



Back to School 2021-2022 With COVID-19 February 10, 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!



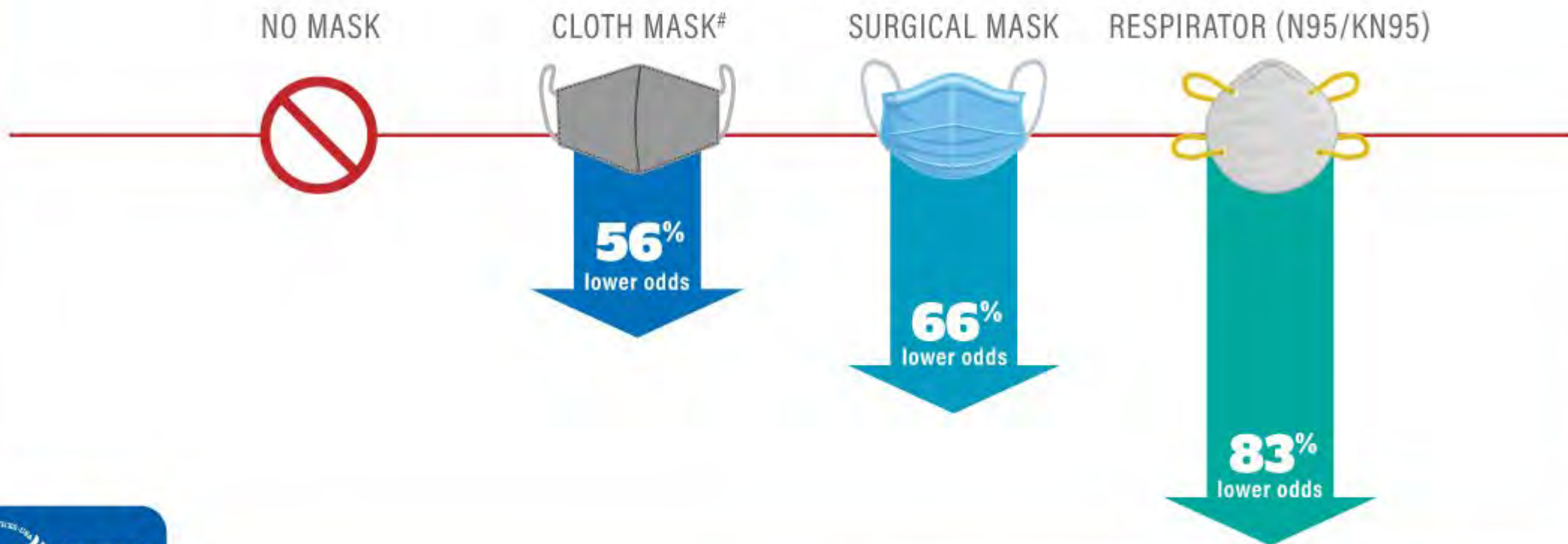
THERE WILL BE **NO MEETING** FEBRUARY 17TH
(In one week)

And I will not be available by phone/text/email
Monday February 14 - Saturday February 19

People who reported always wearing a mask in indoor public settings were less likely to test positive for COVID-19 than people who didn't*

WEARING A MASK LOWERED THE ODDS OF TESTING POSITIVE

Among 534 participants reporting mask type[†]



bit.ly/MMWR7106

* Matched case-control study, 1,828 people, Feb 10-Dec 1, 2021

[†] Compared people with similar characteristics (e.g., vaccination)

[#] Not statistically significant

MMWR

When to end mask mandates in school?

- ▶ Decisions regarding mask mitigation strategies cannot be solely based on whether or not masks are effective at reducing transmission because they are effective
- ▶ Other factors—such as community case incidence, the risk of severe disease following infection and the competing risk of maintaining strict requirements—must be considered in the decision-making process; these are very local decisions
- ▶ Mask use will have more benefit when case incidence is high and be less effective when case incidence (and by extension, exposure risk) is low.

Considerations for indoor masking during the 2021-22 school year	
Factors that support masking:	Times during the school day when masking might be prioritized:
<ul style="list-style-type: none"> ○ When community incidence is high ○ When substantial numbers of COVID-19 cases are being documented in the school ○ When cases are growing among children in the community ○ Low community or school-based vaccination coverage and/or access ○ In settings that serve elementary school-aged children who are not yet eligible for vaccination ○ When there are household members who remain vulnerable to severe disease from COVID-19 due to chronic illness or contraindication to vaccination ○ For any unvaccinated child or adult with chronic illness that may make them more susceptible to severe disease 	<ul style="list-style-type: none"> ○ During transportation to and from school on buses or public transportation (Note: this is currently a federal requirement) ○ During transitions between classes in hallways ○ When a large group is unable to distance (e.g., in the cafeteria waiting to purchase lunch) ○ For children returning to school with respiratory illnesses following a negative COVID-19 test, at least for the duration of symptoms ○ For temporary use in classrooms that have been exposed to a contagious child or staff member ○ For temporary use in a school with cases identified across multiple classrooms, in order to limit transmission over a two-week period

Secondary Transmission of COVID-19 in K–12 Schools: Findings From 2 States

- ▶ One hundred North Carolina schools, 14 North Carolina charter schools, and 13 Wisconsin school districts participated in the study.
- ▶ During the study period, 1,102,039 students and staff attended in-person instruction
- ▶ Students and staff had 7865 primary infections, 386 secondary infections, and 48313 quarantines.
 - ▶ For every 20 community-acquired infections, there was 1 within-school transmission event.
 - ▶ Secondary transmissions associated with school sports composed 46% of secondary transmission events in middle and high school students.
 - ▶ 42% of total secondary infections in middle and high school staff were sports-associated
 - ▶ Whether sports-associated secondary transmission occurred during practice, games, or team social events with lower adherence to masking is unclear.

Secondary Transmission of COVID-19 in K–12 Schools: Findings From 2 States

- ▶ Distancing either on buses or within classrooms was not associated with increased secondary transmission.
 - ▶ Aquasi-Poisson regression analysis revealed no detectable increase in the relative rate of secondary transmission with decreased distancing of 3 or <3 ft when compared with 6-ft distancing
 - ▶ There was no notable increase in the relative rate of secondary transmission with an increasing number of students per bus seat when compared with 1 student per bus seat.
- ▶ **All districts in this study implemented layered mitigation strategies, including a mask mandate for K–12 schools for the duration of the study period.**
 - ▶ As a result, the researchers cannot estimate the impact that masking alone or any other individual mitigation factor had on secondary transmission rates.



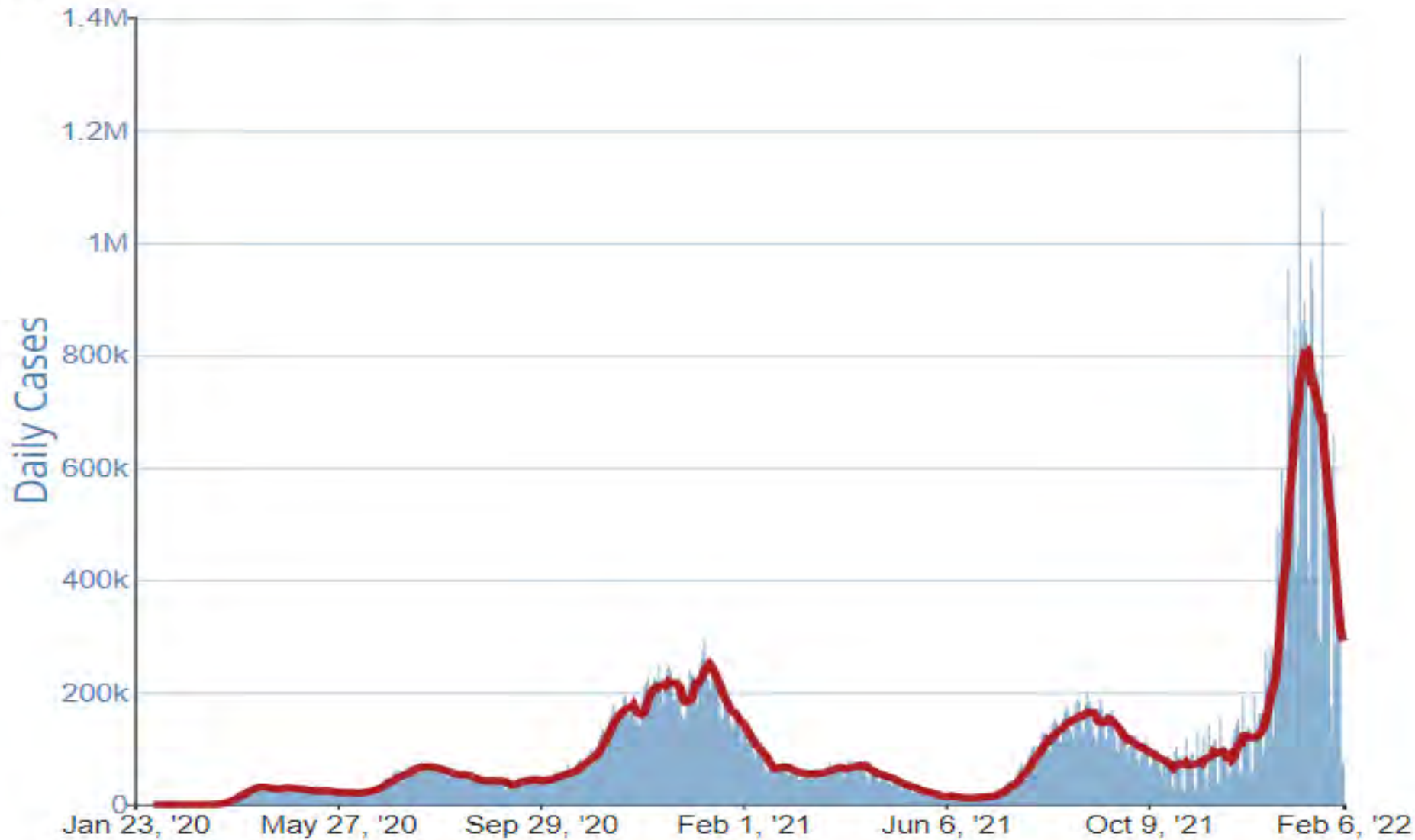
See the most up to date data at
<https://www.mistartmap.info/>



MI COVID Response Data and Modeling Update-February 8th

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

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

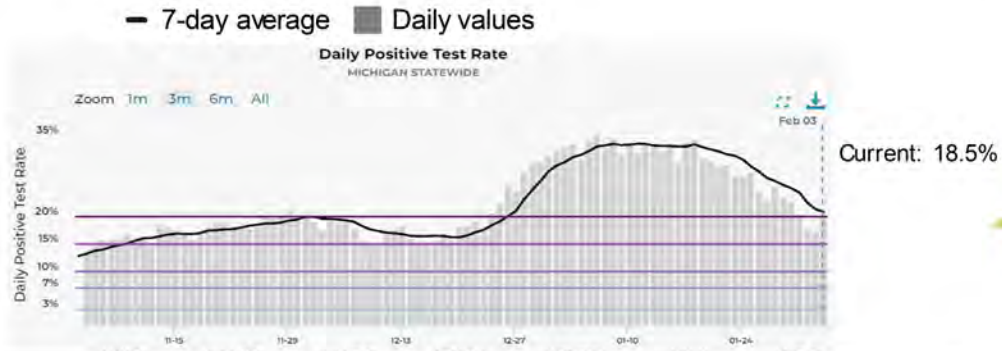


https://covid.cdc.gov/covid-data-tracker/#trends_dailycases

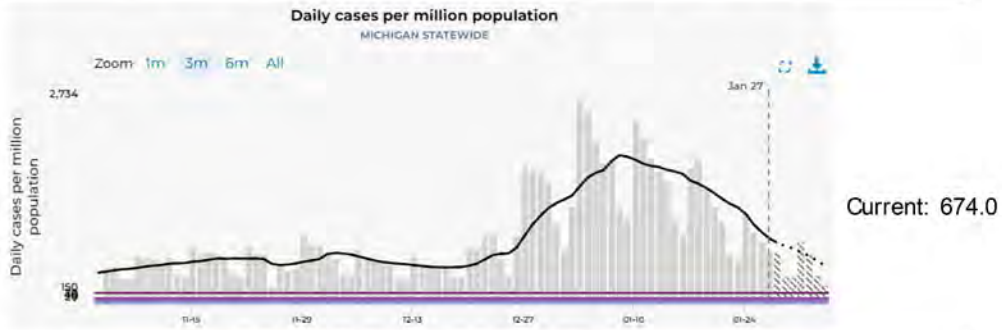
Recent statewide trends

Statewide trends

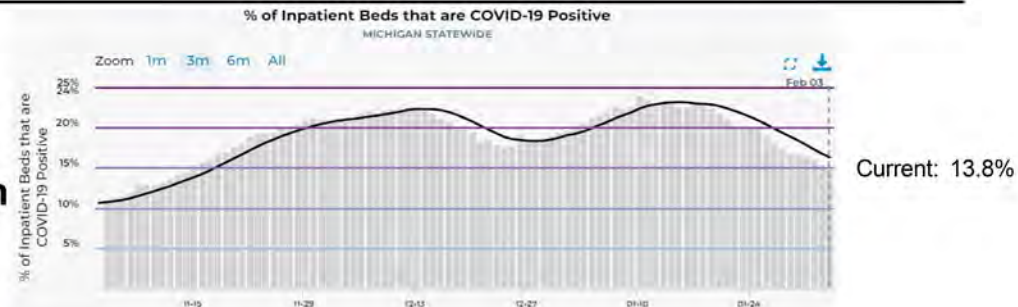
Positivity, %



Daily cases per million

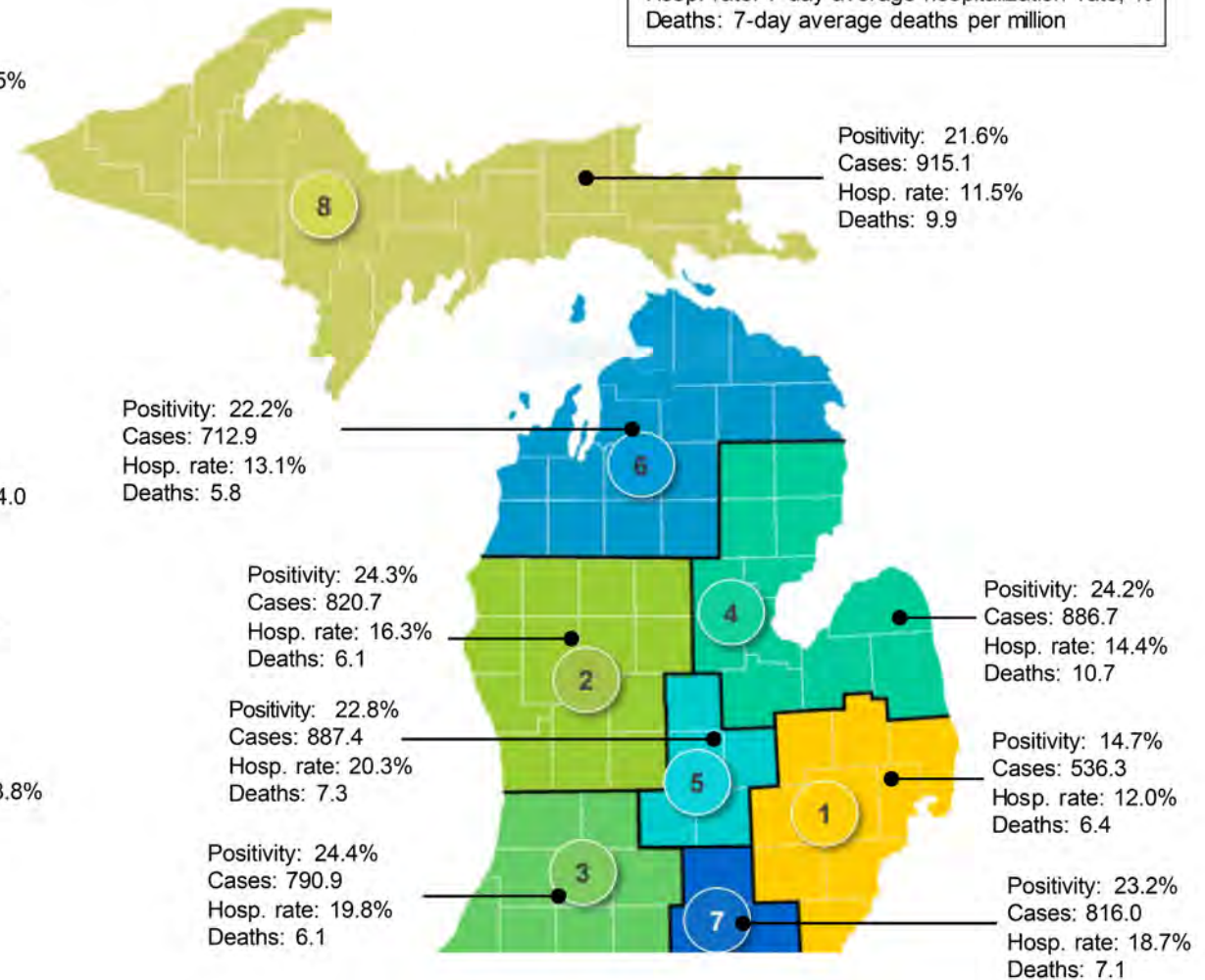


Daily hospitalization rate, %



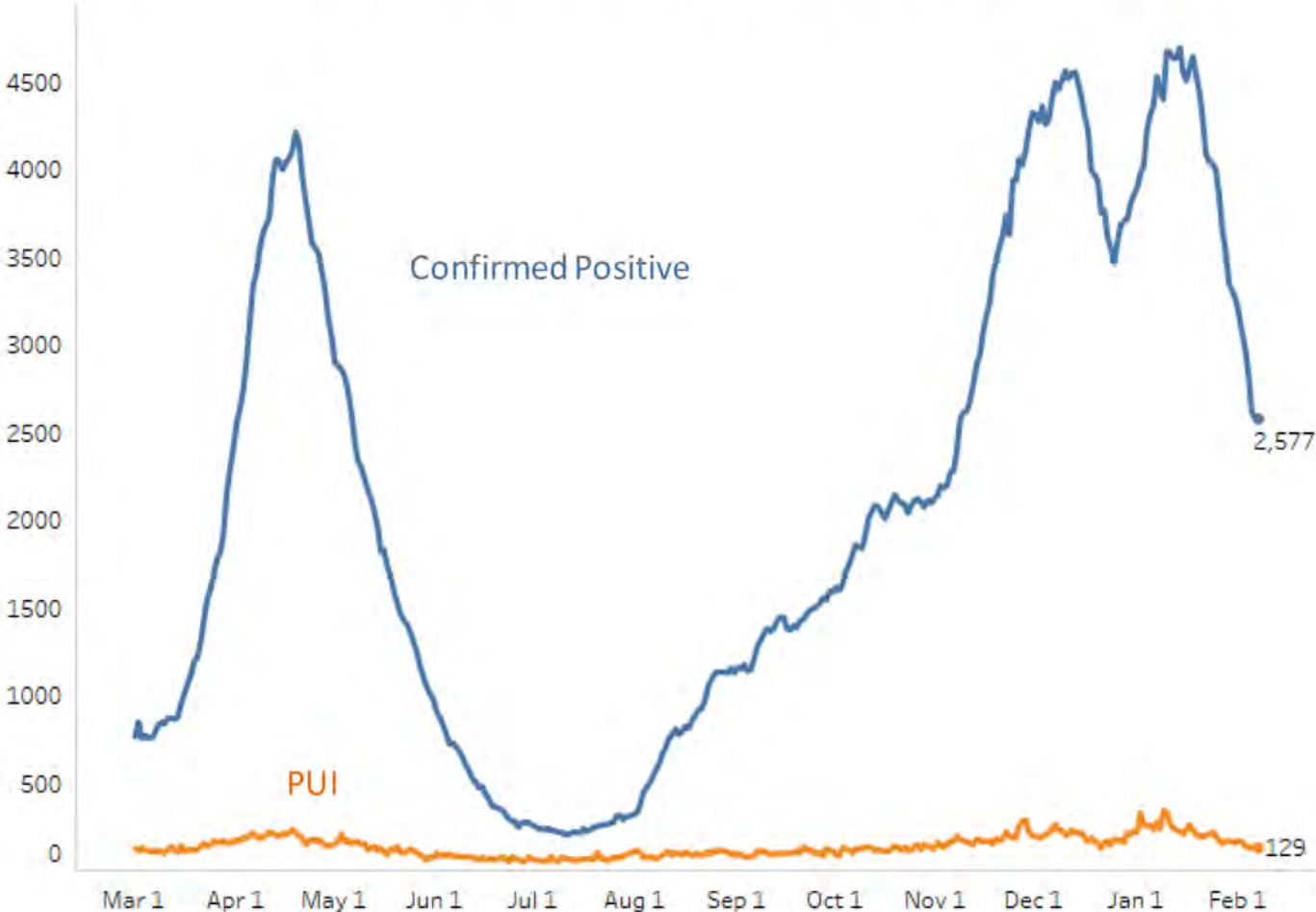
MERC Regional breakdown: Positivity, cases, hospitalization rate, and deaths

Positivity: 7-day average positivity, %
Cases: 7-day average cases per million
Hosp. rate: 7-day average hospitalization rate, %
Deaths: 7-day average deaths per million



Statewide Hospitalization Trends: Total COVID+ Census

Hospitalization Trends 3/1/2021 – 2/7/2022
Confirmed Positive & Persons Under Investigation (PUI)



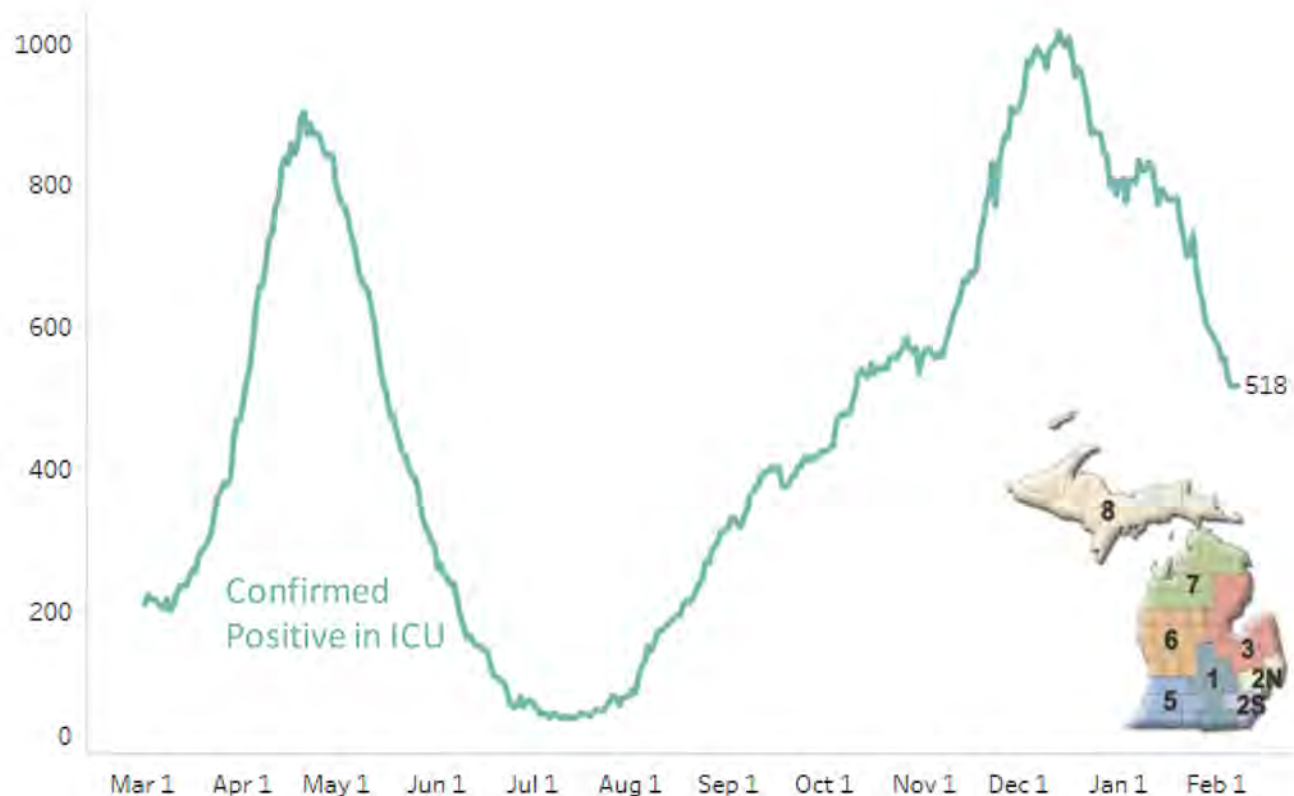
COVID+ census in hospitals continues to decrease and is down 21% from last week (previous week was down 20%)

Hospitalized COVID Positive Long Term Trend (beginning March 2020)



Statewide Hospitalization Trends: ICU COVID+ Census

Hospitalization Trends 3/1/2021 – 2/7/2022
Confirmed Positive in ICUs



Overall, volume of COVID+ patients in ICUs has decreased by 11% from last week (previous week was down by 6%). While most regions show decreasing or flat trend, ICU census in Regions 1 has increased from last week.

Regions 2S and 3 have ICU occupancy greater than 85%.

Region	Adult COVID+ in ICU (% Δ from last week)	ICU Occupancy	% of ICU beds COVID+
Region 1	45 (10%)	83%	23%
Region 2N	100 (-16%)	72%	18%
Region 2S	138 (-7%)	86%	20%
Region 3	79 (-14%)	92%	25%
Region 5	40 (3%)	76%	22%
Region 6	71 (-21%)	81%	26%
Region 7	26 (-4%)	80%	20%
Region 8	19 (-21%)	73%	30%

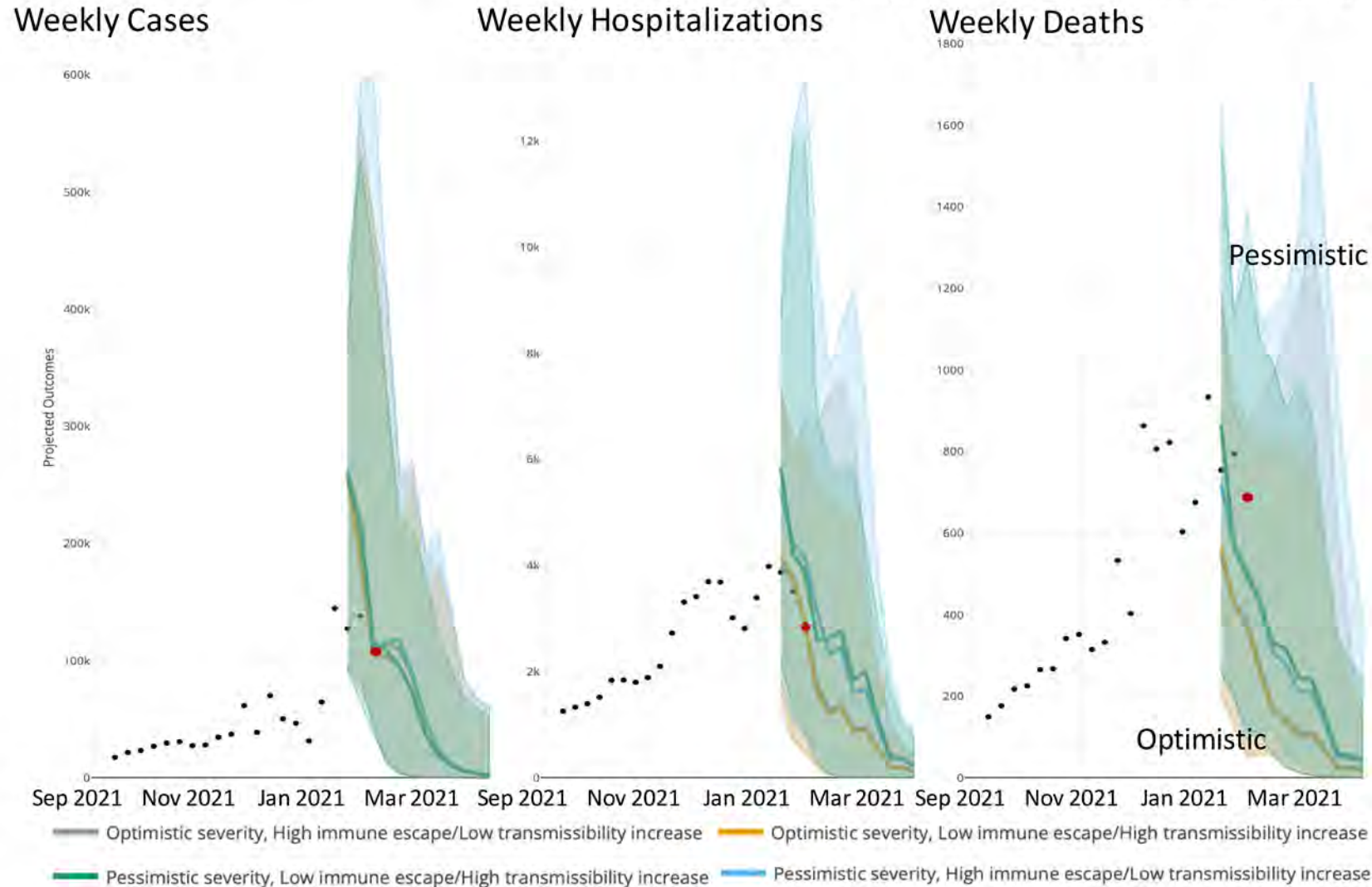
Statewide Hospitalization Trends: Pediatric COVID+ Census



Where are we headed: models project potential for decreases in cases, hospitalizations, and deaths for Michigan

- Updated Model Scenarios (Round 12)
- Suggest we are declining or soon to decline for all three metrics, though in some scenarios there is potential for a second peak in hospitalizations and deaths (in the 95% confidence intervals)
- Cases and hospitalizations appear consistent with all four scenarios
- Deaths appear more consistent with the more pessimistic scenarios so far
- All projections suggest that cases, hospitalizations and deaths will still be high over the coming weeks, even if declining

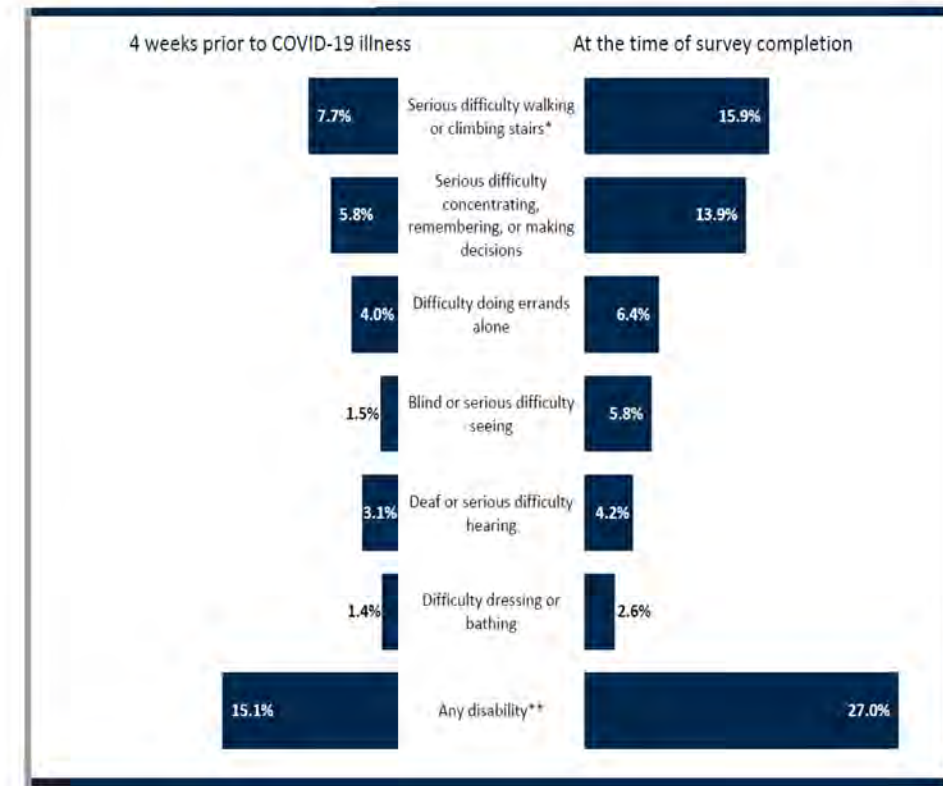
Model Specific Projections, by Scenario - Round 12 - Michigan



Disability status before and after COVID-19 illness in Michigan, 2020



- 27% of cases reported some type of disability after illness, compared to 15% before.
 - Serious difficulty walking or climbing stairs, or serious difficulty concentrating, remembering, or making decisions after illness
- ~30% of Black cases reported post COVID mobility disability post COVID.
- Mobility disability significantly higher after illness among cases classified as obese or having diabetes, hypertension, or asthma.
- Half of respondents with COPD had mobility disability after illness, compared to 27% before.



The median time between COVID-19 onset and survey completion was 153 days (range: 69-464) for respondents answering the mobility questions and 197 days (range: 159-333) for respondents answering all other disability questions.

Cardiovascular risk after COVID 19 infection, national cohort

- Large national cohort in Veteran's Affairs' health care databases.
- Risk and 12-month burden of incident cardiovascular disease are substantial and span several cardiovascular disease categories
- Evident even among those whose acute COVID-19 did not necessitate hospitalization.
- Care pathways of people who survived the acute episode of COVID-19 should include attention to cardiovascular health and disease.

Source: Xie et al, Long-term cardiovascular outcomes of COVID-19. *Nature Medicine*. January 2022.
<https://doi.org/10.1038/s41591-022-01689-3>

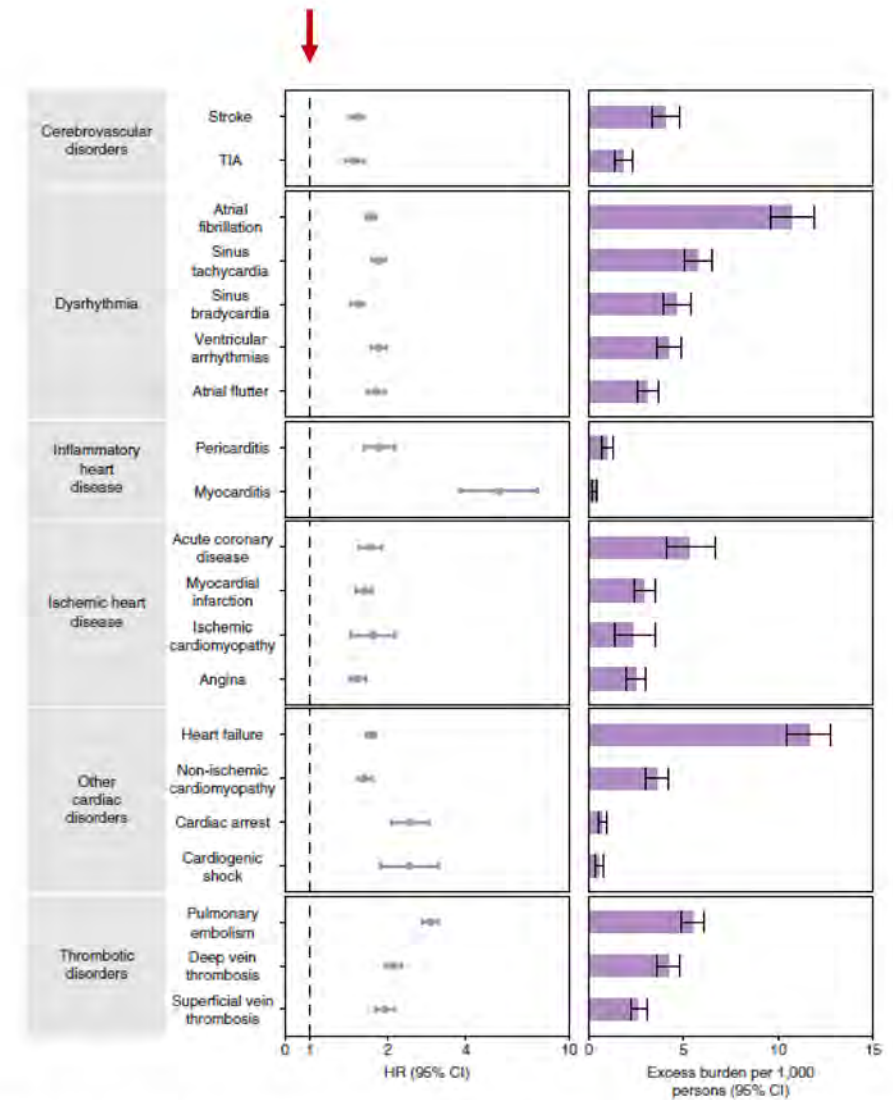


Fig. 2 | Risks and 12-month burdens of incident post-acute COVID-19 cardiovascular outcomes compared with the contemporary control cohort. Outcomes were ascertained 30 d after the COVID-19-positive test until the end of follow-up. COVID-19 cohort (n=153,760) and contemporary control cohort (n=5,637,647). Adjusted HRs and 95% CIs are presented. The length of the bar represents the excess burden per 1,000 persons at 12 months, and associated 95% CIs are also shown.



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