

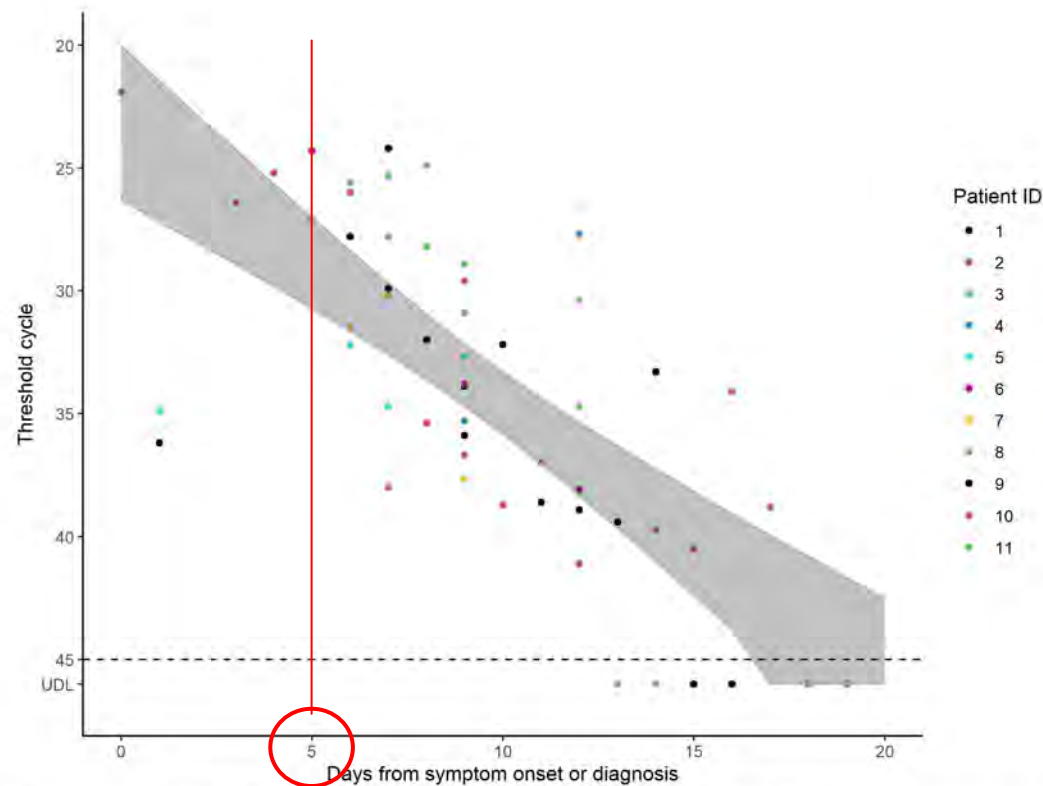


Figure 1. Detection of SARS-CoV-2 by RT-PCR targeting the nucleocapsid N2 gene. SARS-CoV-2: severe acute respiratory syndrome coronavirus 2; RT-PCR: reverse transcription polymerase chain reaction; UDL: under detection limit; ID: identification. Shaded area represents 95% confidence interval of the predicted value of the linear model. Threshold cycle values > 45 were regarded as 45 because of the detection sensitivity limit. Threshold cycle values were measured for the nucleocapsid N2 gene using Xpert® Xpress SARS-CoV-2.

- ▶ Study of first 11 omicron cases in Japan
- ▶ Measure of level of viral particles by PCR (not live viral cultures)
- ▶ Typically correlates to live virus until to you get at or below a cycle threshold (Ct) of 35 or so, but that is not very reliable...
- ▶ Red circle and line is at 5 days from symptom onset or diagnosis
- ▶ **I am not saying to NOT follow new guidelines: Just want to stress people do not stop being contagious after 5 days; hence importance of PROPER MASK USE on days 6-10, and avoiding high risk activities on those days**

	If You Have Symptoms of or Test Positive for COVID-19: ISOLATE	If You Were Exposed to Someone with COVID-19: QUARANTINE	
	EVERYONE, REGARDLESS OF VACCINATION STATUS:	NOT RECENTLY VACCINATE, NOT BOOSTED OR UNVACCINATED:	RECENTLY FULLY VACCINATED, BOOSTED, OR RECENT PRIOR INFECTION:
	<ul style="list-style-type: none"> If you have symptoms of COVID-19, whether awaiting test results or have not been tested. If you have a positive viral test (PCR or antigen test) for COVID-19, whether or not you have symptoms. 	<ul style="list-style-type: none"> You are ages 18 or older and completed the primary series of a recommended vaccine but have not received a recommended booster shot when eligible. You are not vaccinated or have not completed a primary vaccine series <p><i>FOR K-12 exposures and settings: These individuals may be eligible for Test to Stay (TTS) programs that would allow them to stay in the school setting during the quarantine period. Please see your schools K-12 Guidance for further information.</i></p>	<ul style="list-style-type: none"> You are ages 18 or older and have received all recommended vaccine doses, including boosters and additional primary shots for some immunocompromised people You are ages 5-17 years and completed the primary series of COVID-19 vaccines. You have tested positive for COVID-19 using a viral test within the last 90 days.
Action you should take:			
Stay home for at least 5 days	Yes, as long as your illness was not severe (you didn't have to stay in the hospital), and you have not had a fever for at least 24 hours, and your symptoms have improved	Yes	NO
Properly wear a mask for 10 days	Yes	Yes	Yes
Stay home for at least 10 days	Yes if you are unable/unwilling to wear a mask at all times, or if you had severe illness (had to stay in the hospital), or you have a weak immune system	Yes if you are unable/unwilling to wear a mask at all times	NO
Stay home If you have symptoms of COVID-19	Yes, until your symptoms have improved and have not had a fever for at least 24 hours	Yes (and get tested ASAP if you can)	Yes (and get tested ASAP if you can)
If you have not had any symptoms: get a viral test for COVID-19 on day 5, if possible	N/A	Yes	Yes

“Up To Date” on COVID-19 Vaccination in Order to Not Need to Quarantine*

Age 5-17

Two Doses of Pfizer



Ages 18 and older

Within last 5 months had:

Two Doses of Pfizer



OR

Two Doses of Moderna



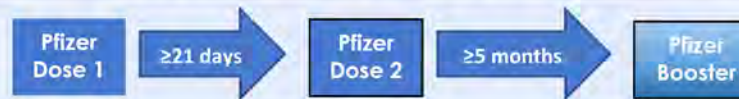
Within last 2 months had:

One Dose of J/J



AT ANYTIME Have had one of the following:

Three Doses of Pfizer



OR

Three Doses of Moderna



OR

Two Doses of J/J

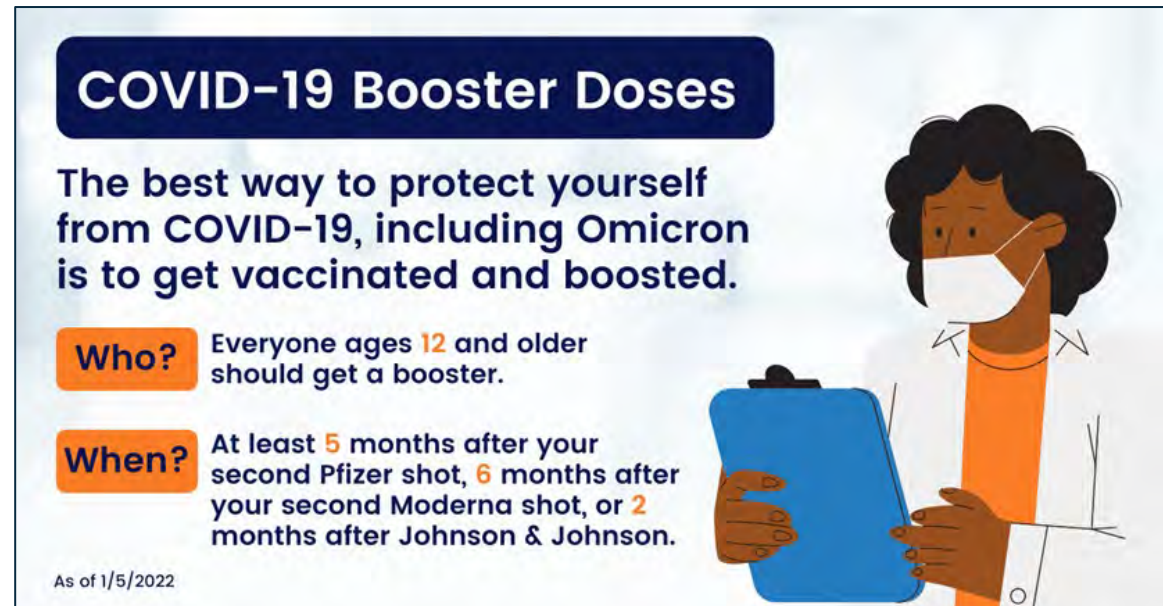


*Note: A 3rd dose of Pfizer or Moderna is required in the primary series for some people who are [moderately or severely immunocompromised](#)

NOTE: the interval from primary series to booster for Pfizer and Moderna has recently been shortened to FIVE MONTHS

Vaccine Update

- ▶ CDC and Advisory Committee on Immunization Practices (ACIP) has recommended that adolescents ages 12 to 17 receive a booster dose of Pfizer 5 months after their initial Pfizer-BioNTech vaccination series.
- ▶ They also shortened the interval for receiving a booster from 6 months to 5 months for people who received the Pfizer-BioNTech COVID-19 Vaccine.
 - ▶ This means that people can now receive an mRNA booster shot 5 months after completing their Pfizer-BioNTech primary series.
- ▶ Also, moderately or severely immunocompromised children 5–11-year-olds should receive an additional primary dose of Pfizer-BioNTech COVID-19 vaccine 28 days after their second shot.



COVID-19 Booster Doses

The best way to protect yourself from COVID-19, including Omicron is to get vaccinated and boosted.

Who? Everyone ages 12 and older should get a booster.

When? At least 5 months after your second Pfizer shot, 6 months after your second Moderna shot, or 2 months after Johnson & Johnson.

As of 1/5/2022

The infographic features a dark blue header with the title 'COVID-19 Booster Doses' in white. Below the title is a main message in dark blue text: 'The best way to protect yourself from COVID-19, including Omicron is to get vaccinated and boosted.' Two orange boxes with white text provide details on 'Who?' and 'When?'. On the right side, there is an illustration of a Black female doctor with curly hair, wearing a white lab coat and a white face mask, holding a blue clipboard. The background is light blue with a white grid pattern.

<https://publichealthcollaborative.org/>

Question re: MCIR

MDHHS memorandum to schools on use of MCIR SIRS
(https://www.michigan.gov/documents/mde/K-12_Schools_Use_of_MCIR_SIRS_733924_7.pdf)

Which states Schools may use the MCIR SIRS system

- ▶ To look up the immunization status for their students
- ▶ Can be used for Employee vaccination status checks only when the following has occurred:
 - ▶ The school has filed a Site Administrator amended agreement with the MDHHS stating that the school will be using MCIR SIRS for Employee vaccination status checks, AND
 - ▶ The school has obtained written consent from the employee that they have permission to verify the employee's vaccinations status using MCIR, AND
 - ▶ The school has a retention method and policy in place for the indefinite retention of the employee consent. The school must retain a copy of written consent materials and make those materials available to MDHHS upon request.

SCHOOL GUIDANCE FOR THE USE OF MCIR SIRS



Who can I look up in MCIR SIRS?

K-12 SCHOOLS

For all students attending at or in a school building.

Schools should continue to use MCIR SIRS for the rostering/reporting of school-required immunization status for all kindergarten, 7th grade, and any newly enrolled student to the school district.

MCIR SIRS may also be used to:

All staff or employee written consent obtained to validate COVID-19 vaccination status in MCIR SIRS must be retained indefinitely and be accessible to MDHHS when requested.

- Look up the COVID-19 vaccine status of students.
- Look up school staff or school employee COVID-19 vaccine status ONLY when the individual has provided their written consent for the school to validate their vaccination status in MCIR SIRS.

As with any identifiable data about students in a school's possession, schools should ensure that information they obtain from MCIR is used and maintained consistent with the Family Educational Rights and Privacy Act (FERPA) and any other applicable law. Schools with questions regarding these obligations should consult their legal counsel.



If your site is using MCIR to look up employee status a new MCIR agreement needs to be completed. MCIR stores user look up history for audit purposes. This information may be requested.



Issues with getting testing materials...

- ▶ Email MDHHS-COVIDTestingSupport@michigan.gov if you are having any issues
- ▶ If you are not getting any reply, forward your email chain (or your school, when you have made your order, when you emailed the above) and I will forward it to the state



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

19 Counties of MMDHD/DHD#10/CMDHD COVID Cases
5-18 yrs. of age, weekly, 2020 compared to 2021

SORRY...COULDN'T GET DONE...



MI COVID Response Data and Modeling Update-January 4th

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

Year in Review – Pandemic in Numbers

Data 1/1/2021 through 12/20/2021

- *Nearly 1 in every 10 Michiganders were reported with COVID-19 in 2021*
 - *More than 1 (1.3) in every 10 people aged 30-39 reported COVID-19 infection in 2021*
 - *4.6 times more children 0-9 were reported infected with COVID-19 in 2021 compared to 2020, the highest relative increase of any age group*
 - *Enough cases in 2021 to fill the Big House 8 times*
- *Nearly 1 in every 100 Michiganders has been admitted to the hospital for COVID-19 in 2021*
 - *One hospital admission every 7 minutes for COVID-19*
- *More than 1 in every 1,000 Michiganders died from COVID-19 in 2021*
 - *4.7 times more children 0-19 died from COVID-19 in 2021 compared to 2020, the highest relative increase of any age group*
 - *More than 1 in every 100 Michiganders over 80 years old died from COVID-19 in 2021*

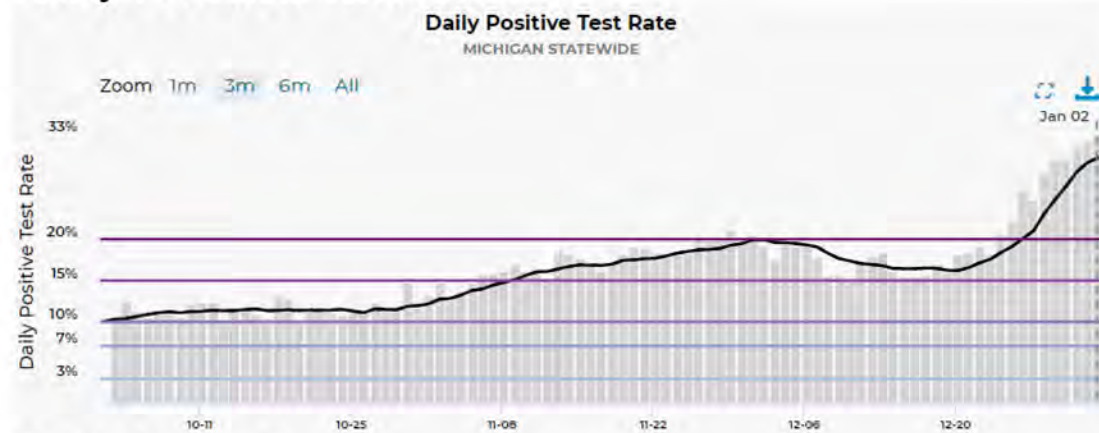
Michigan Summary

- ▶ Michigan continues to be at High Transmission level
 - ▶ All counties in Michigan are at High Transmission level
 - ▶ CDC recommends all individuals, regardless of vaccination status, should mask in public indoor settings
- ▶ Statewide positivity is 30.0% (last week: 21.1%)
 - ▶ Trend is increasing for 2 weeks
- ▶ Case rate is 785.2 cases/million (last week: 468.5 cases/million):
 - ▶ Trend is increasing exponentially for 1 week
 - ▶ Cases per million are increasing for all age groups and highest in those 20-39
- ▶ Cases and outbreaks saw decreases in school but increases the long-term care setting
 - ▶ Within the K 12 setting, the most cases and outbreaks continue to be in prekindergarten and elementary schools
 - ▶ Case counts in LTCF have more staff case count than residents case count, week over week

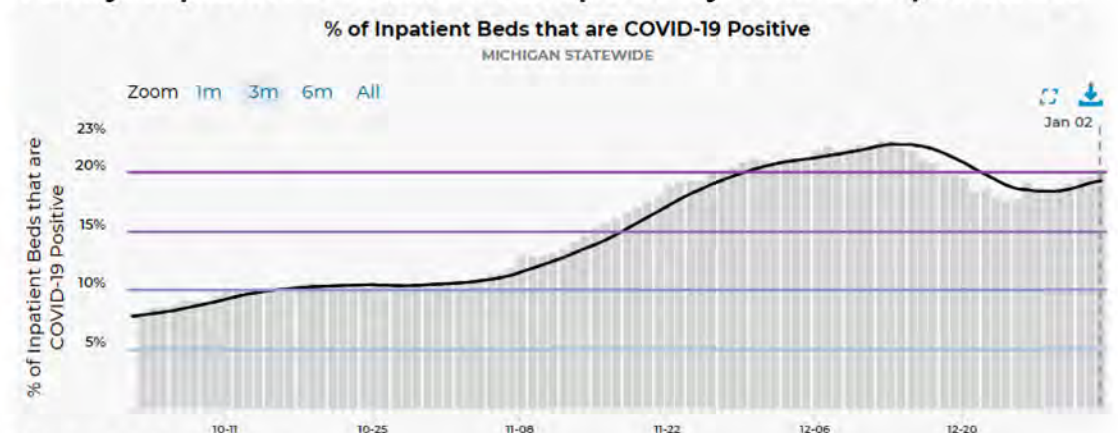
Time Trends – Positivity, Case Rates, Hospitalizations, Deaths

- Most COVID-19 indicators are at 2021 highs, and burden remains high in MI

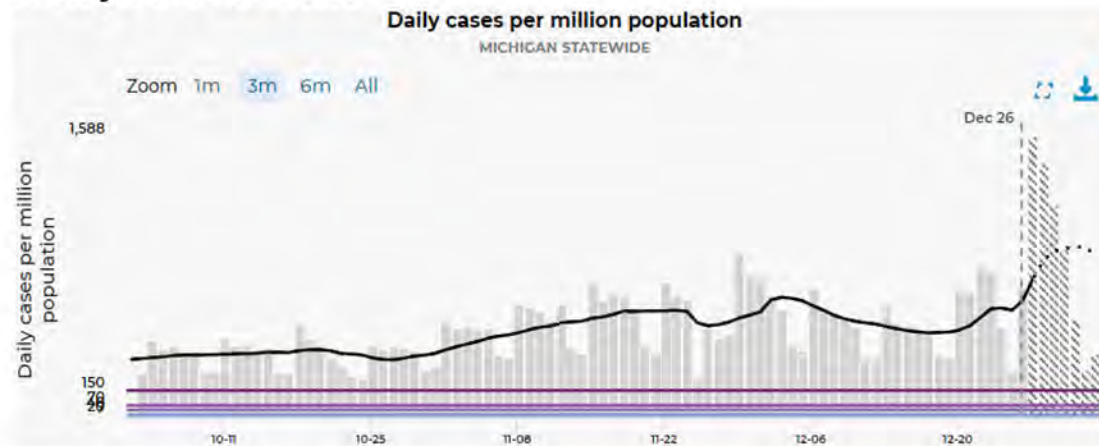
Daily Positive Test Rate



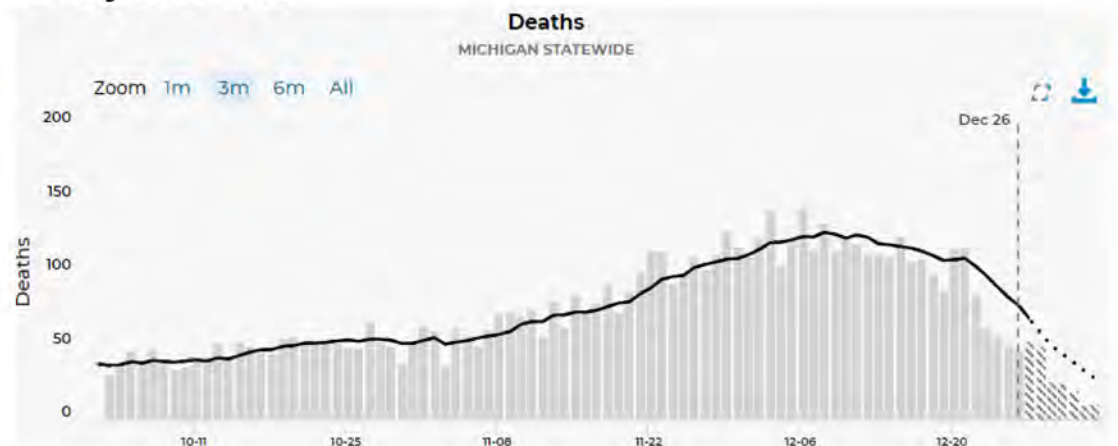
Daily Inpatient Beds Occupied by COVID patients



Daily Case Rate



Daily Deaths





Daily Trends in Number of COVID-19 Cases in The United States Reported to CDC

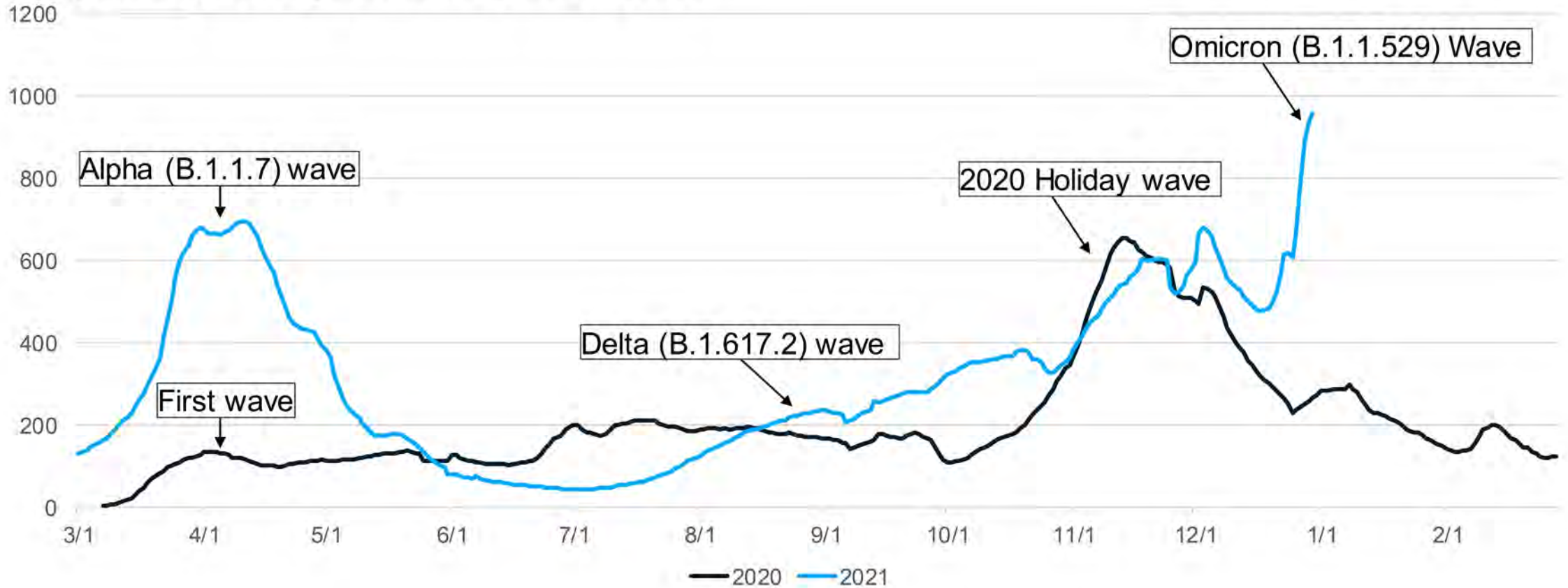


https://covid.cdc.gov/covid-data-tracker/#trends_dailycases

Time Trends – Annual Comparison

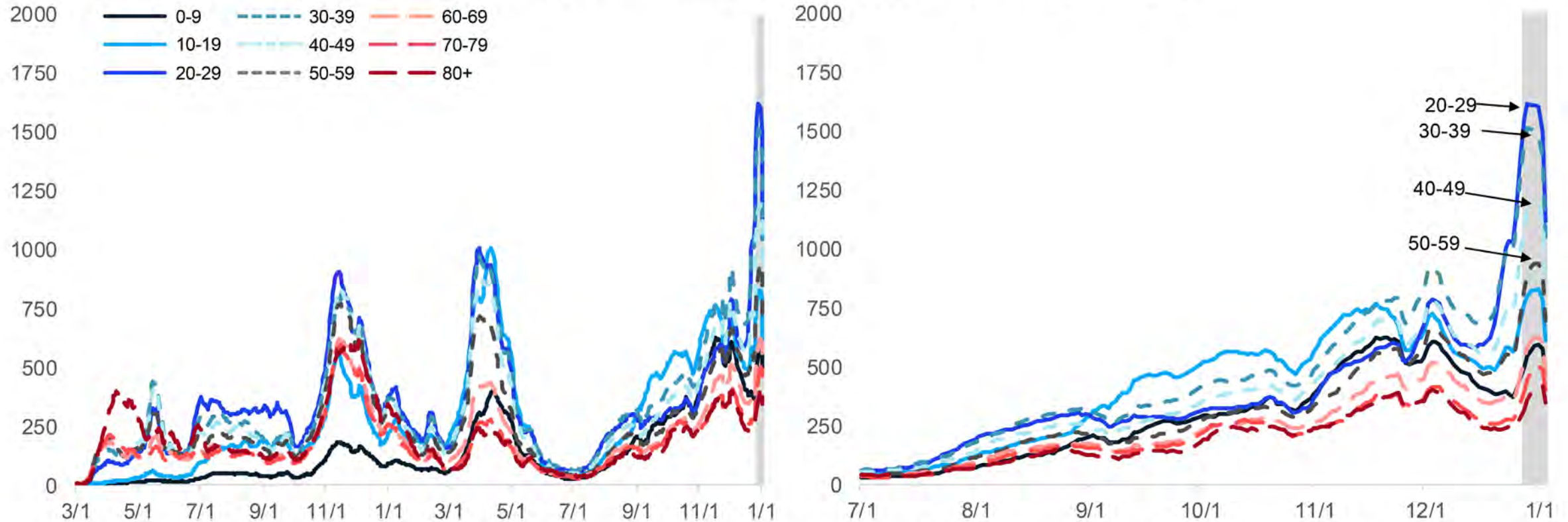
- Case rates (by onset date) are the highest of the pandemic
- Current increases after holidays due to spread of the Delta and Omicron variants

7- day rolling average of Rates 2020 vs 2021



Case Rate Trends by Age Group

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



- Case rate trends for most age groups saw increases over the past week and are expected to increase further
- Case rates by onset date for all age groups are between 282 and 1,371 cases per million (through 12/27)
- Case counts and case rates are highest for 20-29-year-olds this week

Identified COVID-19 Cases Caused by Variants of Concern (VOC) in US and Michigan

SARS-CoV-2 Variants Circulating in the United States, Dec 26 – Jan 1 (NOWCAST)

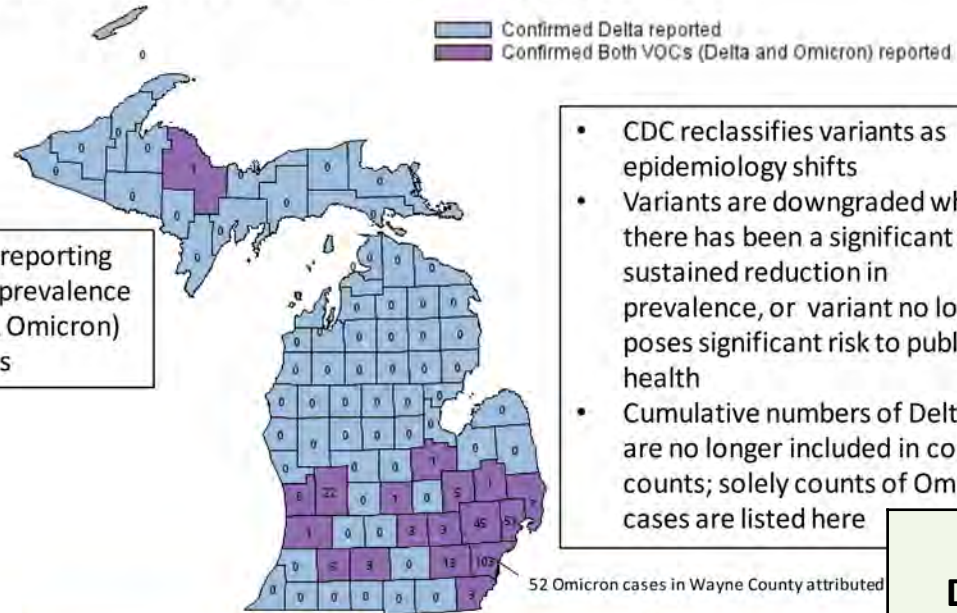


Data last updated Jan 3, 2022

Source: MDSS

* Sequence specimens are from the most recent week by onset date which may change as more specimens are sent in

Variants of Concern in Michigan, Jan 3



Currently, CDC is reporting rapid increase in prevalence of B.1.1.529 (i.e., Omicron) over past 3 weeks

- CDC reclassifies variants as epidemiology shifts
- Variants are downgraded when there has been a significant and sustained reduction in prevalence, or variant no longer poses significant risk to public health
- Cumulative numbers of Delta are no longer included in county counts; solely counts of Omicron cases are listed here

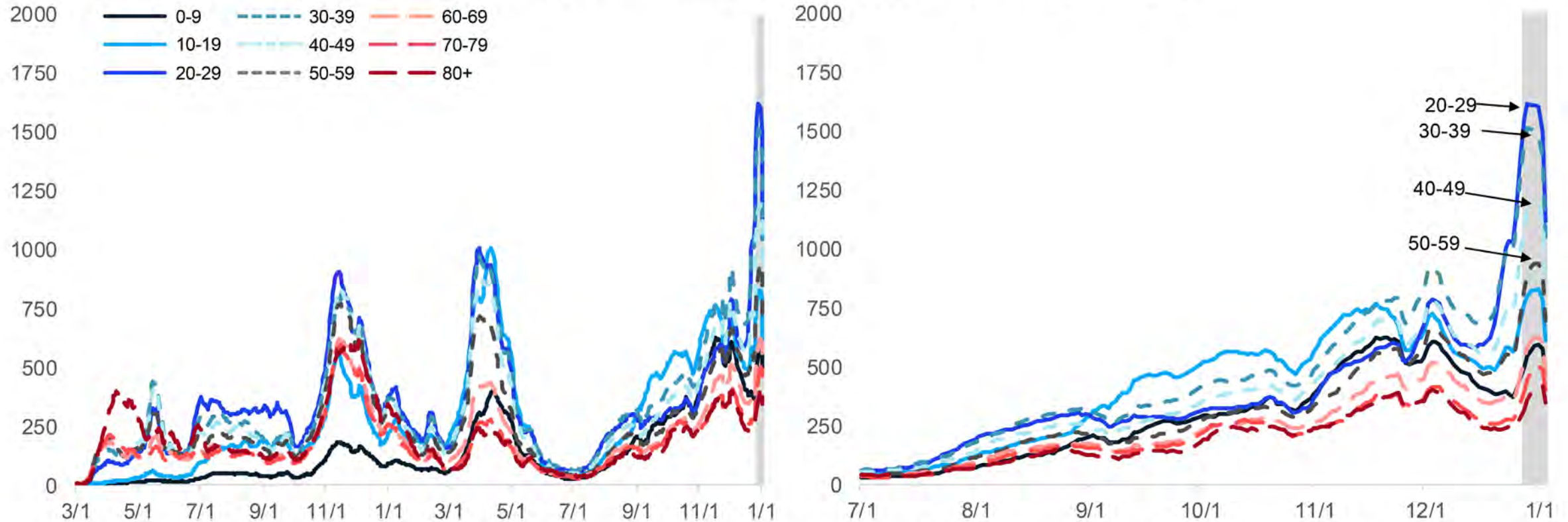
Variant	MI Reported Cases	# of Counties	MDHHS VOC Sequence
B.1.617.2 (delta)	29,704	83	68.1%
B.1.1.529 (omicron)	289	18	31.9%

Date Range	Percent of samples omicron	Total samples tested
12/14-21	37%	974
12/17-21	74%	446

*There is at least a 2 week turn around time in genotyping results....

Case Rate Trends by Age Group

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Cumulative COVID-19 Cases by Vaccination Status, Michigan, Jan 15 – Dec 3

Fully Vaccinated People (5,154,846)		
Cases	Hospitalization	Deaths
Percent of Cases In People Not Fully Vaccinated (711,227 / 835,960) 85.1%	Percent of Hospitalizations In People Not Fully Vaccinated (17,706 / 20,101) 88.1%	Percent of Deaths In People Not Fully Vaccinated (8,733 / 10,216) 85.5%
711,227 Total Cases Not Fully Vaccinated	17,706 Total Hospitalized Not Fully Vaccinated	8,733 Total Deaths Not Fully Vaccinated
Total Breakthrough Cases 124,733	Total Breakthrough Hospitalizations 2,395	Total Breakthrough Deaths 1,483
2.420% Percent of Fully Vaccinated People who Developed COVID-19 (124,733 / 5,154,846)	0.046% Percent of Fully Vaccinated People Who Were Hospitalized for COVID-19 (2,395 / 5,154,846)	0.029% Percent of Fully Vaccinated People Who Died of COVID-19 (1,483 / 5,154,846)
14.9% Percent of Cases Who Were Fully Vaccinated (124,733 / 835,960)	11.9% Percent of Hospitalizations Who Were Fully Vaccinated (2,395 / 20,101)	14.5% Percent of Deaths Who Were Fully Vaccinated (1,483 / 10,216)
Total Cases: 835,960	Total Hospitalizations: 20,101	Total Deaths: 10,216

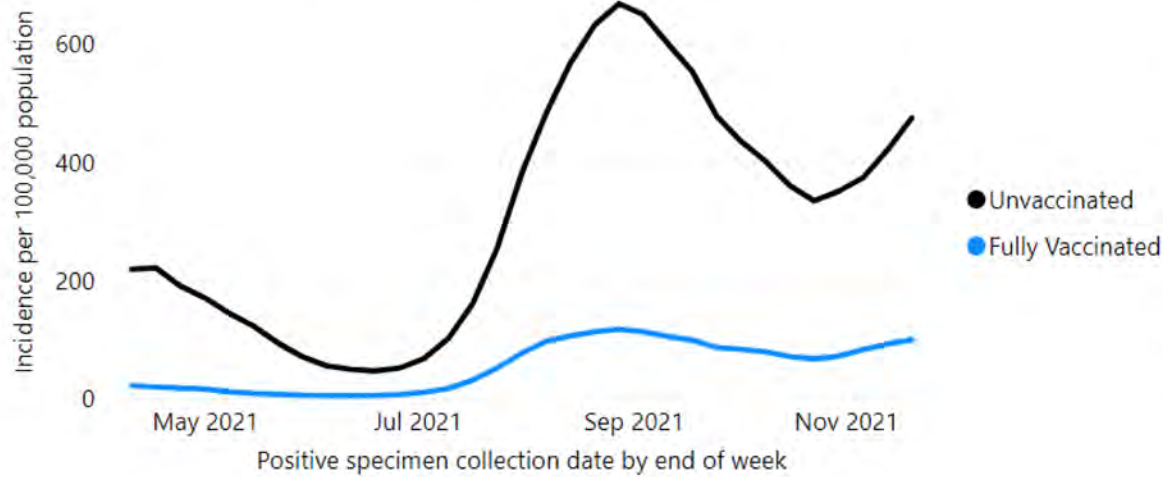
Michigan Disease Surveillance System may underestimate the frequency of COVID-19 hospitalizations:

- Case investigation and follow-up is more difficult for individuals who get hospitalized (e.g., they are too ill to speak to investigators, don't answer their phone, or otherwise).
- These hospitalizations include individuals who are hospitalized for issues other than COVID-19 (the same as breakthrough COVID-19).
- Individuals who get hospitalization will lag after infection and may occur after case investigation.

National Age-Standardized Rates of COVID-19 Cases and Deaths by Vaccination Status

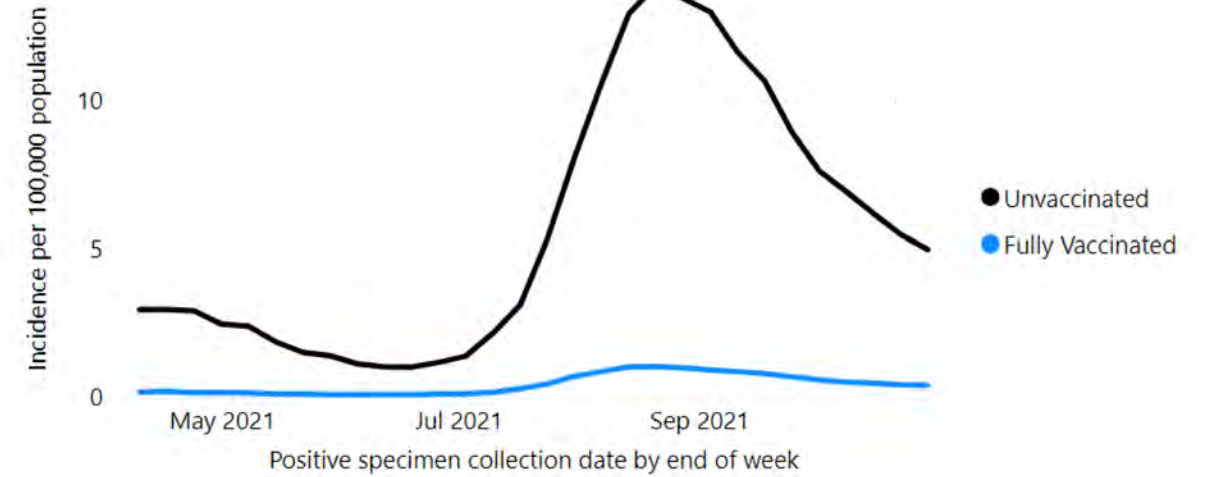
Rates of COVID-19 Cases by Vaccination Status

April 04 - November 20, 2021 (27 U.S. jurisdictions)



Rates of COVID-19 Deaths by Vaccination Status

April 04 - October 30, 2021 (27 U.S. jurisdictions)



In October, unvaccinated persons had:

5X

Risk of Testing Positive for COVID-19

AND

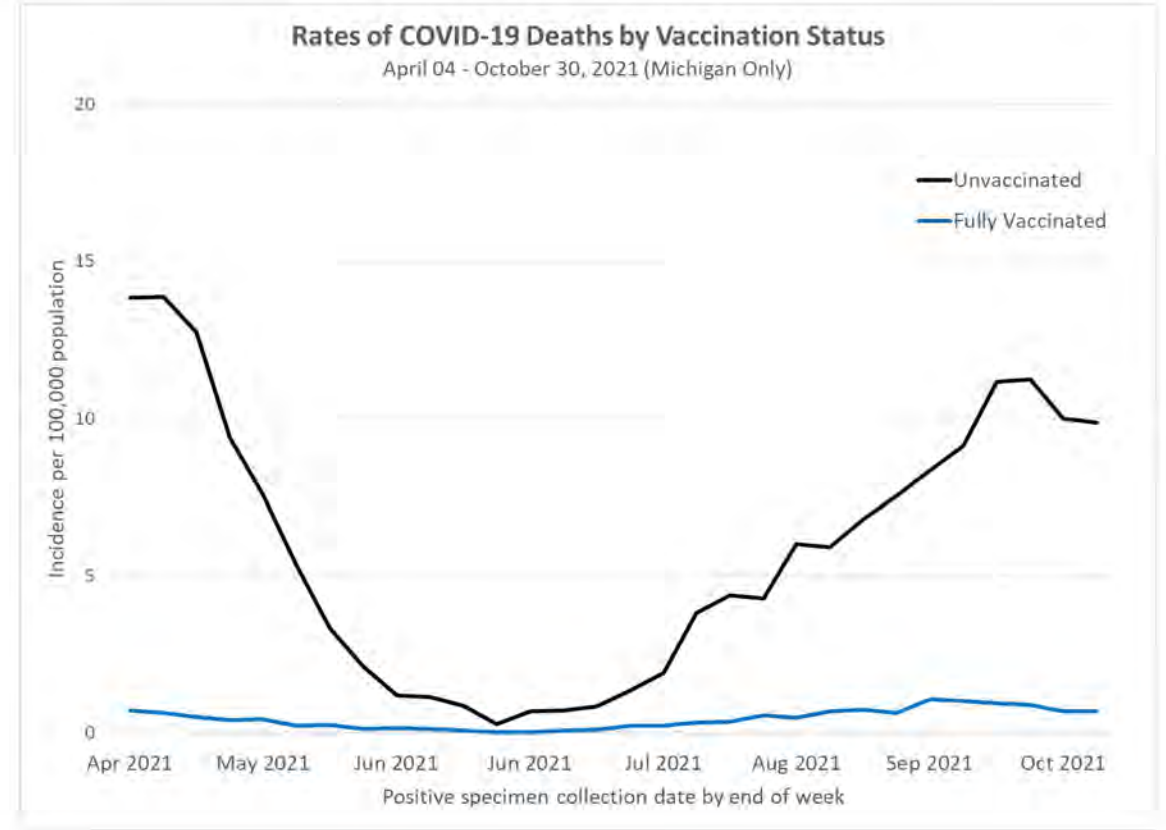
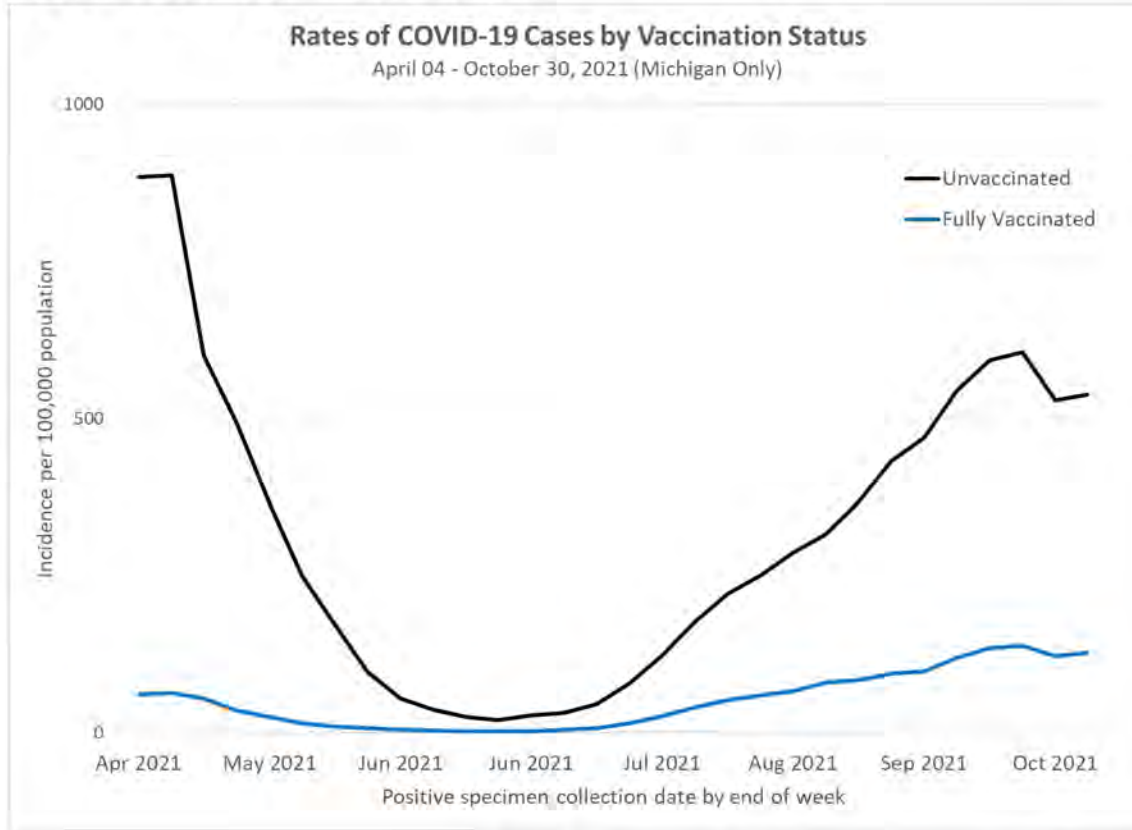
14X

Risk of Dying from COVID-19

compared to fully vaccinated persons

Footnotes: Incidence rates were age-standardized using the 2000 U.S. Census standard population; and rates are not adjusted for time since vaccination, underlying conditions, or other demographic factors besides age. | Incidence rate ratios for the past one month were calculated by dividing the average weekly incidence rates among unvaccinated people by that among fully vaccinated people.

Michigan Age-Standardized Rates of COVID-19 Cases and Deaths by Vaccination Status



In October, unvaccinated persons had:

4.3 X

Risk of Testing Positive for COVID-19

AND

13.2 X

Risk of Dying from COVID-19

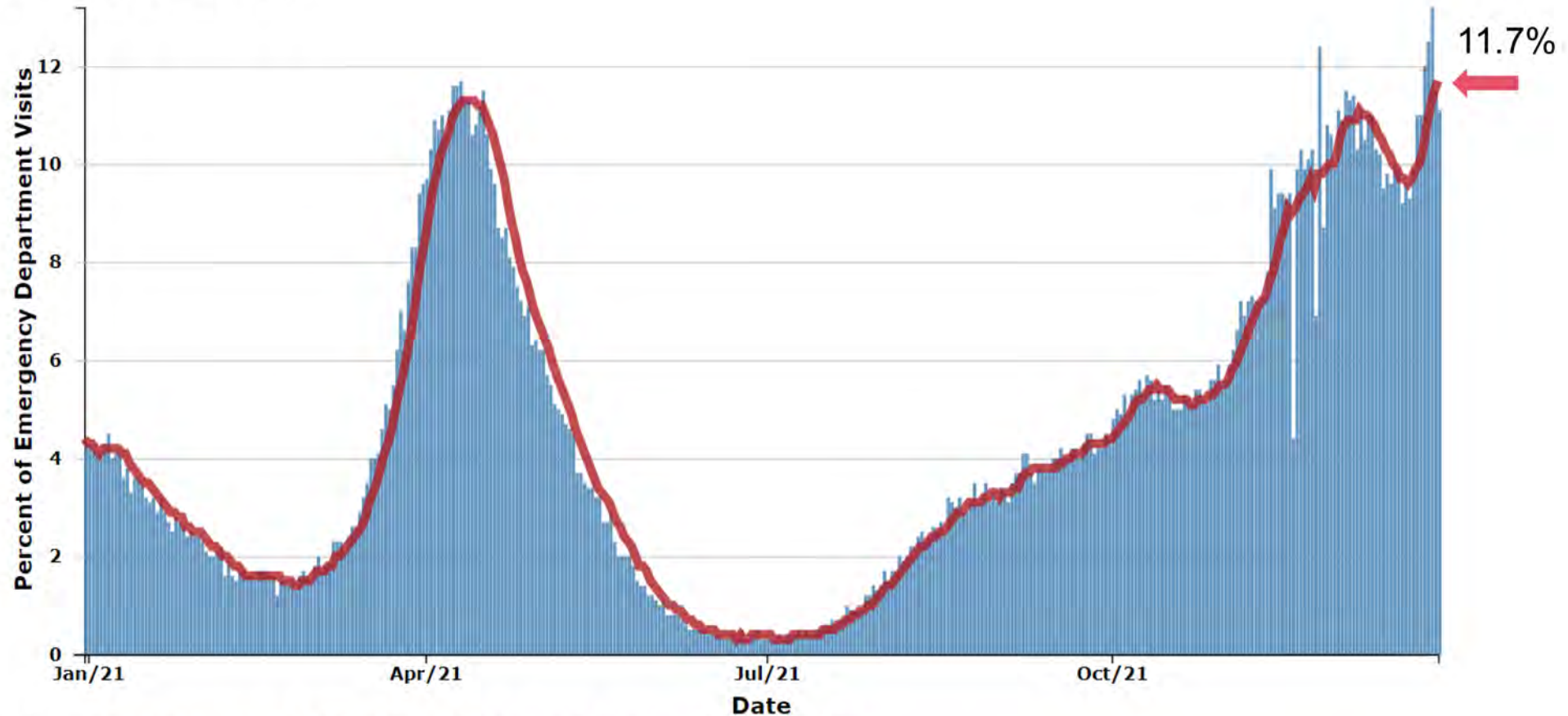
compared to fully vaccinated persons

Footnotes: Incidence rates were age-standardized using the 2000 U.S. Census standard population; and rates are not adjusted for time since vaccination, underlying conditions, or other demographic factors besides age. Incidence rate ratios for the past one month were calculated by dividing the average weekly incidence rates among unvaccinated people by that among fully vaccinated people.

Healthcare Overview

- ▶ Emergency Department visits, Hospital Admissions, and Hospital Census trends for COVID are increasing
 - ▶ 11.7% of ED visits are for COVID diagnosis (last week: 10.4%)
 - ▶ Hospital admissions for nearly all age groups are increasing over the past week
 - ▶ Pediatric hospitalizations have risen significantly; nearly doubling since last week and reaching a new pandemic high
 - ▶ Hospital census has increased 11% since last week (vs. 6% decrease week prior)
 - ▶ Overall, volume of COVID 19 patients in intensive care has decreased 8% (vs. 12% decrease week prior)
- ▶ Death rate is 6.8 daily deaths/million residents over last 7 days (Last week: 8.4 deaths/million)
 - ▶ In the past 30 days, the proportion of deaths among those over 60 is steady

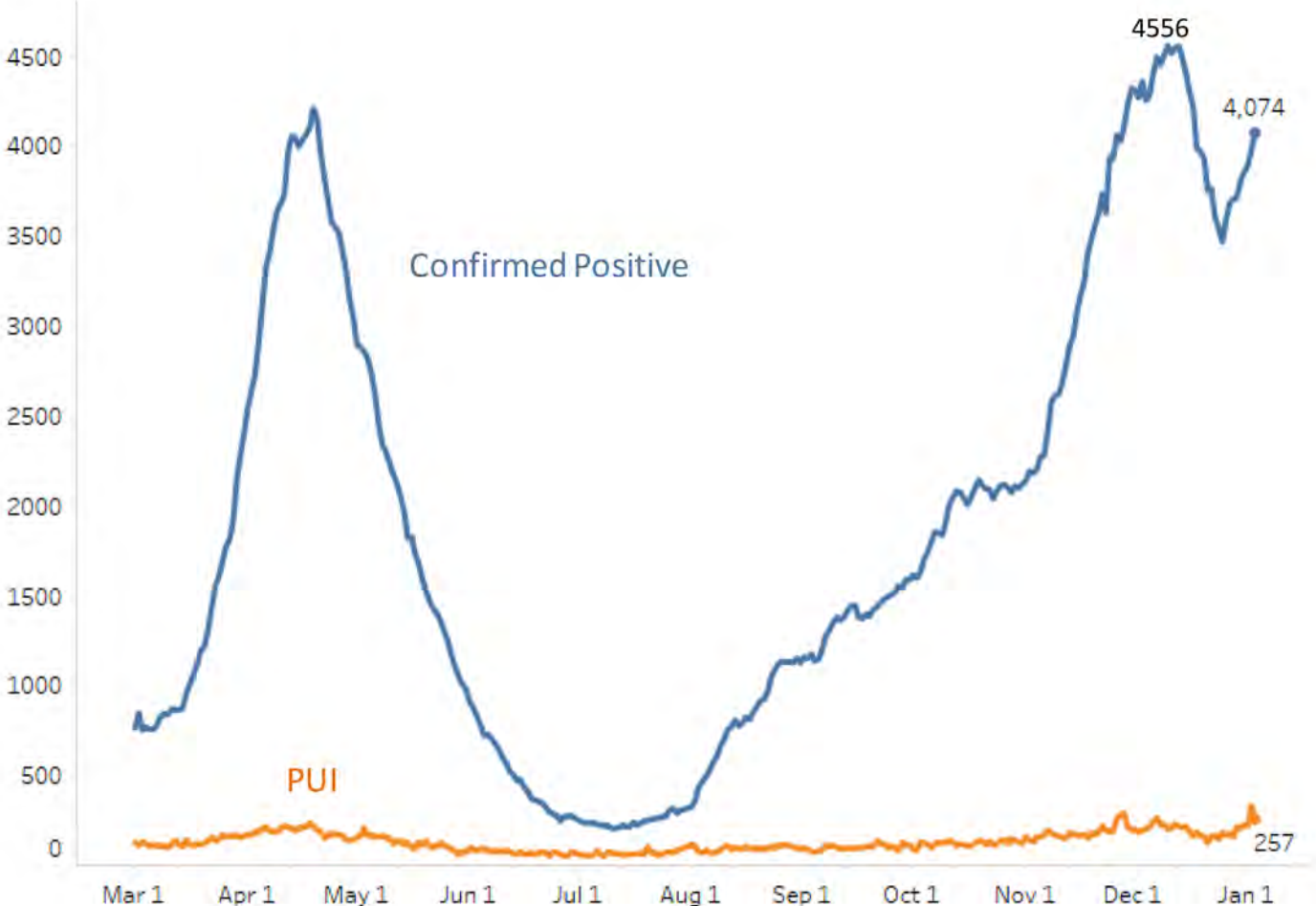
Michigan Trends in Emergency Department (ED) Visits for Diagnosed COVID-19



- Trends for ED visits have increased to 11.7% since last week (last week: 10.4%)
- Over past week, those 25-39 years saw highest number of avg. daily ED CLI visits (14.5%), but those between 18-64 all above state average

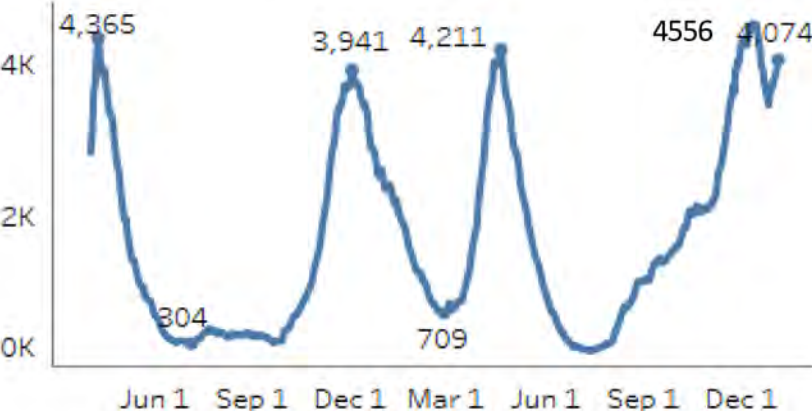
Statewide Hospitalization Trends: Total COVID+ Census

Hospitalization Trends 3/1/2021 – 1/3/2022
Confirmed Positive & Persons Under Investigation (PUI)



The COVID+ census in hospitals has increased by 11% over the past week and is now again over 4,000 patients.

Hospitalized COVID Positive Long Term Trend (beginning March 2020)



Statewide Hospitalization Trends: ICU COVID+ Census

Hospitalization Trends 3/1/2021 – 1/3/2022
Confirmed Positive in ICUs



Overall, the census of COVID+ patients in ICUs has decreased 8% from last week. Census in ICUs has decreased in all regions except for Regions 1 and 8.

Regions 1 and 3 have ICU occupancy greater than 85%. Regions 1, 2S, 3, and 6 have more than 30% of ICU beds occupied by COVID patients.

Region	Adult COVID+ in ICU (% Δ from last week)	Adult ICU Occupancy	% of Adult ICU beds COVID+
Region 1	68 (10%)	92%	34%
Region 2N	150 (-5%)	77%	27%
Region 2S	223 (-4%)	84%	32%
Region 3	117 (-18%)	91%	36%
Region 5	41 (0%)	80%	27%
Region 6	128 (-7%)	86%	45%
Region 7	33 (-43%)	81%	24%
Region 8	16 (7%)	71%	25%