



Back to School 2021-2022 With COVID-19 March 17, 2022

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Medical Director
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!

Vaccine update

- ▶ On March 15, Pfizer and BioNTech [submitted an application to the US FDA](#) for an Emergency Use Authorization (EUA) for a second booster dose of its SARS-CoV-2.
- ▶ The application is specifically limited to fully vaccinated adults aged 65 years and older who have already received a booster dose of any approved or authorized SARS-CoV-2 vaccine, and not for the broader public.
 - ▶ A [small trial conducted in Israel](#) found that a fourth dose restored immunity levels to where they had been with a third dose, although those levels also are expected to wane.
- ▶ Nevertheless, many experts are highlighting the [pitfalls in continually chasing the next dose](#) of the same vaccine, especially in the context of future variants.
- ▶ For this reason, vaccine manufacturers are also looking at new formulations of vaccines to cover future variants and provide longer-lasting protection.
- ▶ Amidst its plans to submit for authorization of a fourth dose, Pfizer also has committed to [developing a longer-lasting vaccine candidate](#) that can cover more potential SARS-CoV-2 variants.



**District Health
Department #10**
Healthy People. Healthy Communities.

WEEKLY COVID-19 Testing Clinics

SUN	MON	TUE	WED	THU	FRI
KALKASKA Kalkaska Memorial Health Center 515 S Birch St Kalkaska 9:00am-12:00pm	MECOSTA DHD#10 14485 Northland Dr Big Rapids 10:00am-5:00pm	CRAWFORD* Kirtland College 4800 W 4 Mile Rd Grayling 10:00am-5:00pm	CRAWFORD* Kirtland College 4800 W 4 Mile Rd Grayling 10:00am-5:00pm	CRAWFORD* Kirtland College 4800 W 4 Mile Rd Grayling 10:00am-6:00pm	MASON Harbor View Marina 400 S Rath Ave Ludington 9:00am-5:00pm
MASON Harbor View Marina 400 S Rath Ave Ludington 9:00am-5:00pm	NEWAYGO NC RESA 4747 W 48th St Fremont 1:00pm-6:00pm	KALKASKA Kalkaska Memorial Health Center 515 S Birch St Kalkaska 11:00am-5:00pm	MECOSTA DHD#10 14485 Northland Dr Big Rapids 10:00am-5:00pm	KALKASKA Kalkaska Memorial Health Center 515 S Birch St Kalkaska 11:00am-5:00pm	MECOSTA DHD#10 14485 Northland Dr Big Rapids 10:00am-5:00pm
OCEANA Oceana County Council on Aging 4250 W Tyler Rd Hart 1:00pm-5:00pm	WEXFORD DHD#10 520 Cobb St Cadillac 10:00am-4:30pm	MASON Harbor View Marina 400 S Rath Ave Ludington 9:00am-5:00pm	NEWAYGO NC RESA 4747 W 48th St Fremont 1:00pm-6:00pm	OCEANA Oceana County Council on Aging 4250 W Tyler Rd Hart 2:00pm-5:00pm	NEWAYGO NC RESA 4747 W 48th St Fremont 1:00pm-6:00pm
		OCEANA Oceana County Council on Aging 4250 W Tyler Rd Hart 2:00pm-5:00pm	WEXFORD DHD#10 520 Cobb St Cadillac 10:00am-4:30pm		WEXFORD DHD#10 520 Cobb St Cadillac 10:00am-4:30pm

*Crawford COVID-19 testing clinic requires pre-registration. For more information on testing clinics, closures, and pre-registration, go to www.dhd10.org/covid19-testing-clinics

DHD#10 does not provide COVID-19 testing in our offices. We do provide COVID-19 vaccines at all 10 locations. You can be scheduled a vaccine at: www.dhd10.org/schedule or call 888-217-3904

*This will be changing as of April 15 when the Ludington testing site closes.

All testing is performed by Honu Management Group, a contractor for MDHHS..

Email from MDHHS to schools Monday

COVID-19 K-12 TESTING SUPPORT (Email Monday, March 14th)

Intermediate School District Meeting (ISD)

Tuesday, March 22, 2022 @ 10a

[Zoom](#)

Meeting ID: 858 5169 0190

Passcode: **c01GCG**

Superintendent District Meeting

Wednesday, March 23, 2022 @ 10a

[Zoom](#)

Meeting ID: 858 5169 0190

Passcode: **c01GCG**

Charter School Meeting

Thursday, March 24, 2022 @ 10a

[Zoom](#)

Meeting ID: 858 5169 0190

Passcode: **c01GCG**

Non-Public/Parochial School Meeting

Friday, March 25, 2022 @ 10a

[Zoom](#)

Meeting ID: 858 5169 0190

Passcode: **c01GCG**

Agenda Items

- MI Safe School Antigen Testing Program
- Health Resource Advocate (HRA) Program
- MI Backpack at home testing program
- Multiplex Fall testing option
- Open Forum

For more information or questions please contact MDHHS-COVIDTestingSupport@michigan.gov

Email from MDHHS to schools Monday

COVID-19 K-12 Testing Update (Monday, March 14th)

Updated School Test Ordering Process & Reporting Requirements

- ▶ MDHHS initiated a “Pause and Count” week to obtain information from school related entities about remaining inventory due to lack of reporting of test results.
 - ▶ 80% of supplies sent after the Pause and Count week must be reported for sites to be eligible to receive additional supply shipments.
- ▶ The **school request form will no longer be active for public schools to use**, which means public schools will need to communicate with their districts regarding the quantity of tests they need.

Email from MDHHS

School Districts, ISDs, Charter Schools, Non-Public Schools - Ordering Process:

1. **Public Schools will** reach out to their school districts to provide a quantity for the number of testing kits they will need.
 - This may be a weekly, bi-weekly, or monthly check-in between public schools and school districts to ensure all schools have adequate resources.
2. **School Districts, ISD, Charter Schools, and Non-Public Schools** will order directly from the [School District Antigen COVID Test Ordering Form](#). Orders will be reviewed by MDHHS and shipped directly to the point of contact and address listed on the form.

State, Local, and Federal reporting requirements for antigen tests are satisfied by utilizing the [Michigan Antigen Testing Results](#) portal.

- ▶ Positive results must be reported individually within 4 hours of completion of the test.
- ▶ Negative results may be reported as an aggregate number within 24 hours of completion of the test.
 - Facilities that wish to, may continue to provide individual negative results.

Additional reporting guidance can be found here- [MI COVID Antigen Reporting](#)

Spring Break Travel

<https://wwwnc.cdc.gov/travel/page/spring-break-travel>



No matter where you travel for spring break, here are CDC's top 5 tips to help you have a safer and healthier spring break.

1. Stay up to date with your COVID-19 vaccines as well as all routine vaccines.

CDC recommends making sure you are up to date with your COVID-19 vaccines before travel, which includes additional doses for individuals who are immunocompromised or booster doses when eligible

Routine vaccines protect you from infectious diseases, such as measles, that can spread quickly in groups of unvaccinated people. Many diseases prevented by routine vaccination are no longer common in the United States but are still common in other countries.

2. Check the travel requirements and recommendations for your spring break destination.

Check CDC's webpage for your destination to see what destination-specific vaccines or medicines you may need and what diseases or health risks are a concern at your destination.

If you are traveling internationally, please visit:

COVID-19 Travel Health Notice for the COVID-19 situation at your destination

International Travel during COVID-19 for international travel requirements and recommendations

If you are traveling domestically, please visit:

COVID-19 by County to learn about the COVID-19 situation at your destination

Domestic Travel during COVID-19 for domestic travel requirements and recommendations

3. Visit your healthcare provider.

If you are traveling internationally, make an appointment with your healthcare provider or a travel health specialist at least one month before you leave. They can help you get destination-specific vaccines, medicines, and information. Discussing health concerns as well as your itinerary and planned activities with your provider allows them to give more specific advice and recommendations.

4. Plan for unexpected issues.

It is important to plan for unexpected events as much as possible. Doing so can help you get quality health care or avoid being stranded at a destination. A few steps you can take to plan for unexpected events are to get travel insurance, learn where to get health care during travel, pack a travel health kit, and enroll in the Department of State's Smart Traveler Enrollment Program (STEP)[External Link](#).

5. Protect yourself during travel.

Travelers should continue to practice COVID-19 precautions during travel, including properly wearing a well-fitting mask when needed and washing your hands often with soap and water or using hand sanitizer with at least 60% alcohol.

A few other ways you can protect yourself include practicing road safety, wearing sunscreen with SPF 15 or higher, avoiding bug bites by using insect repellent, and choosing safer foods and drinks. Practice safer sex and use condoms to protect yourself against sexually transmitted diseases. Avoid drinking too much alcohol and illicit substance use, as these can put you in dangerous situations.

Do not travel if you are sick, tested positive for COVID-19, are waiting for results of a COVID-19 test, or had close contact with a person with COVID-19 and are recommended to quarantine.

Learn more about when to avoid travel.

Consider Testing Options Post-Spring Break

- Use HRAs (if available)
- Use [Community Testing Sites](#)
- Use [other Local Testing Sites](#)

March 11, 2022 - Reporting of Confirmed Cases of COVID-19 at Schools - Rescission of October 6, 2020 Order

- ▶ Friday March 11, MDHHS Rescinded the [Reporting of Confirmed and Probable Cases of COVID-19 at Schools Emergency Order](#) dated October 6, 2020.
- ▶ The rescission of this order means **schools no longer must provide public notice to the School Community in a highly visible location on the school's website** that covers the impacted building or location.
- ▶ **Schools do need to continue reporting COVID-19 cases and outbreaks in their facility to their LHD** as COVID-19 is a reportable condition (https://www.michigan.gov/documents/mdch/Reportable_Diseases_Michigan_by_Condition_478488_7.pdf)
- ▶ Per Michigan's Communicable Disease Rules Mich. Admin. Code R. 325.173
 - (9) A primary or secondary school, child day care center, or camp shall report, within 24 hours of suspecting, both of the following to the appropriate local health department:
 - (a) The occurrence among those in attendance of any of the serious communicable diseases [listed and maintained by the department](#) as required in MCL 333.5111(1), except for human immunodeficiency virus and acquired immunodeficiency syndrome which are governed by MCL 333.5131.
 - (b) The unusual occurrence, outbreak, or epidemic of any disease, infection, or condition among those in attendance.

Communication b/w LHD and Schools Should Continue

- Your county nurse/HRA will be in touch with your school point of contact if there needs to be any changes made to the current notification process
- Please contact your county nurse/HRA if you have any questions or concerns re: your current process

SCHOOL GUIDANCE For School Administrator and Local Public Health Coordination, March 11th

- ▶ School administrators and leaders should ***partner with and follow guidance*** from their local health department for the application of COVID-19 mitigation measures, such as isolation, quarantine, and masking, to promote healthier and safer school settings for students and staff and to support the goal of in-person, classroom-based learning for school-aged Michiganders and their families.
- ▶ Additionally, while local health departments are valuable partners and advisors to school districts in responding to health threats, school districts are also responsible for performing their ***independent legal authority to protect students*** who are on school property or under school supervision and control. Schools are encouraged to consult local health departments for expertise on measures to protect the safety and welfare of students, however ***they do not need a health department order to act.***

SCHOOL GUIDANCE For School Administrator and Local Public Health Coordination, March 11th

School Administrator & Leader Requirements

Provide “for the safety and welfare of pupils while at school or a school sponsored activity or while in route to or from school, or a school sponsored activity,” as specified under the Revised School Code, [MCL 380.11a\(3\)\(b\)](#).

Reporting suspected and confirmed COVID-19 cases, outbreaks and unusual occurrences to the local health department as specified under [Michigan Administrative Code R. 325.173 \(9\)](#).

Ensure employees who 1) test positive, 2) display principal symptoms, and/or 3) had a “close-contact”* to COVID-19, do not come to work during isolation or quarantine period as required by [Michigan Compiled Laws 419.405](#).

As **directed by** local health officer, exclude children from school or group programs who are symptomatic or test positive with COVID-19, a communicable disease, during isolation period and exclude children identified as close contacts* during quarantine period from school, as specified under: [Michigan Administrative Code R 325.175 \(2\)-\(4\)](#).

Assist with contact tracing **as requested** by the local health department, as specified under [Michigan Administrative Code R. 325.174 \(2\)](#).

*Close contact is inclusive of household/personal contact and other contact as used in current guidance.

NOTE regarding PA 339/ MCL 419.405:

one criteria for return to work after isolation or exposure is “as advised by a public health professional”, which allows employers to follow changes in guidance made to CDC, MDHHS, and LHD guidance

SCHOOL GUIDANCE For
School Administrator and
Local Public Health
Coordination, March 11th

Public Health Recommendations***

Recommend and make masking accessible for staff, students, and visitors who may be immunocompromised and/or have risk factors** for increased illness from COVID-19.

Monitor and implement masking requirements as needed based on population served and review of local conditions in partnership with local public health.

Establish a supportive setting that encourages students and staff to make choices that best protect themselves and families.

Encourage, promote, and provide opportunity for COVID-19 vaccination for staff, students & families. Work with local health department or submit a clinic request to MDHHS [here](#).

Support student access to COVID-19 testing through participation in the MI Backpack Program and other [MI Safe Schools testing resources](#).

Enhance and promote Health & Wellness for all in-school settings:

- Improve ventilation in classrooms and other school facilities
- Teach and promote handwashing and respiratory etiquette
- Implement regular cleaning and disinfecting school facilities

Enhance physical distancing where feasible and in support of staff and students who may be medically frail and/or have risk factors** for increased illness from COVID-19.













Provide notification and communication to families (students) and individuals (staff) when there has been an exposure opportunity to an individual with a communicable disease (such as COVID-19). Additional guidance provided in [Managing Communicable Diseases in Schools](#).

****Risk factors** include older adults (60+) and those who have serious chronic medical conditions like heart disease, diabetes, or lung disease (at any age), and those who live in high-risk congregate settings (like nursing homes, corrections facilities, and shelters). If you live with others who have risk factors, consider their health in addition to your personal health.

***Recommendations per the CDC and the Michigan Department of Health & Human Services. Please see the MDHHS Website for additional resources for [K-12 School Guidance](#).

Current recommendations are aligned with the State entering a post-surge, Recovery period. Future updates and recommendations for heightened quarantine protocols may be needed should the risks of severe disease, hospitalizations, or death increase.

Updated Recommendations for Isolation & Quarantine:

	Who is Impacted	Public Health Recommendations
<h1>Isolation</h1> <p>Has COVID-19</p>	<p>Any individual who tests positive for COVID-19 and/or displays COVID-19 symptoms (without an alternate diagnosis or negative COVID-19 test) regardless of vaccination status.</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p> Isolate at home for 5 days; and</p> <p> If symptoms have improved or no symptoms developed, may leave isolation after day 5 and wear a well-fitted mask, for 5 more days (ending after day 10).*</p> <p><i>If positive with no symptoms, monitor for symptoms for 10 days as well.</i></p> </div> <div style="width: 35%; text-align: right;">  </div> </div>
<div style="display: flex; flex-direction: column; align-items: center;">  <h1>Quarantine</h1> <p>Exposed to COVID-19</p>  </div>	<p>Personal or household contact, regardless of vaccination status, exposed to someone with COVID-19 (see definition below).</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p> Monitor symptoms for 10 days.</p> <p> Test 3-7 days after exposure or if symptoms develop.</p> </div> <div style="width: 50%;"> <p> Wear a mask around others for 10 days after exposure.**</p> <p> Avoid unmasked activities or activities with higher risk of exposing vulnerable individuals.***</p> </div> </div>
	<p>Other exposure (from community, social, work setting).</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p> Monitor symptoms for 10 days.</p> <p> Consider wearing a mask around others for 10 days after exposure; at a minimum, mask in settings with higher risk of exposing vulnerable individuals.***</p> </div> <div style="width: 50%;"> <p> Test if symptoms develop.</p> </div> </div>

* If a mask cannot be worn, recommend 10 days of home isolation.

** If a mask cannot be worn, individual should home quarantine for 10 days. A Test to Stay protocol may also be developed in partnership between school and local health department.

*** Activities with immunocompromised or other high-risk individuals, social/recreational activities in congregate settings.

Personal/household contacts include individuals who share living spaces, including bedrooms, bathrooms, living room and kitchens. It also includes those who live together, sleep over, carpool or have direct exposure to respiratory secretions from a positive individual. This would include exposure in childcare settings for those under 2 years of age.

MI Safer Schools Guidance for K-12 School Settings in a COVID-19 Recovery Phase, Updated: March 11, 2022

COVID-19 ISOLATION Guidance in K-12 Schools

Students and staff who test positive for COVID-19 and/or displays **COVID-19 symptoms (without an alternate diagnosis or negative COVID-19 test) should isolate regardless of vaccination status:**

- Isolate at home for the first 5 days (starting with the day after symptoms began or day after test was taken for those without symptoms); and
- If symptoms have improved or no symptoms developed, return to normal activities, while wearing a well-fitted mask, for the next 5 days to protect others.

AND

- If individual has a fever, stay home until fever free for a period of 24 hours without the use of fever reducing medications before returning to normal activities while wearing a well-fitted mask, until the 10-day period is complete.

OR

- Isolate at home for 10 days if unwilling/unable to wear a mask.

MI Safer Schools Guidance for K-12 School Settings in a COVID-19 Recovery Phase, Updated: March 11, 2022

NOTIFICATION OF CONTACTS

Individuals who test positive for COVID-19 should also **notify others** they were in contact with during the time they were contagious (beginning 2 days before symptoms started or testing positive if no symptoms are present).


- *Role of Schools:*

Have a **communication plan** for communicable disease notification and provide timely and accurate notification to parents, guardians, and school staff when an exposure from a COVID-19 positive individual has taken place in a school setting.

- *Role of Staff, Students & Families:*

Notify others (friends, family, teammates, etc.) that they were in contact with during the time they were contagious

- Prioritize notification of individuals who are personal/household contacts* and to immunocompromised or high-risk individuals.
- These exposed individuals would then follow the below guidance on QUARANTINE



MI Safer Schools Guidance for K-12 School Settings in a COVID-19
Recovery Phase, Updated: March 11, 2022

COVID-19 Quarantine Guidance in K-12 Schools

Quarantine guidance may be adjusted to respond to and control outbreaks within a school setting. School administrators should work with their local health departments for outbreak response and follow additional quarantine recommendations as situations dictate to maintain a safer learning environment for staff and students.

MI Safer Schools Guidance for K-12 School Settings in a COVID-19 Recovery Phase, Updated: March 11, 2022

Individual is exposed to someone who is positive for COVID-19 and:

1. Exposure is to a **personal/household contact***:

- Conduct symptom monitoring for 10 days; and
- Test at least one time if possible 3-7 days after exposure and if symptoms develop; and
- Wear a well-fitting mask for 10 days from the date of last exposure to protect others – A “test to stay” protocol may be developed in partnership with the school and local health department based on local conditions; and
- Avoid unmasked activities or activities with higher risk of exposing vulnerable individuals** for 10 days from the date of last exposure

2. Exposure is to other type of contact (from a community, social or work setting) • Conduct symptom monitoring for 10 days; and

- Test if symptoms develop; and
- Consider wearing a well-fitting mask around others for 10 days from the date of last exposure to protect others. At a minimum, wear a mask in settings with higher risk of exposing vulnerable individuals**

MI Safer Schools Guidance for K-12 School Settings in a COVID-19
Recovery Phase, Updated: March 11, 2022

****Personal/Household contacts** include individuals you share living spaces with, including bedrooms, bathrooms, living room and kitchens. It also includes those who live together, sleep over, carpool or have direct exposure to respiratory secretions from a positive individual (e.g. kissing, sharing drinks, changing diapers, etc...). This would include exposure in childcare settings for those under 2 years of age.*

*****Activities with higher risk of exposing vulnerable individuals** may include activities where you cannot mask, interactions with those who are immunocompromised or other high-risk individuals, and social/recreational activities in congregate settings.*



MI Safer Schools Guidance for K-12 School Settings in a COVID-19
Recovery Phase, Updated: March 11, 2022

Schools may continue to implement Test-to-Stay strategies for students and staff as a part of quarantine recommendations. Schools are encouraged to work with local health departments for test-to-stay implementation and use.

Test to Stay: recommended regular testing (e.g. every other day) following exposure using PCR, school-based antigen or at-home tests. This program may be adapted based on local needs.

MI Safer Schools Guidance for K-12 School Settings in a COVID-19 Recovery Phase, Updated: March 11, 2022

Local conditions may vary. The local health department may modify quarantine policies based on factors including ventilation, duration/intensity of the contact, and other local factors. Schools and local health departments should work together to decide what quarantine policies work best in their communities.

Symptom Monitoring

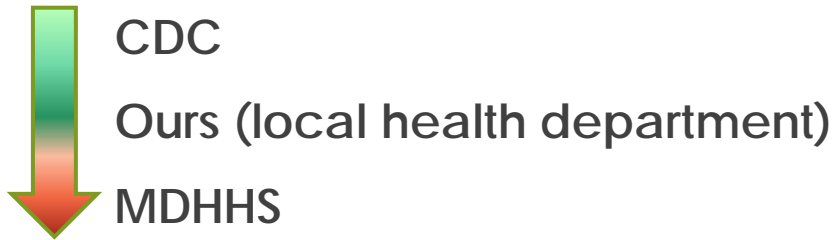
For 10 days following exposure:

- Watch for [symptoms](#), such as fever, cough, shortness of breath, or other COVID-19 symptoms.
- If symptoms develop, get tested immediately and isolate until receiving test results. If they test positive, then follow [isolation](#) recommendations.

Our Guidance vs. MDHHS Guidance (vs. CDC Guidance)

- ▶ You can follow whatever you feel most comfortable with
- ▶ Guidance may change if situations change

Most conservative/cautious



Least conservative/cautious

New terms/concepts:

Ours: High-Intensity and Low-Intensity Contacts

MDHHS: Personal/Household contacts and Activities with higher risk of exposing vulnerable individuals

OURS:

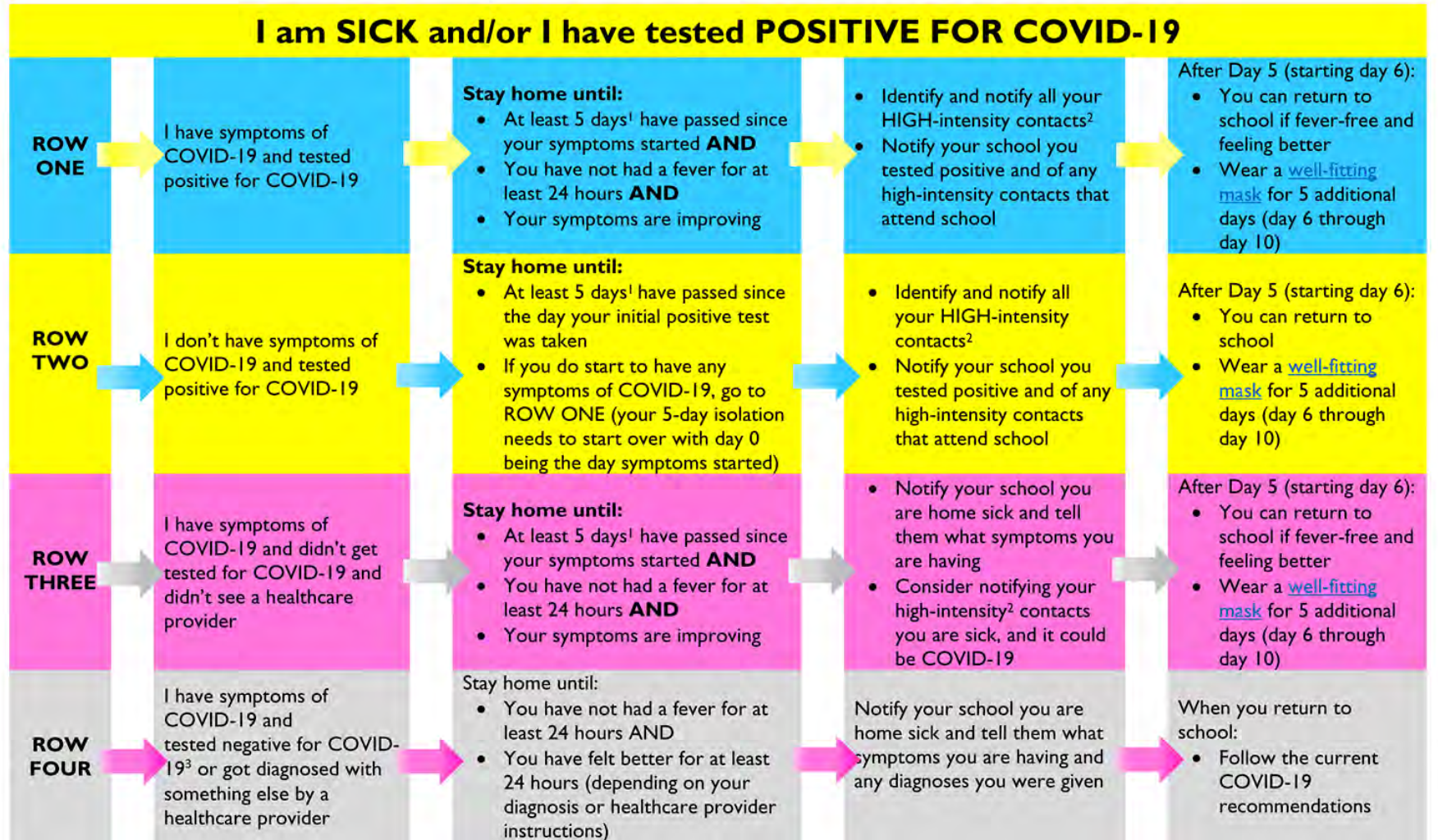
High-intensity contact and a low-intensity contact include the following:

- ▶ **Household contacts**
- ▶ Family members that visit often
- ▶ Romantic or intimate partners
- ▶ Friends or family that have spent the night
- ▶ Roommates
- ▶ Caregiver to someone ill with COVID-19, but not household member
- ▶ Shared personal items (water bottles, food, candy, toothbrush, cigarettes, etc.)
- ▶ Anyone you shared a car for a significant time with windows closed. Significant time is typically an hour or more, but is less if you are not using a mask, the person with COVID-19 is talking a lot, eating, coughing, etc.
- ▶ Close, repeated physical contact while breathing heavily (exercise, athletics, roughhousing, etc.)
- ▶ Meal partner if mealtime was long and sat close together



MDHHS:

- ▶ **Personal/Household contacts** include individuals you share living spaces with, including bedrooms, bathrooms, living room and kitchens. It also includes those who live together, sleep over, carpool or have direct exposure to respiratory secretions from a positive individual (e.g. kissing, sharing drinks, changing diapers, etc...). This would include exposure in childcare settings for those under 2 years of age.
- ▶ **Activities with higher risk of exposing vulnerable individuals** may include activities where you cannot mask, interactions with those who are immunocompromised or other high-risk individuals, and social/recreational activities in congregate settings.

OURS:



MDHHS:

Who is Impacted	Public Health Recommendations
<h2 style="margin: 0;">Isolation</h2> <h3 style="margin: 0;">Has COVID-19</h3>	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;">   </div> <div> <p>Any individual who tests positive for COVID-19 and/or displays COVID-19 symptoms (without an alternate diagnosis or negative COVID-19 test) regardless of vaccination status.</p> <p>Isolate at home for 5 days; and</p> <p>If symptoms have improved or no symptoms developed, may leave isolation after day 5 and wear a well-fitted mask, for 5 more days (ending after day 10).*</p> <p><i>If positive with no symptoms, monitor for symptoms for 10 days as well.</i></p> </div> </div>

I have been EXPOSED to someone with COVID-19

	ROW FIVE	ROW SIX	ROW SEVEN
ROW FIVE	I have had HIGH-intensity contact² with someone that was diagnosed with or tested positive for COVID-19 (in the past 10-14 days)	I have had HIGH-intensity contact² with someone that was diagnosed with or tested positive for COVID-19 (in the past 10-14 days)	I have had LOW-intensity contact² with someone that was diagnosed with or tested positive for COVID-19 (in the past 10-14 days)
	I am NOT: <ul style="list-style-type: none"> Up to date on my COVID-19 vaccines AND I have NOT tested positive for COVID-19 within the past 90 days 	I AM: <ul style="list-style-type: none"> Up to date on my COVID-19 vaccines OR I have tested positive for COVID-19 within the past 90 days 	You do not need to quarantine. Watch closely for COVID-19 symptoms.
	OPTION ONE Stay at home until: <ul style="list-style-type: none"> It has been at least 5 days¹ after your last exposure to the person with COVID-19 	You do not need to quarantine. Watch closely for COVID-19 symptoms.	Wear a <u>well-fitting mask</u> for 10 days from the date of your last close contact with someone with COVID-19
	OPTION TWO If allowed by your school: You can continue to attend school and school functions if you: <ul style="list-style-type: none"> Test negative for COVID-19 by a viral test before going to school This should start the first day you find out you are a high-intensity contact and continue every other day before going to school until day 5-7¹ 	Wear a <u>well-fitting mask</u> for 10 days from the date of your last close contact with someone with COVID-19	It is recommended you get a COVID-19 test around day 5. ¹ <ul style="list-style-type: none"> If you develop symptoms/test positive, SEE ROW ONE/TWO
	After Day 5 (starting day 6): <ul style="list-style-type: none"> You can return to school Wear a <u>well-fitting mask</u> for 5 additional days (day 6 through day 10) 	It is recommended you get a COVID-19 test around day 5. ¹ <ul style="list-style-type: none"> If you develop symptoms/test positive, SEE ROW ONE/TWO 	It is recommended you get a COVID-19 test around day 5. ¹ <ul style="list-style-type: none"> If you develop symptoms/test positive, SEE ROW ONE/TWO

:OURS

MDHHS:

Quarantine Exposed to COVID-19

Personal or household contact, regardless of vaccination status, exposed to someone with COVID-19 (see definition below).	Monitor symptoms for 10 days.	Wear a mask around others for 10 days after exposure.**
	Test 3-7 days after exposure or if symptoms develop.	Avoid unmasked activities or activities with higher risk of exposing vulnerable individuals.***
Other exposure (from community, social, work setting).	Monitor symptoms for 10 days.	Test if symptoms develop.
	Consider wearing a mask around others for 10 days after exposure; at a minimum, mask in settings with higher risk of exposing vulnerable individuals.***	

* If a mask cannot be worn, recommend 10 days of home isolation.
 ** If a mask cannot be worn, individual should home quarantine for 10 days. A Test to Stay protocol may also be developed in partnership between school and local health department.
 *** Activities with immunocompromised or other high-risk individuals, social/recreational activities in congregated settings.
Personal/household contacts include individuals who share living spaces, including bedrooms, bathrooms, living room and kitchens. It also includes those who live together, sleep over, carpool or have direct exposure to respiratory secretions from a positive individual. This would include exposure in childcare settings for those under 2 years of age.



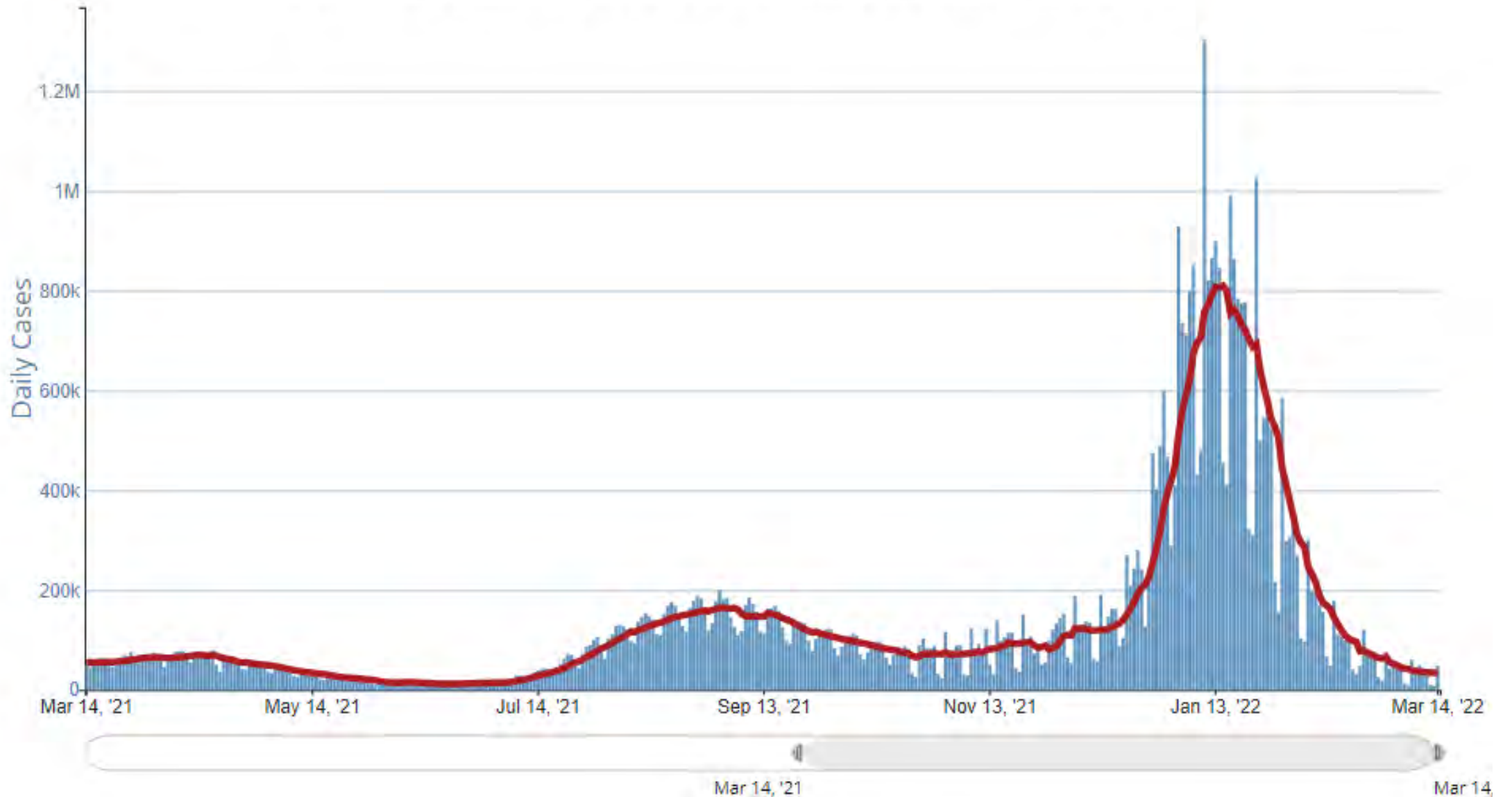
See the most up to date data at

<https://www.mistartmap.info/>

AND

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>

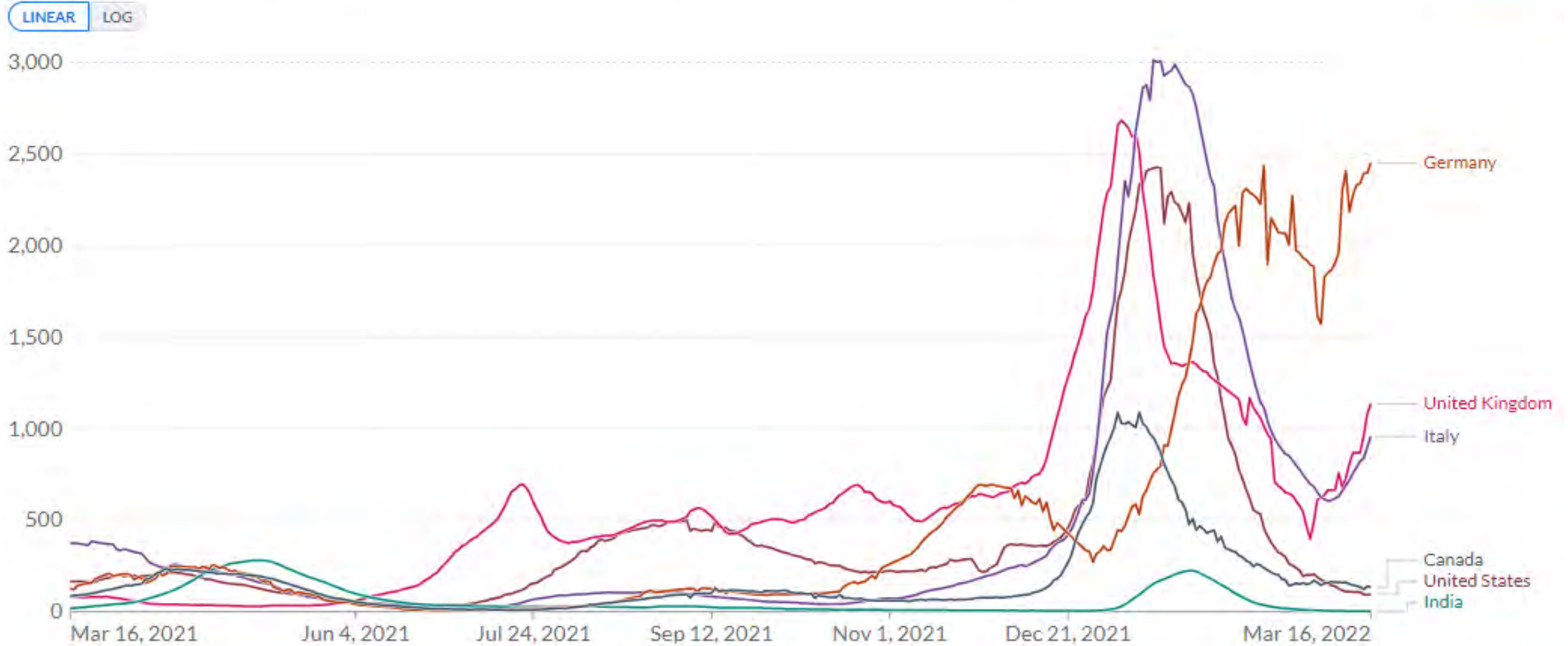
Daily Trends in Number of COVID-19 Cases in The United States Reported to CDC



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

Daily new confirmed COVID-19 cases per million people

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.



Source: Johns Hopkins University CSSE COVID-19 Data

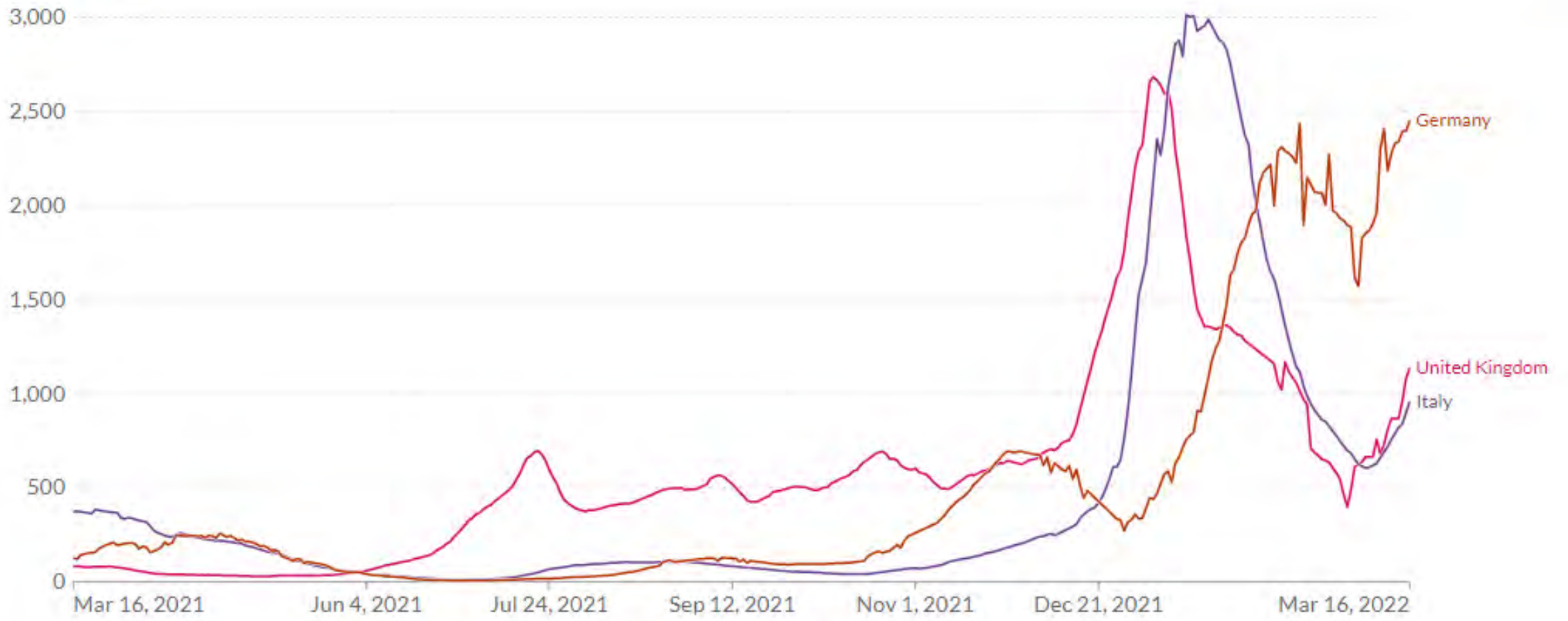
CC BY



Daily new confirmed COVID-19 cases per million people

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.

LINEAR LOG



Source: Johns Hopkins University CSSE COVID-19 Data

CC BY

▶ Feb 2, 2020  Mar 16, 2022



MI COVID Response Data and Modeling Update-March 15th

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

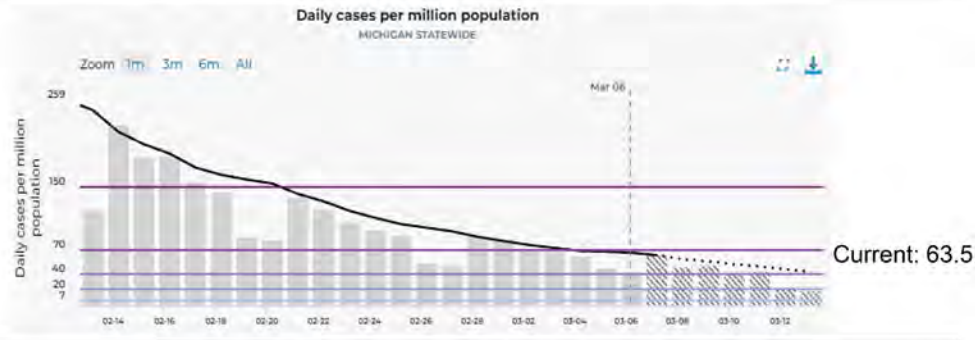
Recent statewide trends

Statewide trends

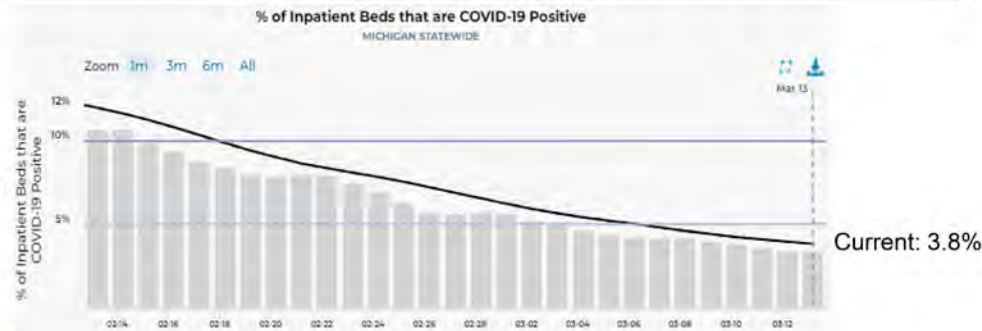
Positivity, %



Daily cases per million



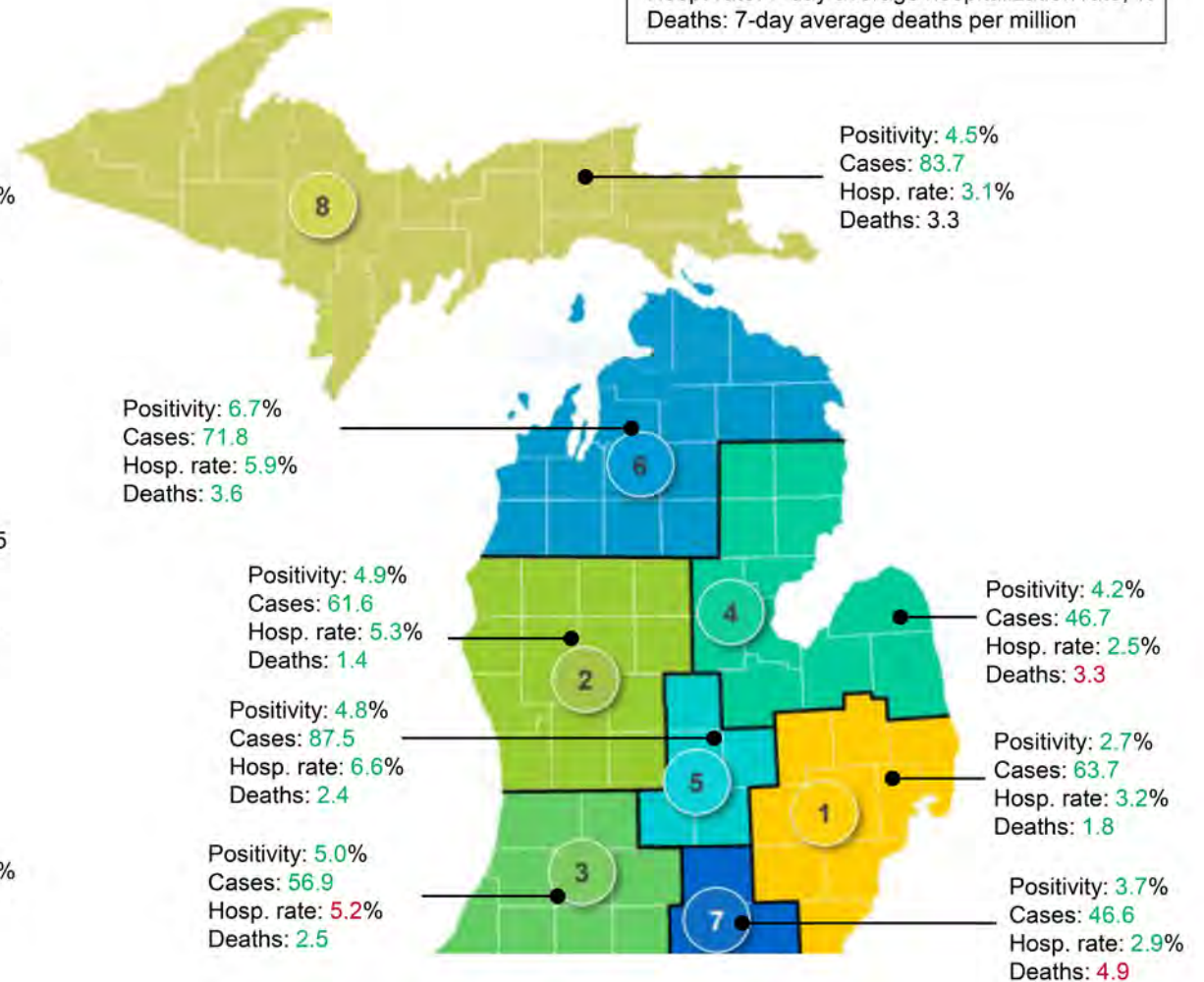
Daily hospitalization rate, %



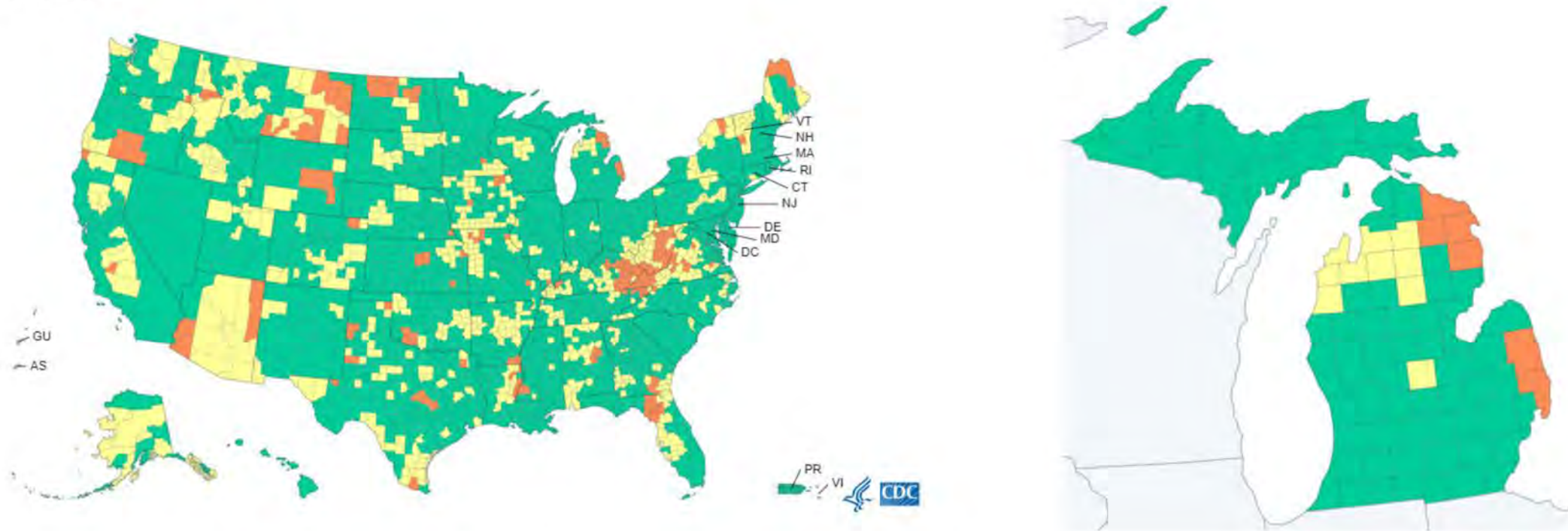
Source: <https://mistartmap.info/>

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



As of March 10th, 7% of Michigan Counties at High COVID-19 Community Levels

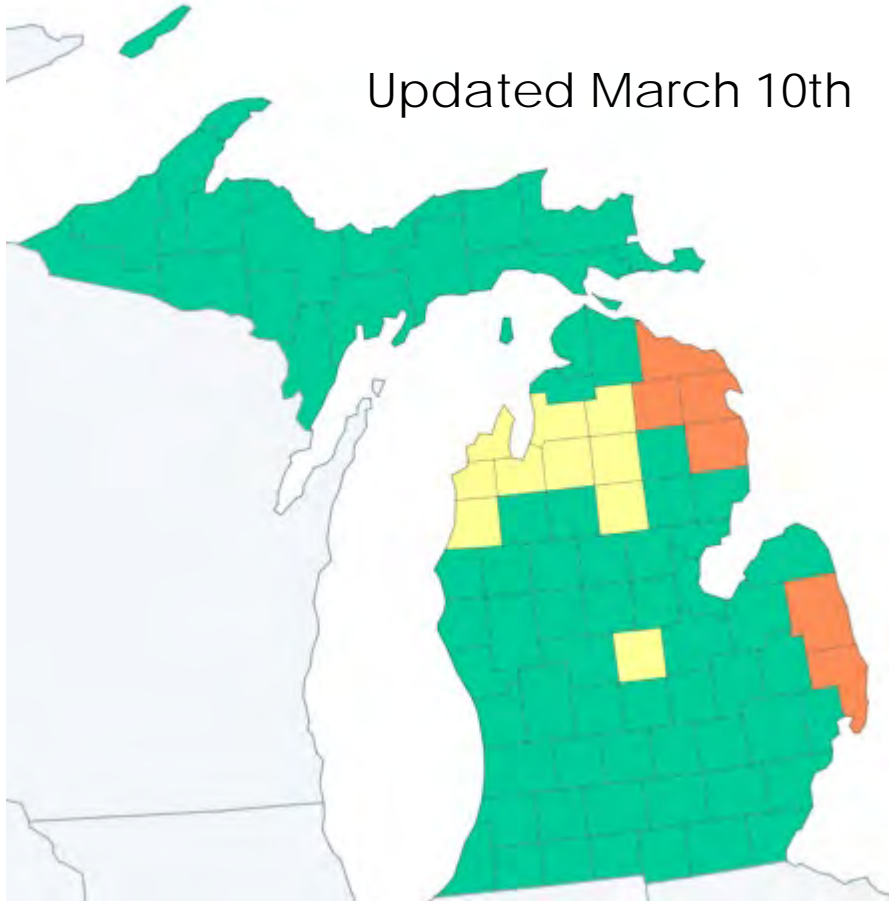


Percent of Counties

	United States	Michigan
Low	73%	81%
Medium	21%	12%
High	6%	7%

- In the US, 6% of counties have high risk for medically significant disease and healthcare strain; in Michigan, 7% of counties are at high risk.
- CDC will release COVID-19 Community Levels on Thursdays (link: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>)

Updated March 10th



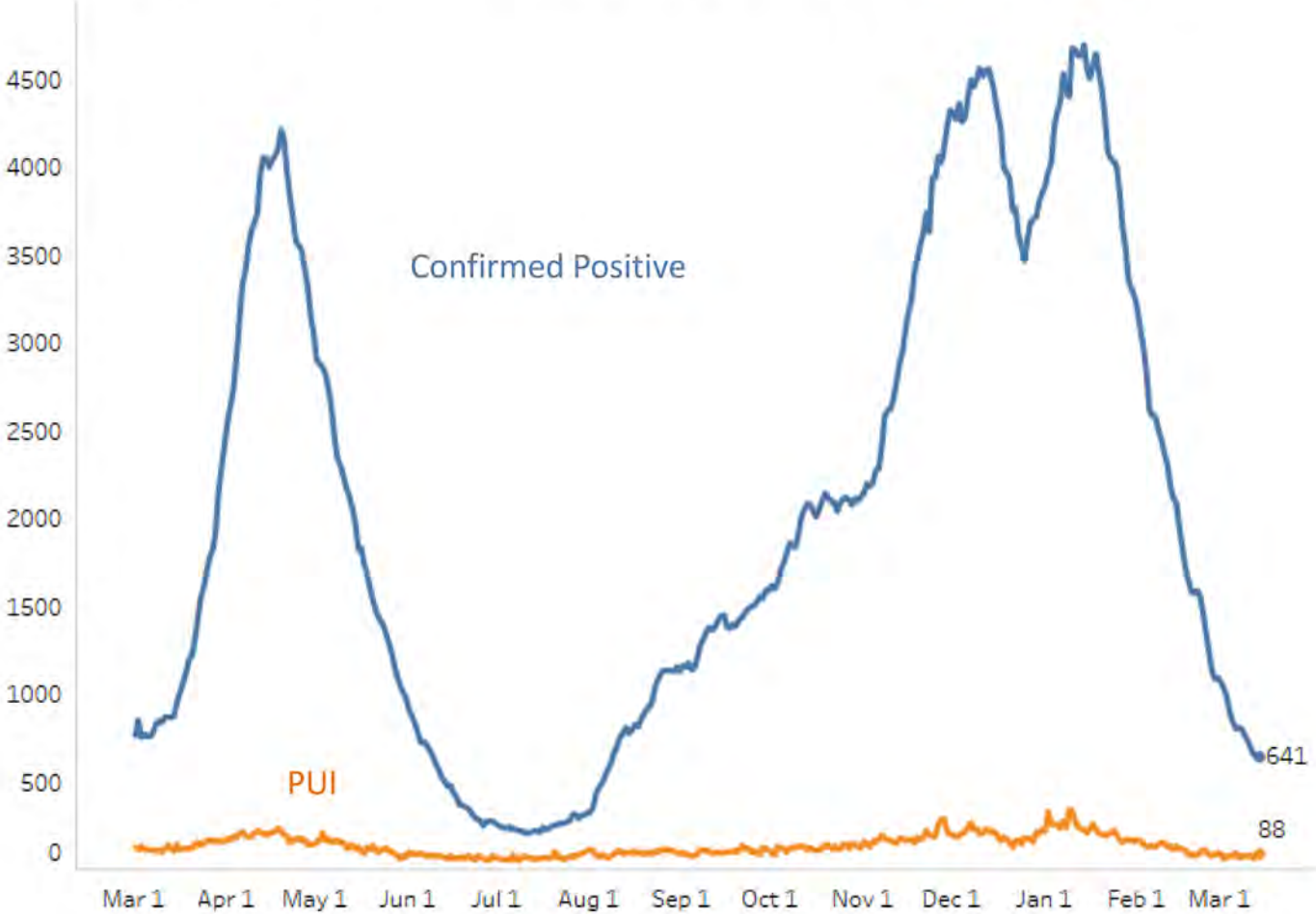
County	COVID-19 Community Level - COVID Inpatient Bed Utilization	COVID-19 Community Level - COVID Hospital Admissions per 100k	COVID-19 Community Level - Cases per 100k	COVID-19 Community Level
Arenac	4.20%	5.8	73.91	Low
Clare	2.90%	6.7	77.54	Low
Clinton	7.70%	8.7	135.69	Low
Crawford	4.90%	17.5	92.67	Medium
Gladwin	2.90%	6.7	31.44	Low
Gratiot	6.50%	9.3	255.46	Medium
Isabella	2.90%	6.7	31.49	Low
Kalkaska	5.70%	13.6	44.35	Medium
Lake	5.20%	4.8	67.49	Low
Manistee	5.70%	13.6	32.58	Medium
Mason	8.20%	9.7	92.64	Low
Mecosta	6.50%	9.3	57.53	Low
Missaukee	5.20%	4.8	6.61	Low
Montcalm	6.50%	9.3	51.65	Low
Newaygo	8.20%	9.7	42.87	Low
Oceana	8.20%	9.7	124.68	Low
Osceola	5.20%	4.8	51.15	Low
Roscommon	4.90%	17.5	41.63	Medium
Wexford	5.20%	4.8	35.68	Low

New Cases (per 100,000 population in the last 7 days)	Indicators	Low	Medium	High
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

The COVID-19 community level is determined by the higher of the inpatient beds and new admissions indicators, based on the current level of new cases per 100,000 population in the past 7 days

Statewide Hospitalization Trends: Total COVID+ Census

Hospitalization Trends 3/1/2021 – 3/14/2022
Confirmed Positive & Persons Under Investigation (PUI)



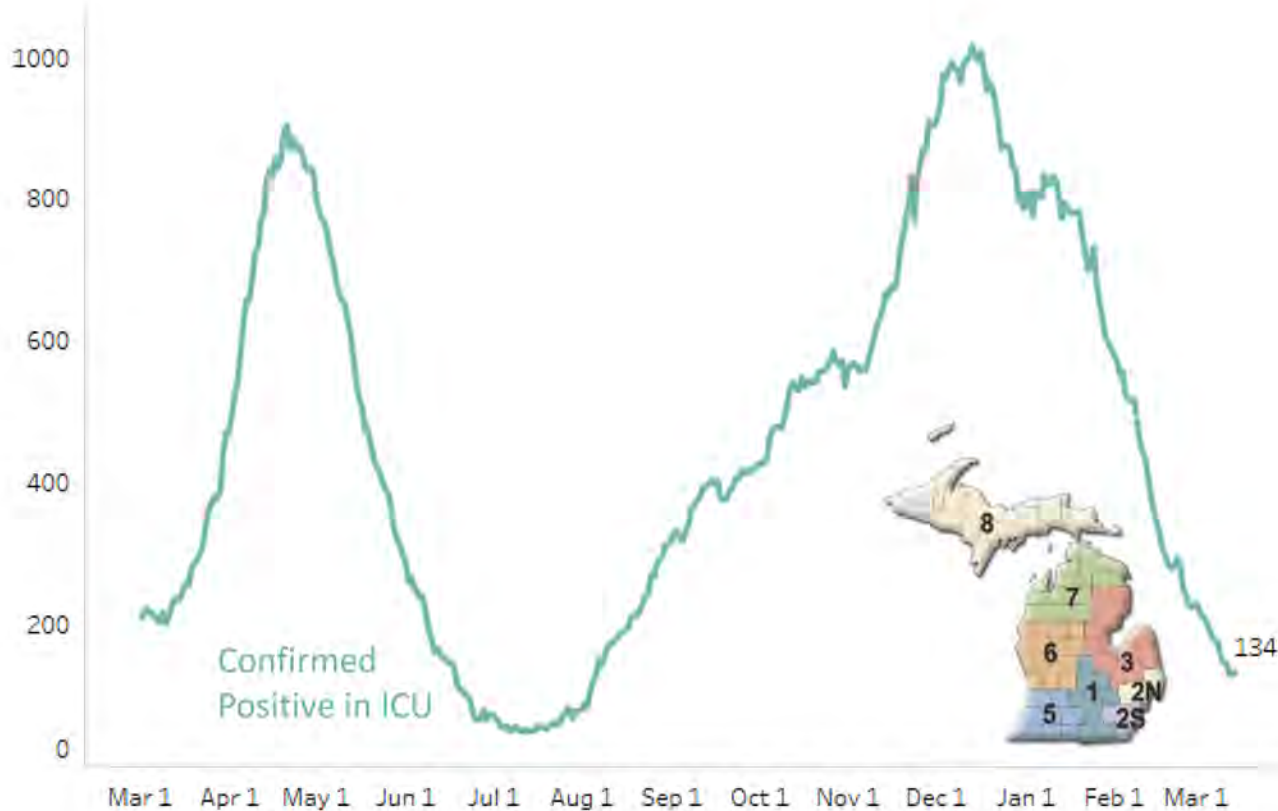
COVID+ census in hospitals continues to decrease and is down 20% from last week (previous week was down 26%), Total census in hospitals is now below 650 patients.

Hospitalized COVID Positive Long Term Trend (beginning March 2020)



Statewide Hospitalization Trends: ICU COVID+ Census

Hospitalization Trends 3/1/2021 – 3/14/2022
Confirmed Positive in ICUs



Overall, the volume of COVID+ patients in ICUs has decreased by 25% from last week (previous week was down by 22%). All regions show decreasing trends in ICU census except Region 8, which has increased by 2 patients overall.

All regions have 11% or fewer of ICU beds filled with COVID+ patients.

Region	Adult COVID+ in ICU (% Δ from last week)	ICU Occupancy	% of ICU beds COVID+
Region 1	11 (-21%)	70%	6%
Region 2N	13 (-38%)	65%	2%
Region 2S	51 (-20%)	74%	7%
Region 3	14 (-30%)	87%	5%
Region 5	8 (-27%)	64%	5%
Region 6	20 (-33%)	71%	8%
Region 7	14 (-18%)	71%	11%
Region 8	3 (200%)	58%	5%

Statewide Hospitalization Trends: Pediatric COVID+ Census

Hospitalization Trends 1/1/2021 – 3/14/2022
Pediatric Hospitalizations, Confirmed

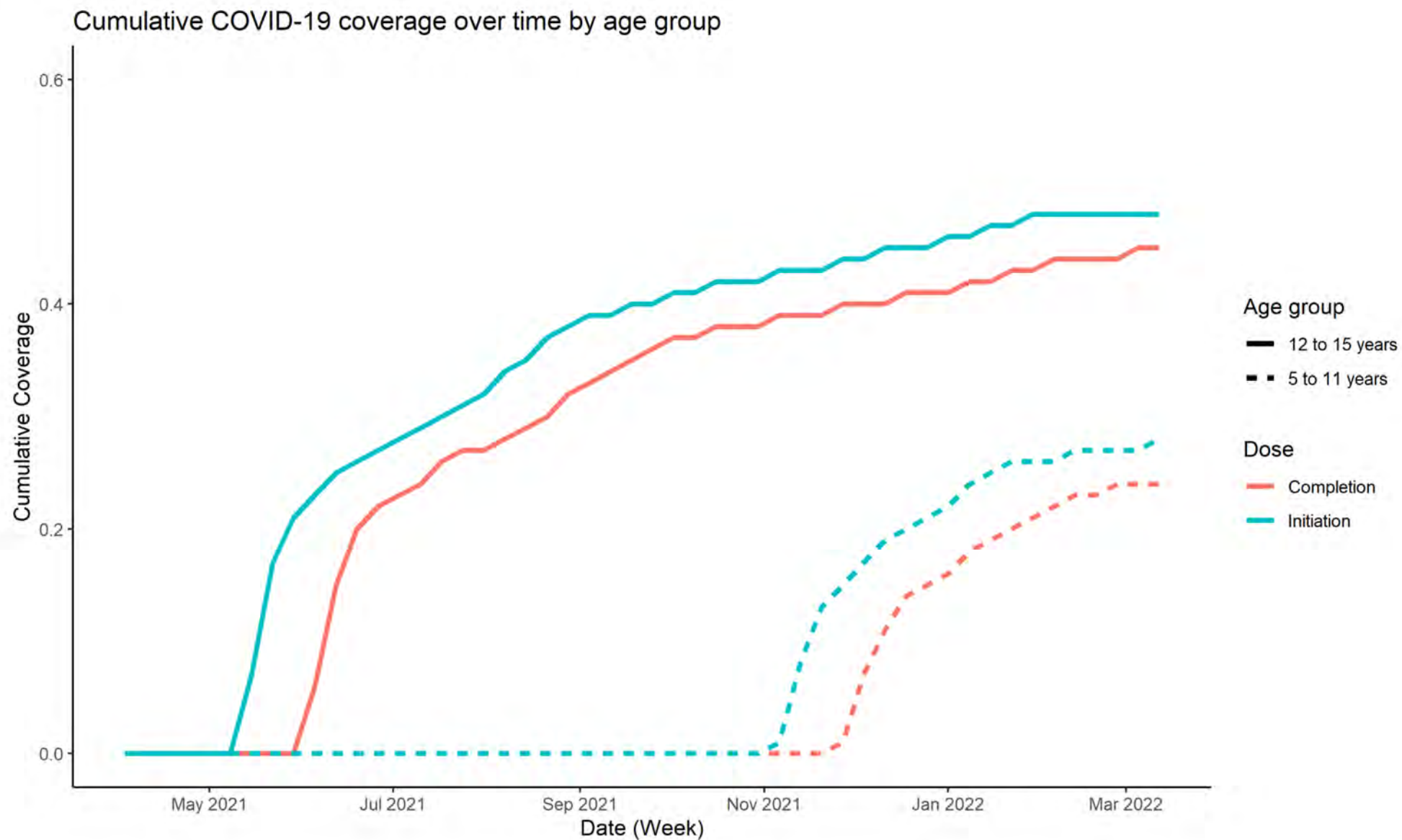


Children can be infected by COVID-19 and some experience severe events

- 482,480 cases among 0-19 year olds in Michigan
- 3,277 children 0-17 years were hospitalized
 - More than 40% of hospitalizations occurred among children with no prior conditions
- 258 children ages 5-18 have had multisystem inflammatory syndrome
 - Majority of these children spent time in intensive care units

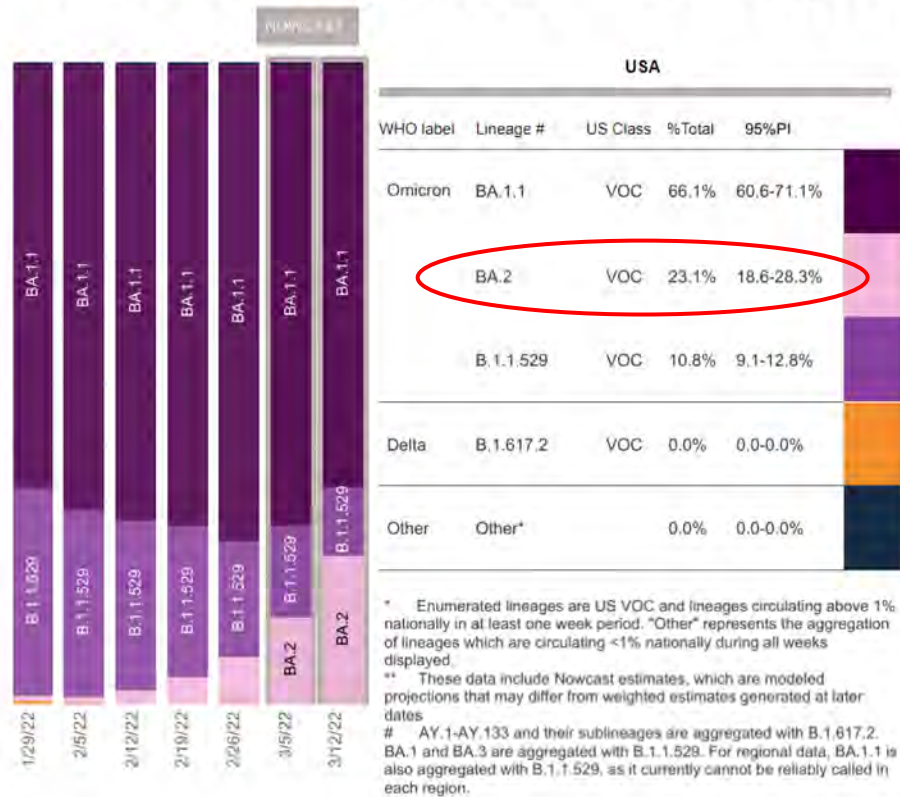


Vaccination uptake among youngest eligible children increased early and since plateaued

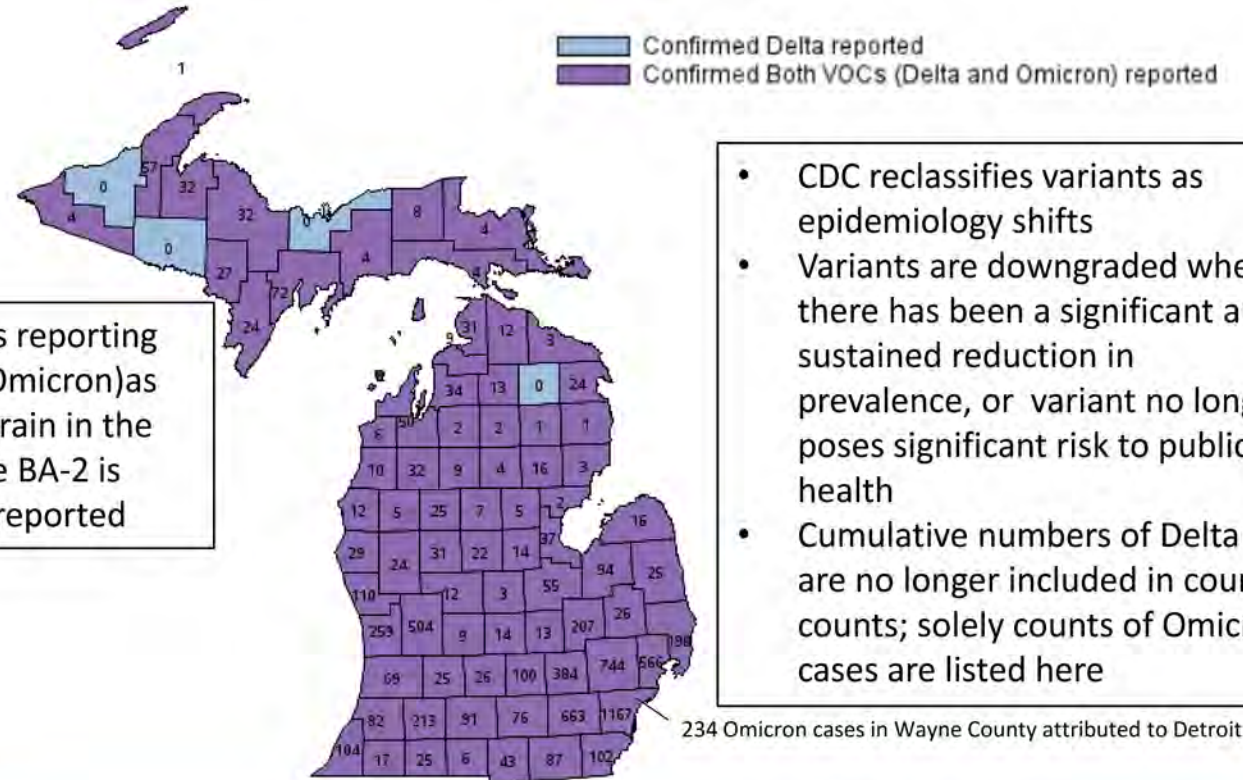


Identified COVID-19 Cases Caused by Variants of Concern (VOC) in US and Michigan

SARS-CoV-2 Variants Circulating in the United States, Jan 23 – Mar 12 (NOWCAST)



Variants of Concern in Michigan, Mar 14



Currently, CDC is reporting B.1.1.529 (i.e., Omicron) as the dominant strain in the U.S.; sub-lineage BA-2 is now also being reported

- 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

234 Omicron cases in Wayne County attributed to Detroit City

Variant	MI Reported Cases	# of Counties	MDHHS VOC Sequenced Prev. [¶]
B.1.617.2 (delta)	31,009	83	1%
B.1.1.529 (omicron)	6,952	79	99%
BA.2	99 (as of verbal report 3.17.22)		

Data last updated Mar 14, 2022
 Source: MDSS
 ¶ Sequence specimens are from the most recent week by onset date which may change as more specimens are sent in

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

SARS-CoV-2 Variants Circulating in the United States, Feb 27 – Mar 5 (NOWCAST)

Variants of Concern in Michigan, Mar 7

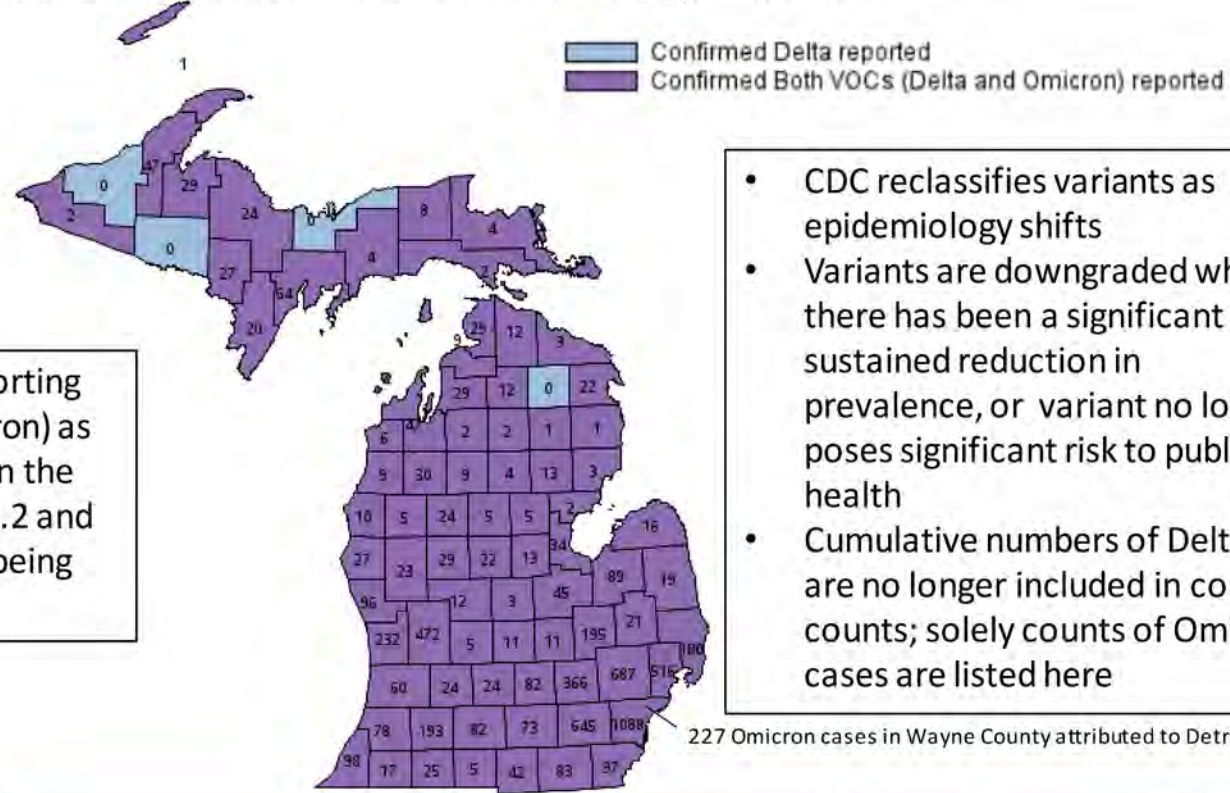
USA				
WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.1.1	VOC	73.7%	70.1-77.0%
	B.1.1.529	VOC	14.7%	12.4-17.4%
BA.2		VOC	11.6%	9.8-13.6%
Delta	B.1.617.2	VOC	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates.

AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1 and BA.3 are aggregated with B.1.1.529. For regional data, BA.1.1 is also aggregated with B.1.1.529, as it currently cannot be reliably called in each region.

Currently, CDC is reporting B.1.1.529 (i.e., Omicron) as the dominant strain in the U.S.; sub-lineages BA.2 and BA.1.1 are now also being reported



- 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 Sequenced Prev. ¹
B.1.617.2 (delta)	30,988	83	<1%
B.1.1.529 (omicron)	6,434	79	>99%

Data last updated Mar 7, 2022
 Source: MDSS
¹ Sequence specimens are from the most recent week by onset date which may change as more specimens are sent in