



LIGHTING OUR WAY FOWARD

**NCDHHS Updates
October 20, 2020**

BACK TO SCHOOL
COVID-19 REOPENING PLAN

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



NCDHHS COVID-19 Response: K-12 School Guidance Updates

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NCDPI/NCDHHS Joint Webinar | October 20, 2020

Today's Agenda

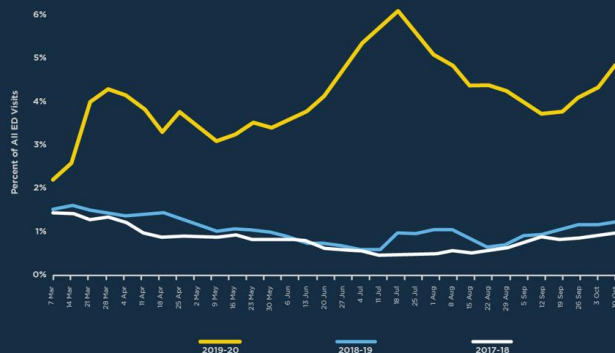
- **Where are we as a state?**
- **What have we learned about COVID-19 and K-12 schools in the past month?**
- **What has changed in K-12 public health guidance?**
- **What new resources are available?**
 - Quarantine/Isolation & Testing Considerations
- **What questions do you have?**



Where are we as a state?

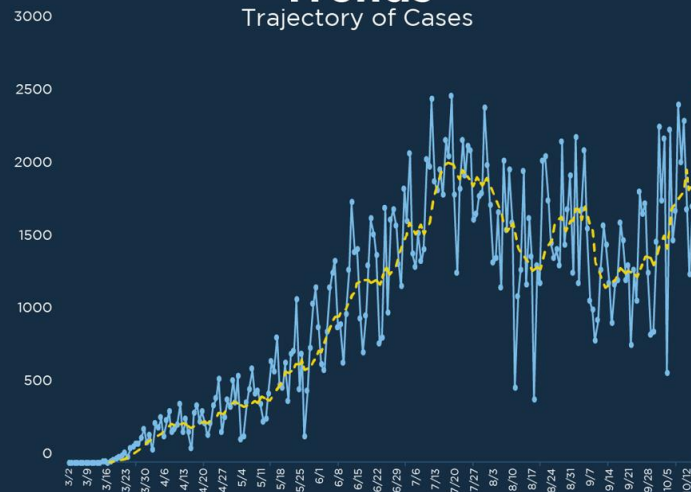
Where are we?

Trends
Trajectory of COVID-like Syndromic Cases
Source: NC DETECT

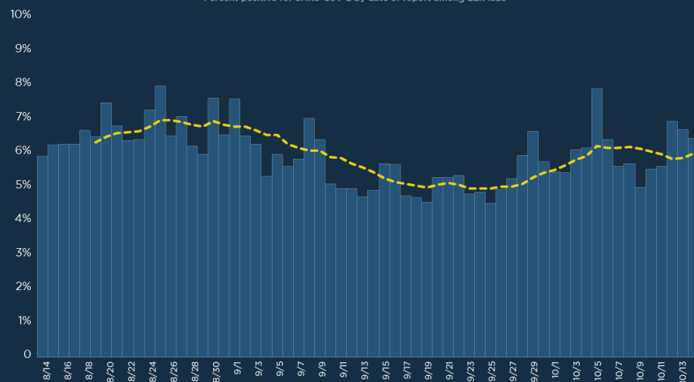


The percent of visits to the Emergency Department for COVID-like illness is **increasing**.

Trends
Trajectory of Cases

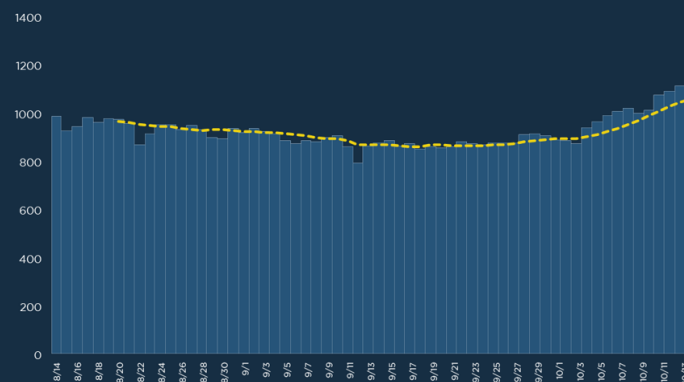


Trends
Trajectory % of Tests that are Positive
Percent positive for SARS-CoV-2 by date of report among ELR labs



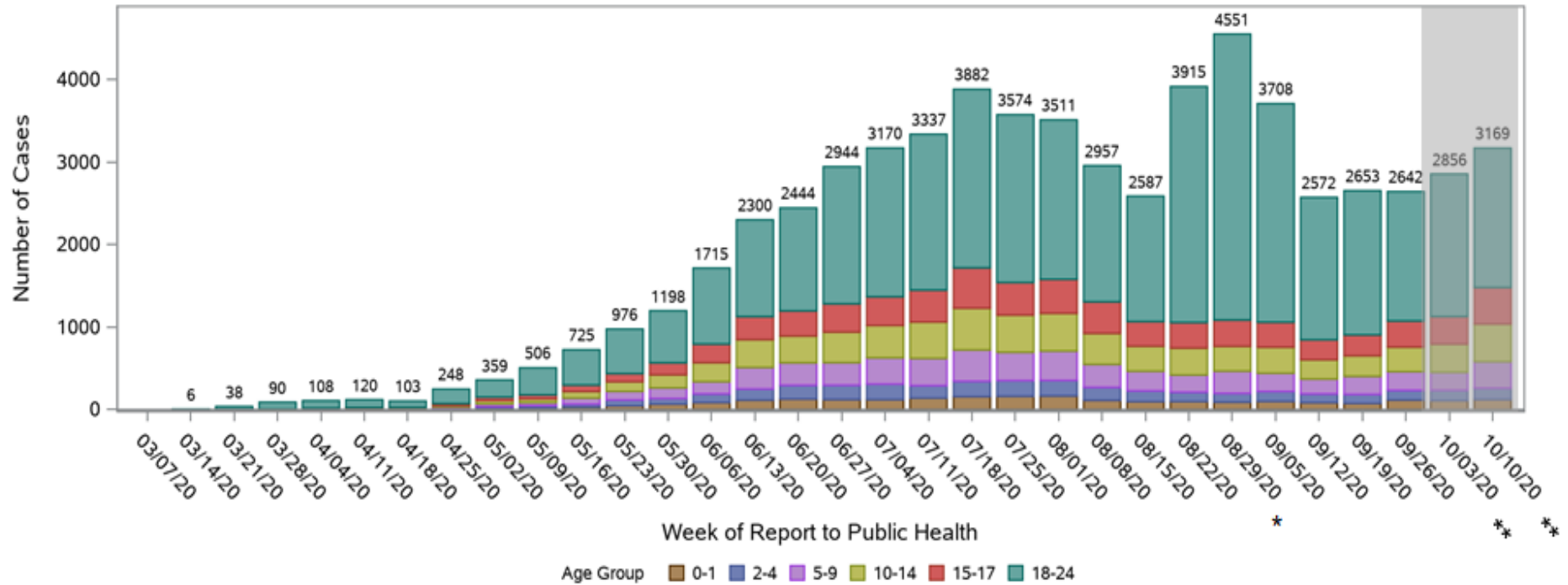
The trajectory of positive tests as a percentage of total tests is **slightly increasing**.

Trends
Trajectory of Hospitalizations
Daily Bed Census of COVID-19 Patients.



Hospitalizations are **increasing**.

New Lab-Confirmed Cases by Age Group: Weekly Totals

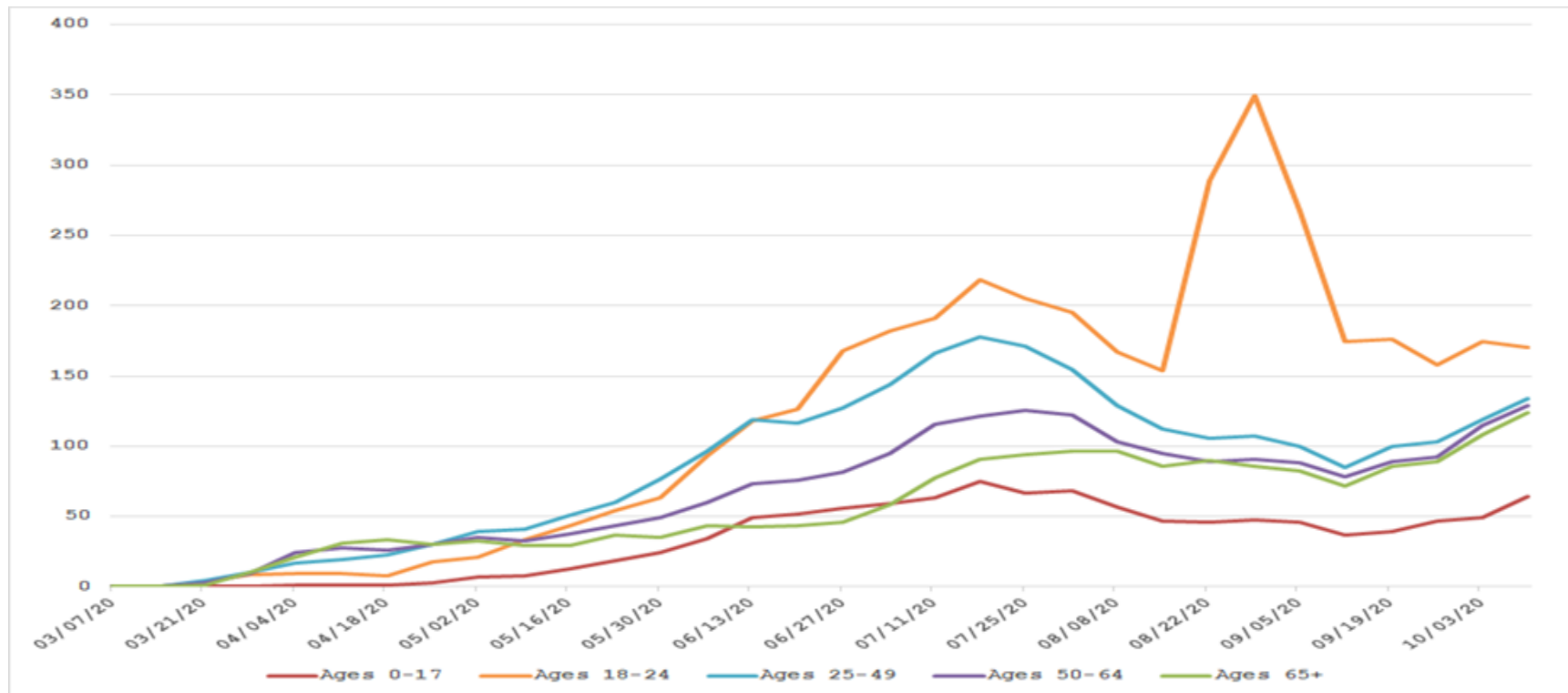


*Most Schools Reopened (8/17)

**Early Data

Youth and Young Adult COVID-19 Cases

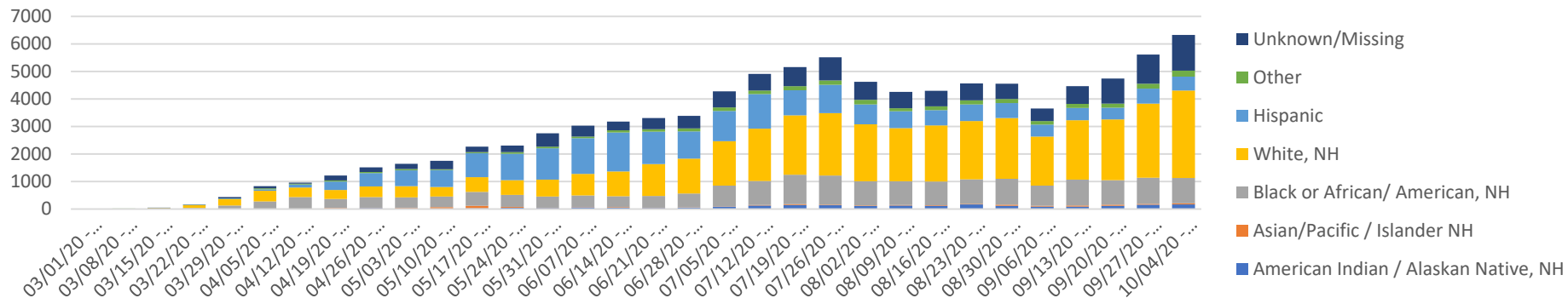
Weekly Totals By Age Group



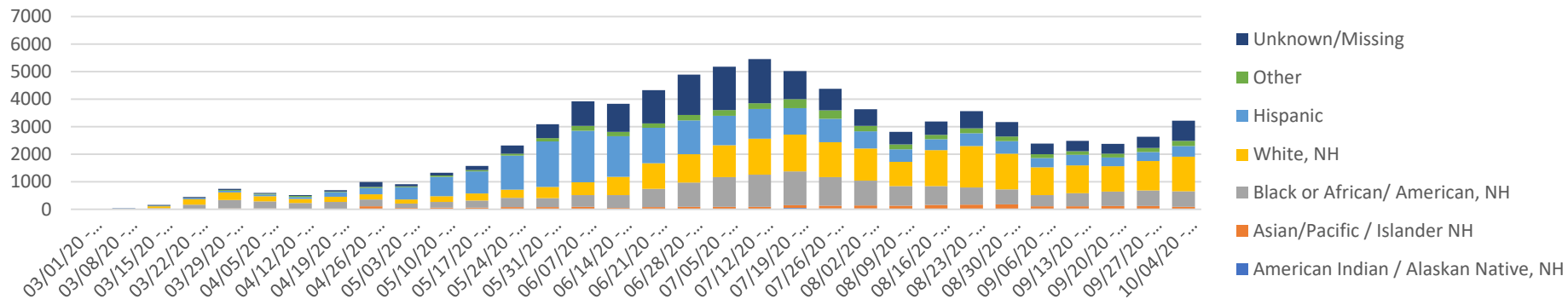
Changing Demographic Drivers

Recent increasing case counts observed primarily in White, Non-Hispanic population, with a larger number in rural counties.

COVID-19 Cases by Race/Ethnicity - Rural Counties



COVID-19 Cases by Race/Ethnicity - Urban Counties





**Don't forget the
3 W's!**

WEAR

WAIT

WASH

What have we learned about COVID-19 and K-12 schools in the past month?

Key Research Updates:

Risk of infection if exposed to someone with COVID-19 decreased by:

- 85% with social distancing
- 77% by always wearing a mask
- 76% by duration of contact ≤ 15 minutes
- 67% by frequent handwashing



Centers for Disease Control and Prevention
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EMERGING INFECTIOUS DISEASES®

Doung-ngern et al. [Case-control study of use of personal protective measures and risk for SARS-CoV-2 infection, Thailand](#). Emerg Infect Dis (2020). C

Key Research Updates:

Susceptibility to SARS-CoV-2 infection among children and adolescents compared with adults

- 15 contact-tracing studies
- Children and adolescents (<20 years) had lower susceptibility to SARS-CoV-2 infection than adults (≥20 years), (pooled OR, 0.56 95% CI 0.37–0.85).
- Susceptibility for SARS-CoV-2 infection among children (<10-14 years) was significantly lower than for adults (pooled OR 0.52, 95% CI 0.33–0.82).
- Susceptibility for SARS-CoV-2 infection adolescents (10–19 years) was not significantly different than for adults (OR 1.23, 95% CI 0.64–2.36).
- Most population screening studies found lower seroprevalence in children than in adults.
- Seroprevalence appeared similar in adolescents and adults.

Susceptibility to SARS-CoV-2 infection among children and adolescents compared with adults. Viner et al. JAMA Pediatrics. September 25, 2020

<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2771181>

COVID-19 Trends Among School-Aged Children – United States, March 1–September 19, 2020

- **During March 1–September 19, 277,285 COVID-19 cases in children have been reported.**
- **COVID-19 incidence among adolescents aged 12–17 years was approximately twice that in children aged 5–11 years.**
- **Underlying conditions were more common among school-aged children with severe outcomes related to COVID-19.**

What has changed in K-12 public health guidance for October?

All Schools Guidance Documents:

<https://covid19.ncdhhs.gov/guidance#schools>

Follow Key Updates:

<https://files.nc.gov/covid/documents/guidance/education/K-12-Public-Health-Guidance-Key-Updates.pdf>

StrongSchoolsNC

Public Health Toolkit (K-12) Updates

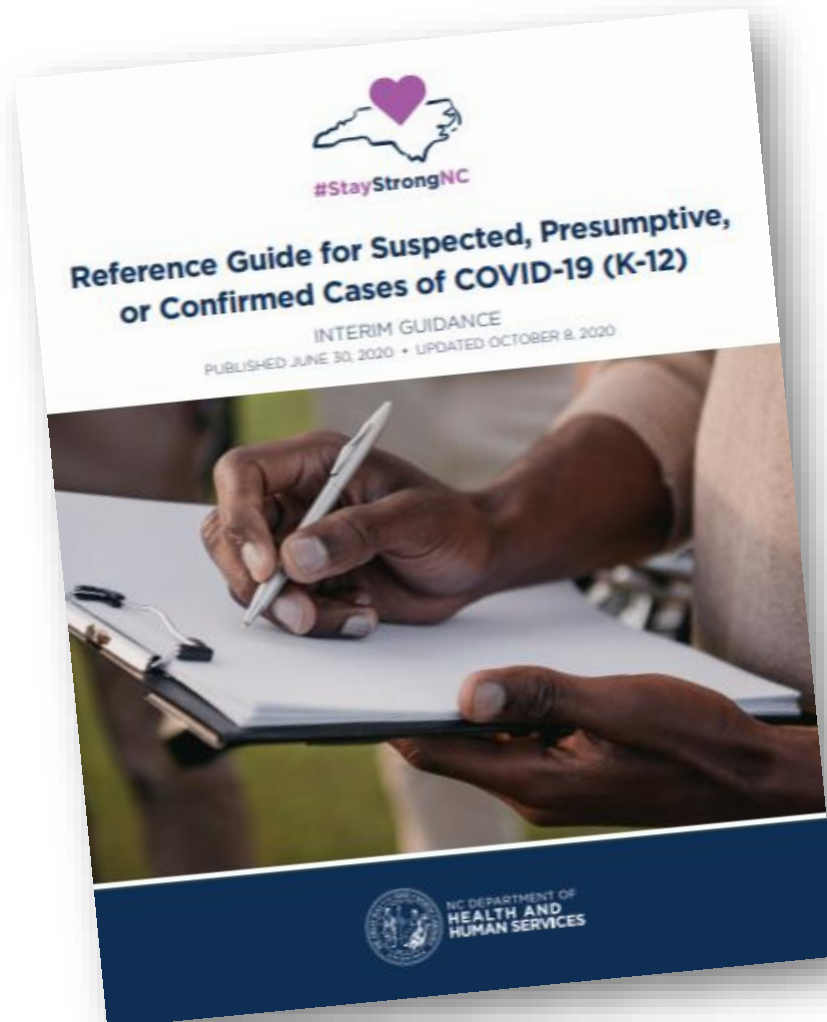
- **K – 5 may operate on Plan A (as of 10/5)**
- **Clarifies need to exclude household members if one individual is symptomatic**
- **Clarifies school leaders' reporting requirements to their Local Health Department**
- **Clarified language regarding Plan B bus restrictions following request from NC State Board of Education and Department of Public Instruction**
- **Clarified screening flow chart language regarding molecular /PCR testing**

Transportation under Plan B

- **Under Plan B only, schools are required to adhere to all requirements already outlined, AND:**
- **No more than one passenger may be seated per school bus bench seat, with the exception that members of the same household may share a seat**
- **No more than two students may be seated in a non-bus vehicle unless all students in the vehicle are members of the same household**

Reference Guide for Suspected or Confirmed Cases

- **Significant revisions to better clarify expectations for schools and local health departments**



https://files.nc.gov/covid/PHT-ScreeningReferenceGuide_6.30.pdf

School Reporting Requirements - Exposure - not a reportable event- can be discussed with LHD

- School is not required to report a positive screening for exposure to the Local Health Department
- School may consult with the LHD on next steps for management and considerations on cleaning following a positive screening for exposure.
- School is not required to share the positive screening for exposure with students, families, and staff.

School Reporting Requirements – Diagnosis – Reportable event

- School must report a diagnosed case of COVID-19 among students or staff to the LHD
- School must provide requested information, such as answering questions about adherence to mitigation efforts (e.g., wearing cloth face coverings with fidelity) and identifying potential close contacts based on classroom attendance.
- School may choose to notify staff and families that there was an individual at the school who was diagnosed with COVID-19.
- Local Health Department will contact staff and families if they are identified as a close contact of the individual who tested positive.

School Reporting Requirements - Symptoms

- School must report a suspected or confirmed COVID-19 case among students or staff to the Local Health Department, as required by NCGS § 130A-136.
- School must provide requested information, such as answering questions about adherence to mitigation efforts and identifying potential close contacts based on classroom attendance.
- If a suspected or confirmed case is reported:
 - School may choose to notify staff and families that there was an individual at the school with a suspected or confirmed case for COVID-19.
 - Any notice to staff and families must maintain confidentiality in accordance with NCGS § 130A- 143 and all other state and federal laws.
 - Local Health Department will contact staff and families if they are identified as a close contact of the suspected or confirmed case.
- If there is no suspected or confirmed case of COVID-19:
 - School is not required to share the positive screening for symptoms with students, families, and staff.
 - However, the school may consult with the Local Health Department on next steps regarding the need for communication following this particular instance of a positive screening for symptoms.
 - Any notice to staff and families must maintain confidentiality in accordance with NCGS § 130A- 143 and all other state and federal laws.

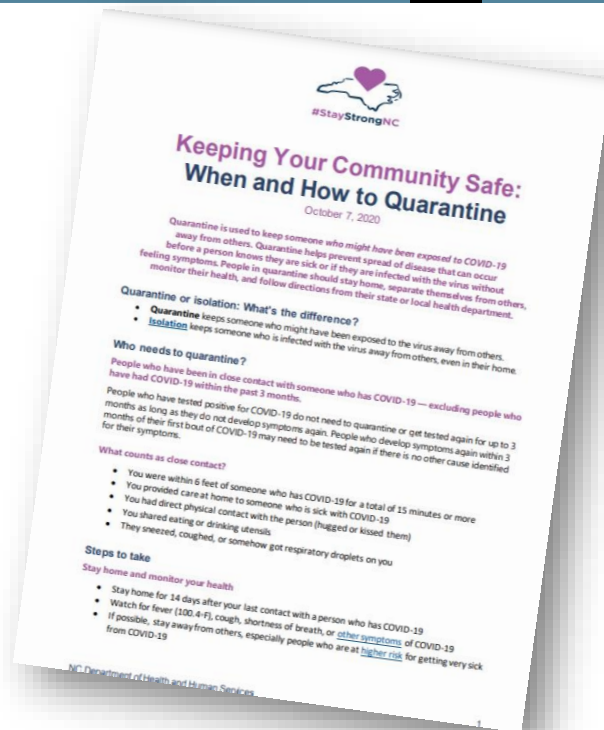
Exclusion of Household Members

- All members of the symptomatic individual's household affiliated with the school (**such as a sibling who is also a student, or a parent who is a teacher**) must also follow exclusion procedures, because they are contacts to a potential COVID-19 case, based on the presence of symptoms consistent with COVID-19.
- If the symptomatic individual receives confirmation of an alternate diagnosis from a health care provider that would explain the COVID-19-like symptom(s), once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours, the household member may also return to school at that time, assuming they have not developed symptoms.

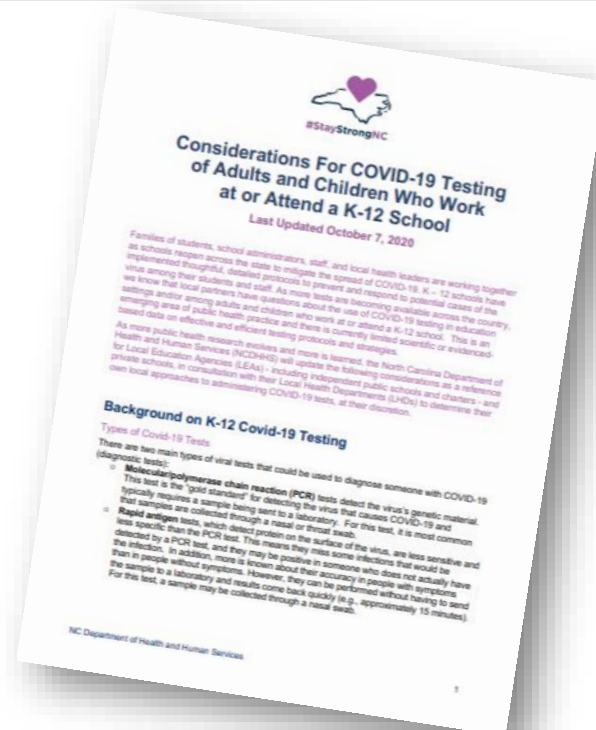
What new resources are available?

Two New Resources

When to Quarantine (+ Spanish)



K-12 COVID-19 Testing Considerations



When to Quarantine? – New Resource

- **Quarantine** keeps someone who might have been exposed to the virus away from others.
- **Isolation** keeps someone who is infected with the virus away from others, even in their home.

Who needs to quarantine?

People who have been in close contact with someone who has COVID-19 — excluding people who have had COVID-19 within the past 3 months.

People who have tested positive for COVID-19 do not need to quarantine or get tested again for up to 3 months as long as they do not develop symptoms again. People who develop symptoms again within 3 months of their first bout of COVID-19 may need to be tested again if there is no other cause identified for their symptoms.

What counts as close contact?

- You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more
- You provided care at home to someone who is sick with COVID-19
- You had direct physical contact with the person (hugged or kissed them)
- You shared eating or drinking utensils
- They sneezed, coughed, or somehow got respiratory droplets on you

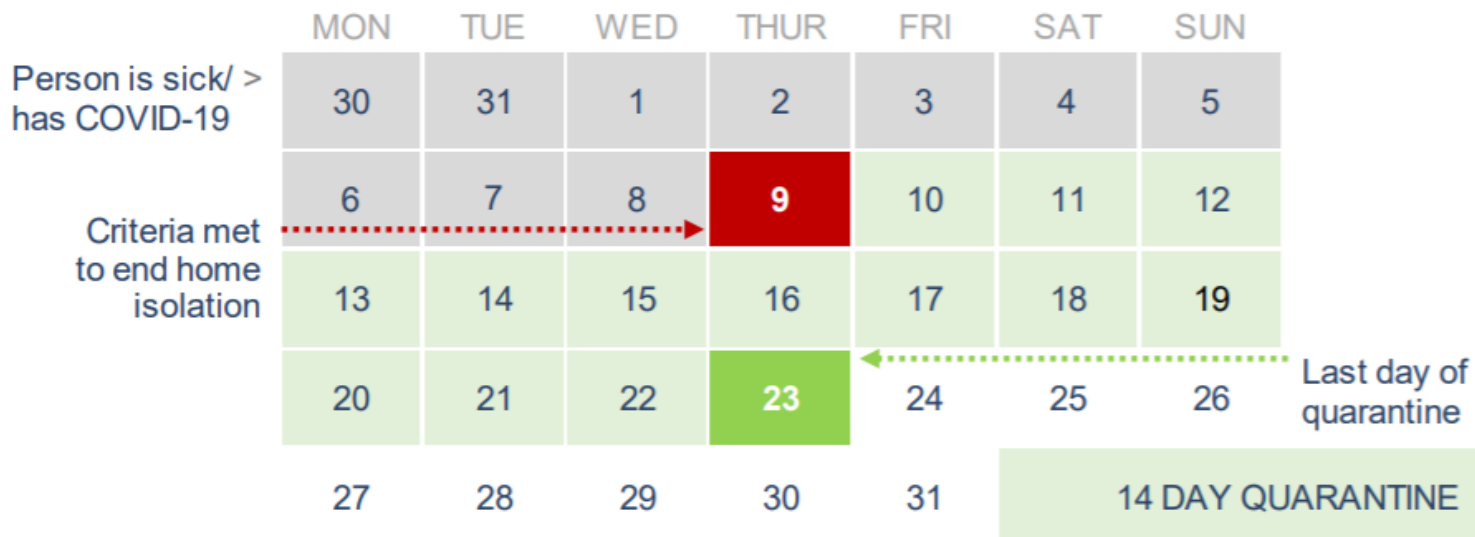
Example Quarantine Scenario

Scenario 4: Live with someone who has COVID-19 and cannot avoid continued close contact

I live in a household where I cannot avoid close contact with the person who has COVID-19. I am providing direct care to the person who is sick, don't have a separate bedroom to isolate the person who is sick, or live in close quarters where I am unable to keep a physical distance of 6 feet.

You should avoid contact with others outside the home while the person is sick, and quarantine for 14 days after the person who has COVID-19 meets the [criteria to end home isolation](#).

Date the person with COVID-19 ends home isolation + 14 days = end of quarantine



K-12 Testing Guidance to Support Local Decision-Making

- **CDC issued broad considerations for K-12 testing on June 30, 2020 - Updated on October 13**
- **NCDHHS considerations were drafted with broad expertise from across the department, and build from the CDC's recommendations**
- **Will be revised and updated over time – as with all NCDHHS COVID-19 material – as we learn more**

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-testing>.

Background – Main types of COVID-19 tests

– Molecular/polymerase chain reaction (PCR)

- Detect the virus's genetic material
- This test is the “gold standard” for detecting the virus that causes COVID-19
- Requires a sample being sent to a laboratory
- Samples are collected through a nasal or throat swab

– Rapid antigen tests

- Detect protein on the surface of the virus
- Less sensitive and less specific than the PCR test. This means they miss some infections that would be detected by a PCR test, and they may be positive in someone who does not actually have the infection.
- Concordance with PCR done in symptomatic people. Limited to any data on accuracy in people without symptoms – off label use.
- Can be performed without having to send the sample to a laboratory and results come back quickly (e.g., approximately 15 minutes).
- A sample may be collected through a nasal swab.

K-12 Testing Strategies: Recommendations

- **Test Symptomatic:** individuals with signs or symptoms
 - Positive with antigen test or a PCR test, or negative with PCR, presumed accurate
 - Negative by an antigen test, a follow up PCR test should be done
 - May not allow children to get back into classroom more quickly
- **Test Close Contacts:** individuals with recent known close contact to person with COVID-19, symptomatic or asymptomatic
 - If the person tests negative during quarantine with either a PCR or antigen test, they still must complete a 14-day quarantine before returning to school
 - Cannot test out of quarantine

K-12 Testing Strategies: Considerations

Broader Testing: Test asymptomatic individuals without recent known exposure to a person with COVID-19

A school/LHD might consider if it has the infrastructure, testing supply, and trained staff

- ***“This is an emerging area of public health practice and there is currently limited scientific or evidenced-based data on effective and efficient testing protocols and strategies.”*** Will update as more research becomes available
- Expanded testing in context of a cluster
- Routine repeated testing
- Entry Testing, Universal one time testing as requirement for in-person learning

Potential Broader Testing Strategies- Expanded Testing in Context of Cluster

- K-12 school that has experienced a cluster
- Could test beyond close contacts
- e.g., all adults and children in a classroom, building wing, or who were physically present on campus when the cluster was active)

Potential Broader Testing Strategies-

Repeated Testing Strategy

- District is operating any in-person learning under Plan A or Plan B
- District is located in a county that is currently in the red, orange, or yellow zone according to the [CDC Indicators and thresholds for risk of introduction and transmission of COVID-19 in schools](#)
- Could test a portion or sample of adults and/or children (e.g., 5%) on a regular basis (e.g., weekly).
- Exclude any with COVID in past 3 months.
- Testing adults may be more effective as current data shows they may spread virus more efficiently than children.

Potential Broader Testing Strategies- Entry Testing, Universal One-Time Testing

- **Per CDC** *“It is not known if [this strategy] provides any additional reduction in virus transmission above the key mitigation strategies recommended for schools. Currently, CDC does not have specific recommendations for entry testing of all students, teachers, and staff.*
- Do not recommend requiring
- Potential limitations of effectiveness (just one point in time)
- May be more effective with follow up routine repeated testing strategy

Interpretation of test results in people without symptoms

If a person with no symptoms and no known contact with someone with COVID-19 tests:

- Positive PCR or negative with a PCR or an antigen test, can be considered accurate
- Positive with an antigen test, a repeat PCR test should be done within 24-48 hours
 - Chance of false positives in this context

Free COVID-19 Testing Opportunities

No-cost COVID-19 testing events are happening throughout North Carolina

At these testing events...



COVID-19 testing is available to everyone, with or without insurance



Children can be tested if with a parent or guardian



People from adjacent counties can be also be tested

A full list of no-cost testing events is available on the [Community Testing Events](#) page

Upcoming COVID-19 Testing

County	Location	Address	Hours	Days
Bertie	Bertie Early College	819 Governor's Road, Windsor, NC	8am-5pm	M-F
Chowan	American Legion	1317 W. Queen Street, Edenton, NC 27932	8am-5pm	M-F
Durham	Oxford Manor Community Center	3633 Keystone Place, Durham, NC 27704	8:30am-5pm	M-F
	Durham Housing Development	519 East Main Street, Durham, NC 27701	8:30am-5pm	M-F
	J.J. Henderson Housing Center	807 S. Duke Street, Durham, NC 27701	8:30am-5pm	M-F
	McDougald Terrace	1101 E. Lawson Street, Durham, NC 27701	8:30am-5pm	M-F
Edgecombe	Town Hall Pinetops	101 E. Hamlet Street, Pinetops, NC	8am-5pm	M-F
	Heritage Park	428 Mutual Boulevard, Princeville, NC	8am-5pm	M-F
Gates	New Hope Missionary Baptist Church	94 NC Hwy 37, Gates, NC 27937	8am-5pm	M-F
Graham*	Big Oaks Stadium Parking Lot	Knight St, Robbinsville, NC 28771	9am - 6pm	T-Sat
Hertford	Hertford County Government Complex	115 Justice Drive, Winton NC 27986	8am-5pm	M-F
Hoke	Hoke County Health Department	683 E. Palmer Road, Raeford, NC	7am-4pm	W/F
	Hwy 211 Park	3195 Red Springs Road, Raeford, NC 28376	9am-4pm	T/Th
	Mt. Pisgah Church Community Center	373 Pittman Grove Church Rd, Raeford, NC 28376	9am-4pm	M
Montgomery	The MarketPlace	145 S. Depot Street, Candor, NC 27229	9am-5pm	M-F
Richmond*	Richmond Health Dept	127 Caroline St. Rockingham NC 28379	8am-5pm	T-Sat
Robeson	Former Board of Education Parking Lot	3430-A Khan Drive, Lumberton, NC 28358	9am-5pm	M-F
Rockingham	County Dept of Health & Human Services	371 NC HWY 65, Wentworth, NC 27375	8am-5pm	M/W/F
Stanly	Stanly Community College at Crutchfield	102 Stanly Parkway, Locust, NC 28097	8am-5pm	T-Sat
Watauga*	Appalachian District Health Dept	126 Poplar Grove Connector Boone NC 28607	8:30am-5pm	M-Sat
Yadkin*	West Yadkin Baptist Church	2929 US Highway 21, Hamptonville, NC	10am-6pm	T-Sat
	Yadkin Medical Campus	624 West Main Street	10am-6pm	T-Sat

**First day of testing is 10/20 and will start at 1pm. The regular schedule will continue after the first day.*

Pop Up Testing Events: <https://covid19.ncdhhs.gov/about-covid-19/testing/find-my-testing-place/pop-testing-sites>

Thank you!

What Questions Do You Have?

- Have a question? Ask it now!
- Read regularly updated [FAQ document](#)
- For questions about NCDHHS statewide guidance not covered in the FAQ document, email StrongSchoolsNC@dhhs.nc.gov





Next Meeting:

**Tuesday, November 3, 2020
8:00 a.m.-9:00 a.m.**

