New Hampshire Coronavirus Disease 2019 (COVID-19) Education and Childcare Partner Call

August 11, 2021

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Next Call Scheduled for Sept 15th

- We will have our next School & Childcare Partner call on Wednesday, September 15th from 3:30-4:30 pm

- Recurring calls are planned for the 3rd Wednesday of every month from 3:30-4:30 pm

- Same webinar/call information as today's call:
  - Zoom link: https://nh-dhhs.zoom.us/s/98062195081
  - Webinar ID: 980 6219 5081
  - Passcode: 197445
  - Telephone: 646-558-8656

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Updated Resources

- [School & Childcare Toolkit](#) (with new incorporated checklist for implementation of prevention strategies)

- [Healthcare Provider Letter](#)

- [Quarantine Guide](#): For household close contacts who are NOT fully vaccinated, and potentially for people in outbreak situations

- [Self-Observation Guide](#): For non-household close contacts (e.g., close contact with someone with COVID-19 in the community), and for fully vaccinated household contacts

- [Isolation Guide](#): For people diagnosed with COVID-19 (*unchanged*)

Purpose of this Call

- This is an <u>update</u> to our last K-12 school and childcare partner call which occurred on 7/21

- We will be clarifying some recommendations

- We will also expand on some topic areas that people have requested more information about (e.g., metrics)

- If you weren't able to be on our last call, it is available for viewing on our website: https://www.covid19.nh.gov/resources/schools (scroll down to the "Weekly Educational Institution Calls" section)

General Comments About Prevention Strategies (AKA mitigation measures)

- Mitigation measures are intended for population-level control, and so should be implemented at a population level

- NH DPHS has always tried to base our recommendations about mitigation measures on community risk

- Community risk is reflected in the level of community transmission

- When the Level of Community Transmission is high (or "substantial"), we have recommended everybody take steps to prevent the spread of COVID-19

- When Level of Community Transmission is low we have attempted to be permissive in pulling back on mitigation measures for everybody

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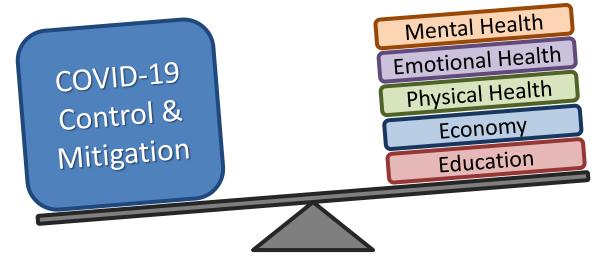Department of Health and Human Services

Why is NH Public Health Not Requiring Schools to Follow Specific Guidance?

- NH DPHS has never required schools (or business or organization) to implement any mitigation measures

- Requirements/mandates came through Executive Orders under the State of Emergency, all of which are no longer in place

- NH DPHS generally does NOT have authority to require schools to use face masks or implement any other mitigation measures

- NH DPHS does issue recommendations, but it is up to the local school district or childcare program to decide how to implement the recommendations based on their local situation

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Balancing Competing Priorities

- Minimize risks of COVID-19 to children, students and staff

- Maximize the in-person educational experience

- Continue to provide important community social support services while addressing educational, financial and overall health needs

Overall Goal

1. Get all kids back to in-person learning

2. Minimize risk of COVID-19 transmission in school and childcare settings
   - There is flexibility in how to do this by adjusting prevention strategies based on local community transmission, rates of vaccination, and other local contextual factors

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CDC's Key Prevention Strategies

1. Promote vaccination

2. Face mask use (consistent and correct use)

3. Physical distancing (and cohorting)

4. Screening testing (recommended for K-12 schools, but not for child care programs)

5. Increasing ventilation

6. Handwashing and respiratory etiquette

7. Staying home when sick and getting tested

8. Contact tracing in combination with isolation and quarantine

9. Cleaning and disinfection

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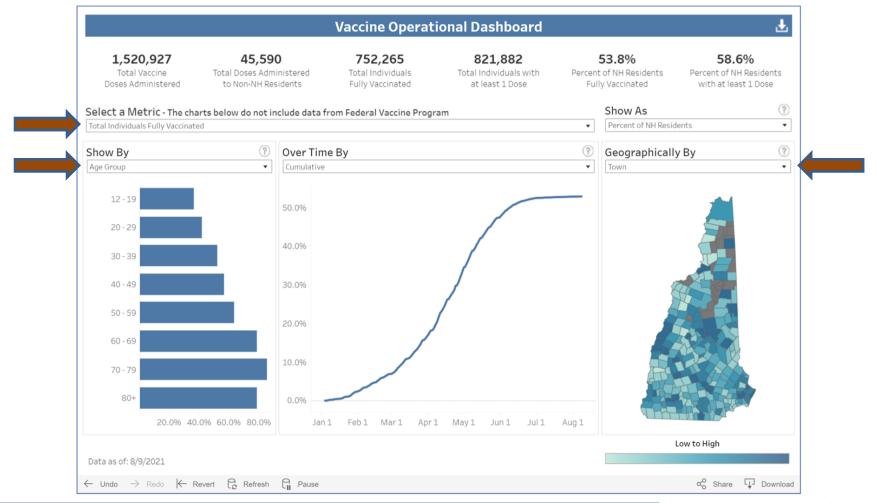
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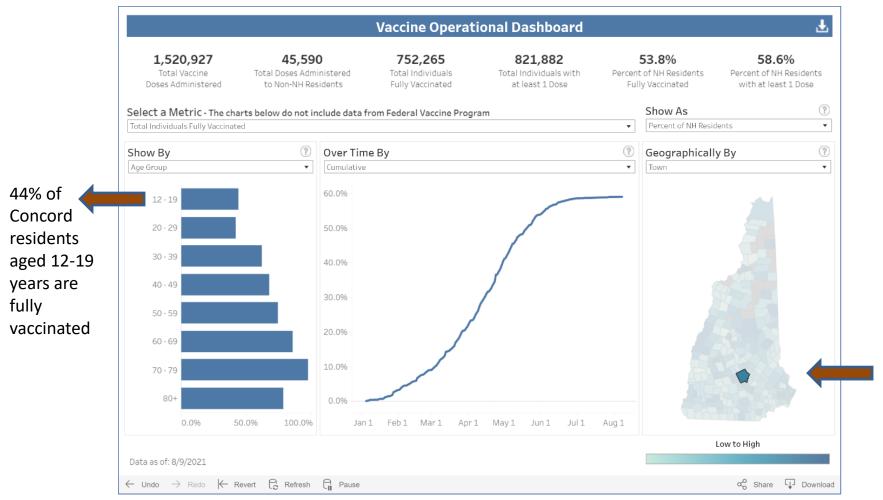Department of Health and Human Services

1. Promote Vaccination

- Town level COVID-19 vaccination data is now available and it can be filtered by various metrics, demographics, and geographies

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44% of Concord residents aged 12-19 years are fully vaccinated

1. Promote Vaccination

- COVID-19 vaccination has been shown to be effective at preventing both symptomatic and asymptomatic infection (see CDC Science Brief)

- Even if someone is infected after vaccination (which is not common), vaccination is still beneficial (NEJM article) and leads to:
  - Lower viral loads (i.e., less viral shedding)
  - Shorter duration of viral shedding
  - Lower risk of febrile/severe illness
  - Shorter duration of symptoms

- Achieving a high level of COVID-19 vaccination among eligible children, students, staff, and families (and communities) is the most important action that people can take to protect their own health and end this pandemic (and end the need for mitigation measures)

- Recommendation: schools should help communicate the importance of vaccination and help actively promote vaccination in their communities

- Work with local healthcare partners and our Regional Public Health Networks (RPHNs) to set up school-specific clinics (see contact list)

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2. Face Mask Use

- "NH DPHS recommends face mask use based on a local assessment of risk from COVID-19 in the community" (from school and childcare partner call on 7/21)

- Despite updates to CDC K-12 school and childcare guidance, NH DPHS continues to base our recommendations for mitigation measures primarily on the level of community transmission

- As level of COVID-19 and community transmission increases, more strict implementation of prevention strategies, including face mask use, is important, especially indoors

- Face mask are generally not recommended in most outdoor locations

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Additional Recommendations for Face Masks

- It's important to communicate with your community about the two different important purposes of face masks:
  - Protect the person wearing the face mask (i.e., as PPE)
  - Prevent spread of COVID-19 from the person wearing the face mask to others (i.e., for "source control")

- It is the local school district decision about whether to recommend vs. require face masks (NH DPHS makes recommendations not requirements)

- Since our last call, there have been multiple requests for more information about metrics and/or a decision guide for making local decisions…

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General CDC Guidance for Schools and Childcare

- Consider multiple factors when making decisions about implementing layered prevention strategies against COVID-19

- "Monitor community transmission, vaccination coverage, screening testing, and occurrence of outbreaks to guide decisions on the level of layered prevention strategies"

To get kids back in-person safely, schools should monitor

Community Transmission   Vaccination Coverage   Testing   Outbreaks

to help prevent the spread of COVID-19

cdc.gov/coronavirus

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Variants of concern (VOC)

Opportunities for the virus to spread & cause outbreaks

Low levels of vaccination

Increasing COVID-19 in the surrounding community *

* We constructed a "decision matrix" based on these two primary factors

Increase in infections and clusters in schools & child care programs *

More children & staff out sick

Increased risk of adverse outcomes

More children & staff with viral symptoms requiring testing

Increased risk to people who are immunocompromised

Parents needing to taking time off work

School and child care staff shortages

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NH DPHS <u>Indoor</u> Face Mask Recommendation

		Level of Community Transmission		
		Minimal	**Moderate**	**Substantial**
Cases Within Facility	**Sporadic cases without evidence of facility transmission**	Optional*	Optional*	Universal†
	Single Cluster	Targeted	Targeted	Universal†
	Multiple clusters or a larger outbreak	Universal†	Universal†	Universal†

* Face masks still recommended for people who want maximal protection for themselves or others (e.g., a household member who is unvaccinated or medically vulnerable)

† Exceptions can be made for classrooms/schools that have achieved a high vaccination rate (e.g., high-school), or where other prevention measures can be strictly implemented (e.g., 6 feet of physical distancing)

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Additional Clarifying Points

- This "Decision Matrix" is one suggested approach to implementing prevention strategies, like face mask use, based on level of community transmission and the presence of a cluster/outbreak

- Even when face masks are "Optional", they are still generally recommended for people who want maximal protection for themselves or others, including people who:
  - Have a weakened immune system that makes them more susceptible to COVID-19, even after vaccination
  - Want to protect a household member who may be medically vulnerable or unvaccinated (i.e., to prevent the person wearing the face mask from picking up COVID-19 and bringing it home)

- "Targeted" face mask use in the setting of a cluster/outbreak can be for a specific group of individuals and time limited if a cluster/outbreak is small and confined (work with public health)

- "Universal" face mask use can be modified by additional factors…

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"Universal" Face Masks May Not be Necessary if:

- Other mitigation measures are able to be strictly implemented, such as 6 feet of physical distancing, activities are outdoors, etc.

- Your <u>school</u> population has a "high level" of COVID-19 vaccination:
  - See vaccine data dashboard (age breakdown by town)
  - You could also ask for voluntary reporting of vaccination status (e.g., verified by COVID-19 vaccination cards)

- There is a robust asymptomatic screening testing program implemented

Then your "Decision Matrix" might look more like this:

		Level of Community Transmission		
		Minimal	Moderate	Substantial
Cases Within Facility	**Sporadic cases without evidence of facility transmission**	Optional*	Optional*	Optional*
	Single Cluster	Targeted	Targeted	Targeted
	Multiple clusters or a larger outbreak	Universal[†]	Universal[†]	Universal[†]

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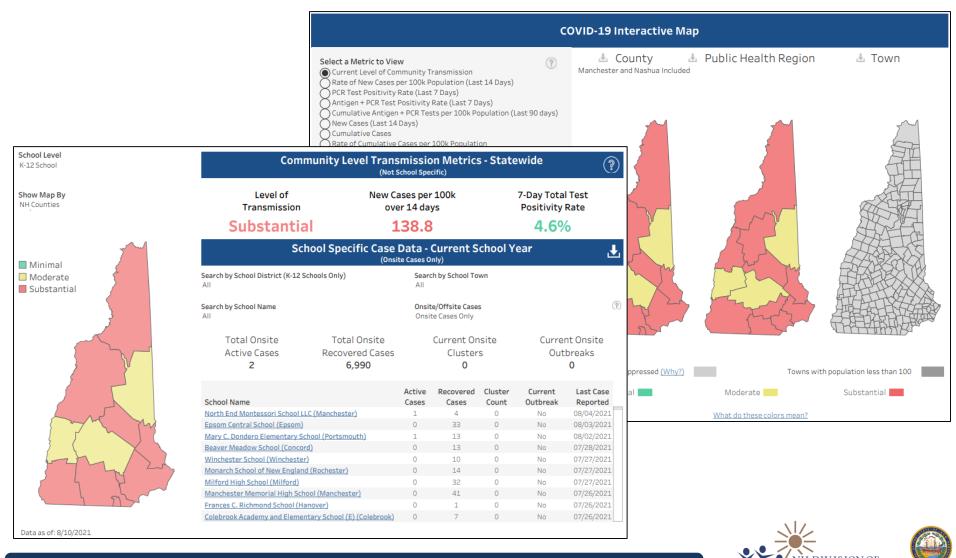Department of Health and Human Services

What is a "High Level" of Vaccination? Is There a Specific Goal?

- The higher the better, especially with the more infectious Delta variant now the predominate strain

- We would suggest a goal of at least 80% of a population becoming fully vaccinated

- Even higher levels of vaccination may be necessary to break transmission from the Delta variant, but at least 80% fully vaccinated will offer high levels of protection to the community

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Where Can I Find Our Level of Community Transmission?

https://www.covid19.nh.gov/dashboard/map

4. Screening Testing

- Screening testing refers to testing people who are asymptomatic to detect infection early and prevent spread of COVID-19

- Screening testing is currently recommended only for K-12 schools (and not childcare programs)

- See CDC K-12 school screening testing guidance

- See NH Safer at School Screening (SASS) Program guidance

- There is funding and support to do this, and it's not too late to sign up: SASS@dhhs.nh.gov

We Encourage All Schools to Enroll

- Schools are not required to conduct *routine* asymptomatic screening testing when enrolled in the SASS program

- You can use SASS testing for reactive testing, but only if you are pre-enrolled with one of the State-approved vendors

- "Signing up" can be an important resource in the event that testing a group of people is needed because of a cluster or outbreak (e.g., a sports team outbreak)

- The State does not have readily available on-demand mobile testing teams in operation to support outbreak testing

- The logistics of standing orders and gaining consent from parents/guardians is supported through the SASS testing contractor

- Enroll by e-mailing: SASS@dhhs.nh.gov

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7. Staying Home When Sick and Getting Tested

- NH DPHS Updated Recommendation: Continue to have a low-bar for excluding and testing people with new and unexplained [symptoms of COVID-19](#) that might indicate infection

- Clarification/Update:
  - This includes mild cold symptoms, and even singular symptoms
  - This is essentially the same recommendation as last school year
  - This should be implemented for both people who are/aren't fully vaccinated
  - Schools and childcare programs will not be able to easily operationalize a recommendation that fully vaccinated person don't necessarily need testing, but should have a provider assessment
  - It's actually probably quicker for someone with symptoms of COVID-19 to get rapid antigen testing rather then seek out a provider assessment

- See the list of [COVID-19 testing locations](#) around NH

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Most Common Symptoms of COVID-19

- Fever or chills (including subjective fever)
- Cough
- Shortness of breath
- Sore throat
- Nasal congestion and runny nose
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Nausea or vomiting
- Diarrhea

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NH Data on COVID-19 Symptoms, 3/2/20 – 5/6/21

(% of symptomatic persons with COVID-19 presenting with each symptom)

	Age Group (years)			
	0-4	**5-9**	**10-14**	**15-19**
# Reporting Symptoms	1,565	1,739	2,781	4,986
Symptoms (%)				
Fever	51%	44%	34%	30%
Cough	42%	31%	36%	42%
Shortness of Breath	2%	2%	3%	8%
Runny Nose	48%	31%	30%	31%
Nasal/Sinus Congestion	25%	28%	33%	38%
Sore Throat	7%	21%	34%	38%
Muscle Aches	5%	12%	21%	31%
Fatigue/Lethargy	19%	24%	31%	35%
Headache	6%	34%	46%	52%
Nausea/Vomiting	7%	11%	10%	10%
Diarrhea	13%	7%	7%	8%
Loss of Taste/Smell	3%	7%	22%	37%

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Top 5 Symptoms by Age Group

All Ages:	0-4 years:	5-9 years:	10-14 years:	15-19 years
Cough (52%)	Fever (51%)	Fever (44%)	Headache (46%)	Headache (52%)
Headache (46%)	Runny nose (48%)	Headache (34%)	Cough (36%)	Cough (42%)
Fever (38%)	Cough (42%)	Cough (31%)	Sore Throat (34%)	Sore Throat (38%)
Myalgia (37%)	Nasal Congestion (25%)	Runny nose (31%)	Fever (34%)	Nasal Congestion (38%)
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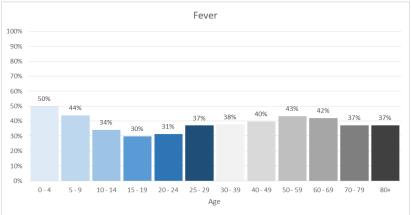| All Ages:	0-4 years:	5-9 years:	10-14 years:	15-19 years
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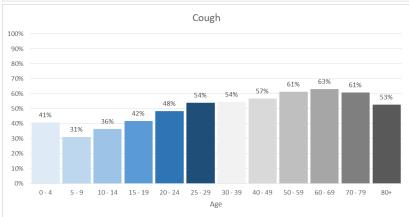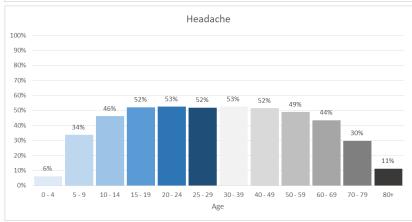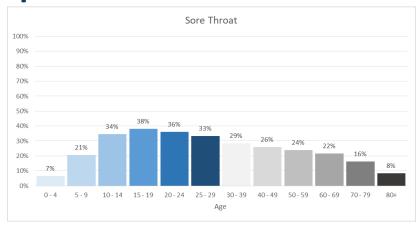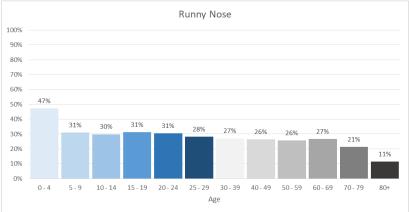| All Ages:	0-4 years:	5-9 years:	10-14 years:	15-19 years
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Symptoms by Age Group

Fever
- 0 - 4: 50%
- 5 - 9: 44%
- 10 - 14: 34%
- 15 - 19: 30%
- 20 - 24: 31%
- 25 - 29: 37%
- 30 - 39: 38%
- 40 - 49: 40%
- 50 - 59: 43%
- 60 - 69: 42%
- 70 - 79: 37%
- 80+: 37%

Sore Throat
- 0 - 4: 7%
- 5 - 9: 21%
- 10 - 14: 34%
- 15 - 19: 38%
- 20 - 24: 36%
- 25 - 29: 33%
- 30 - 39: 29%
- 40 - 49: 26%
- 50 - 59: 24%
- 60 - 69: 22%
- 70 - 79: 16%
- 80+: 8%

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- 5 - 9: 31%
- 10 - 14: 36%
- 15 - 19: 42%
- 20 - 24: 48%
- 25 - 29: 54%
- 30 - 39: 54%
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- 50 - 59: 61%
- 60 - 69: 63%
- 70 - 79: 61%
- 80+: 53%

Runny Nose
- 0 - 4: 47%
- 5 - 9: 31%
- 10 - 14: 30%
- 15 - 19: 31%
- 20 - 24: 31%
- 25 - 29: 28%
- 30 - 39: 27%
- 40 - 49: 26%
- 50 - 59: 26%
- 60 - 69: 27%
- 70 - 79: 21%
- 80+: 11%

Headache
- 0 - 4: 6%
- 5 - 9: 34%
- 10 - 14: 46%
- 15 - 19: 52%
- 20 - 24: 53%
- 25 - 29: 52%
- 30 - 39: 53%
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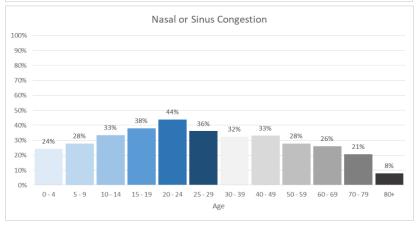- 70 - 79: 21%
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NH Data on COVID-19 Symptoms, 3/2/20 – 5/6/21

*(% of symptomatic persons with COVID-19 presenting with **ONLY ONE** symptom)*

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Runny Nose	9%	5%	3%	1%
Nasal/Sinus Congestion	3%	4%	2%	2%
Sore Throat	0%	1%	2%	2%
Muscle Aches	0%	0%	0%	0%
Fatigue/Lethargy	1%	1%	1%	0%
Headache	0%	4%	3%	2%
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Diarrhea	1%	1%	0%	0%
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Sore Throat	0%	1%	2%	2%
Muscle Aches	0%	0%	0%	0%
Fatigue/Lethargy	1%	1%	1%	0%
Headache	0%	4%	3%	2%
Nausea/Vomiting	0%	1%	0%	0%
Diarrhea	1%	1%	0%	0%
Loss of Taste/Smell	0%	1%	2%	3%

Childcare & Pre-School Outbreaks since the Beginning of July 2021

- 9 new outbreaks (over the last 5-6 weeks)
  - Comparison: November 2020 – January 2021, there were 6-8 childcare outbreaks per month

- Total # of infections: 82
  - Staff: 25
  - Children: 57

- Average # of cases per outbreak: 9 (range 3 – 27)

- Reports from public health investigations:
  - "Staff became symptomatic and did not seek testing for 6 days"
  - "Students keeping on having a runny nose and parents and teachers think it's the usual cold"
  - "A number of cases were reported to have attended childcare while having a runny nose"

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Cold vs. COVID

- We are in the midst of a pandemic, and there is no such thing as a "usual cold"

- Cold symptoms, even mild symptoms like runny nose, should result in a person being excluded and tested for COVID-19 (and other pathogens)
  - 48% of all NH children aged 0-4 years who were symptomatic and diagnosed with COVID-19 developed a runny nose during the course of their illness (2nd most commonly reported symptom)
  - 9% of NH children aged 0-4 years who were symptomatic and diagnosed with COVID-19 had ONLY a runny nose (and another 3% had ONLY nasal congestion)
  - Either antigen- or PCR-based tests are appropriate for testing symptomatic people

- Your first line of defense to prevent introduction and spread of COVID-19 in your school or childcare is to NOT let symptomatic people (staff or children) come into your facility

CDC's Key Prevention Strategies

1. Promote vaccination

2. Face mask use (consistent and correct use)

3. Physical distancing (and cohorting)

4. Screening testing (recommended for K-12 schools, but not for child care programs)

5. Increasing ventilation

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8. Contact tracing in combination with isolation and quarantine

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Suggested Approach to Prevention Strategies

1. Promote vaccination, and work with local healthcare partners and RPHNs to make vaccination readily available (see new data dashboard)

2. Face mask use:
   - Should be based on a local assessment of risk (e.g., level of COVID-19 in the community)
   - Face masks in outdoor locations are generally no longer recommended
   - When level of COVID-19 is low, schools can choose to remove face masks indoors (permissive recommendation)
   - As level of community transmission increases (risk increases), and you should consider more strict implementation/recommendation for face mask use, but this should be done in the context of the ability to implement other prevention strategies and vaccination rates in your school population

3. Maximize physical distancing, and continue to cohort groups that are unable to physically distance (e.g., in childcare settings)

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Suggested Approach to Prevention Strategies

4. Screening asymptomatic testing can be considered by schools, especially if other prevention strategies are not being used and community transmission of COVID-19 is increasing
   - Schools should enroll in the SASS program in case outbreak testing is needed

5. Increase ventilation

6. Frequent handwashing and teach/promote respiratory etiquette

7. People with new and unexplained symptoms of COVID-19 should stay home and get tested

8. Notify NH DPHS if someone with COVID-19 was present in school:
   - The infected person will be required to isolate
   - Household contacts will be required to quarantine
   - All others should self-observe and monitor for symptoms

9. Routine cleaning; disinfection if someone with COVID-19 was present

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Updated Resources

- [School & Childcare Toolkit](#) (with new incorporated checklist for implementation of prevention strategies)

- [Healthcare Provider Letter](#)

- [Quarantine Guide](#): For household close contacts who are NOT fully vaccinated, and potentially for people in outbreak situations

- [Self-Observation Guide](#): For non-household close contacts (e.g., close contact with someone with COVID-19 in the community), and for fully vaccinated household contacts

- [Isolation Guide](#): For people diagnosed with COVID-19 (*unchanged*)

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Next Call Scheduled for Sept 15th

- We will have our next School & Childcare Partner call on Wednesday, September 15th from 3:30-4:30 pm

- Recurring calls are planned for the 3rd Wednesday of every month from 3:30-4:30 pm

- Same webinar/call information as today's call:
  - Zoom link: https://nh-dhhs.zoom.us/s/98062195081
  - Webinar ID: 980 6219 5081
  - Passcode: 197445
  - Telephone: 646-558-8656

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