

COVID-19 and the 2021-22 School Year

Aug 5, 2021
Utah State Board of Education



Our Shared Goals

- Keeping kids healthy and attending school in-person
- Mitigating spread in the classroom setting to keep kids attending school in-person
- Getting sick kids back in school as soon as possible

Objectives

- Examine historic / current COVID-19 data trends for K-12 age groups
- Describe roles of key stakeholders in COVID-19 school response
- Share proposed plan with options for how public health and schools can respond to cases of COVID-19, emphasizing personal responsibility
- Gather your feedback and answer your questions

Data and Trends in School Age Children

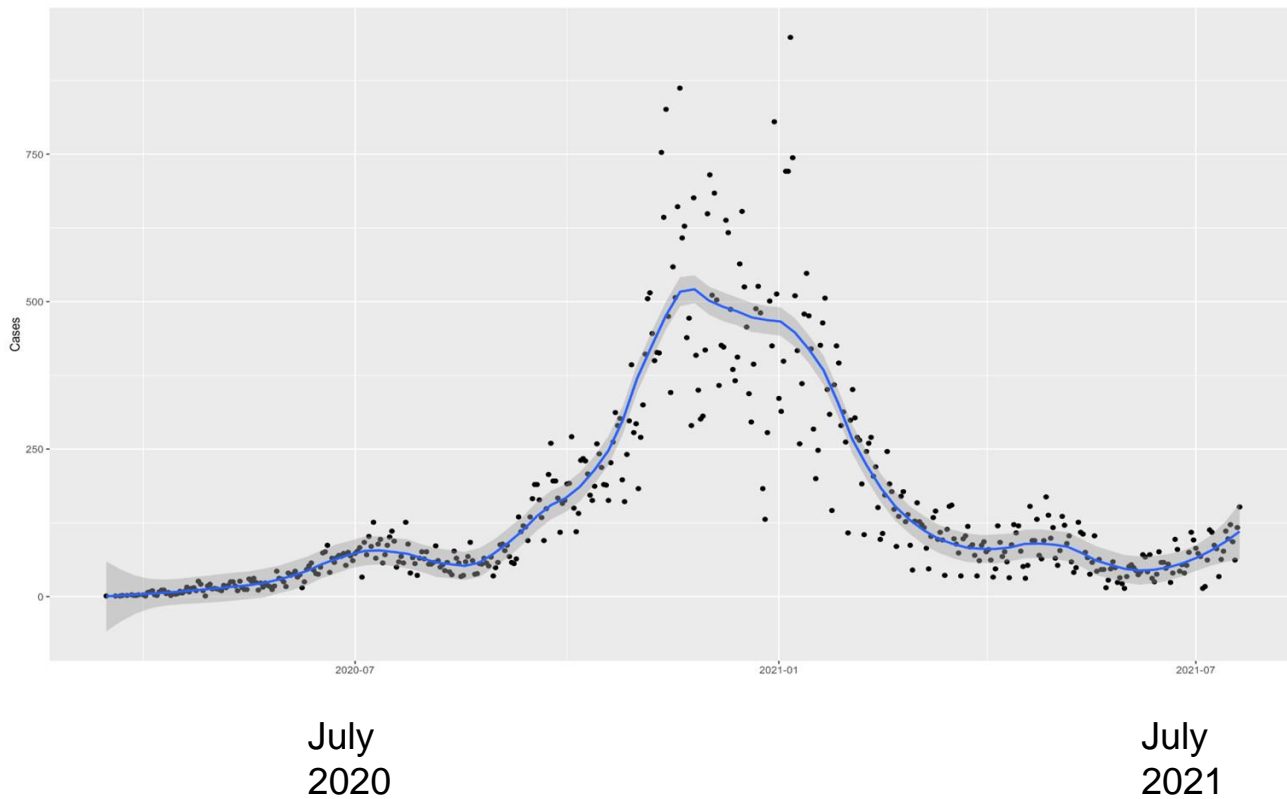


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School Age Children 7-Day Rolling Average Percent Positive



K-12 Case Counts and Predictions



We are currently have more than double the number of cases per day for children compared to last year

Models suggest these case rates could quadruple by October.

Cumulative and Current School Cases

Total school-associated cases in the 2020-2021 school year	39879
In teachers	3711
In students	33041
In other/unknown	3127
School-associated cases in the past two weeks*	37
In teachers*	7
In students*	23
In other/unknown*	7

COVID-19 Disease Burden in Utah's Children

Since the beginning of the pandemic:

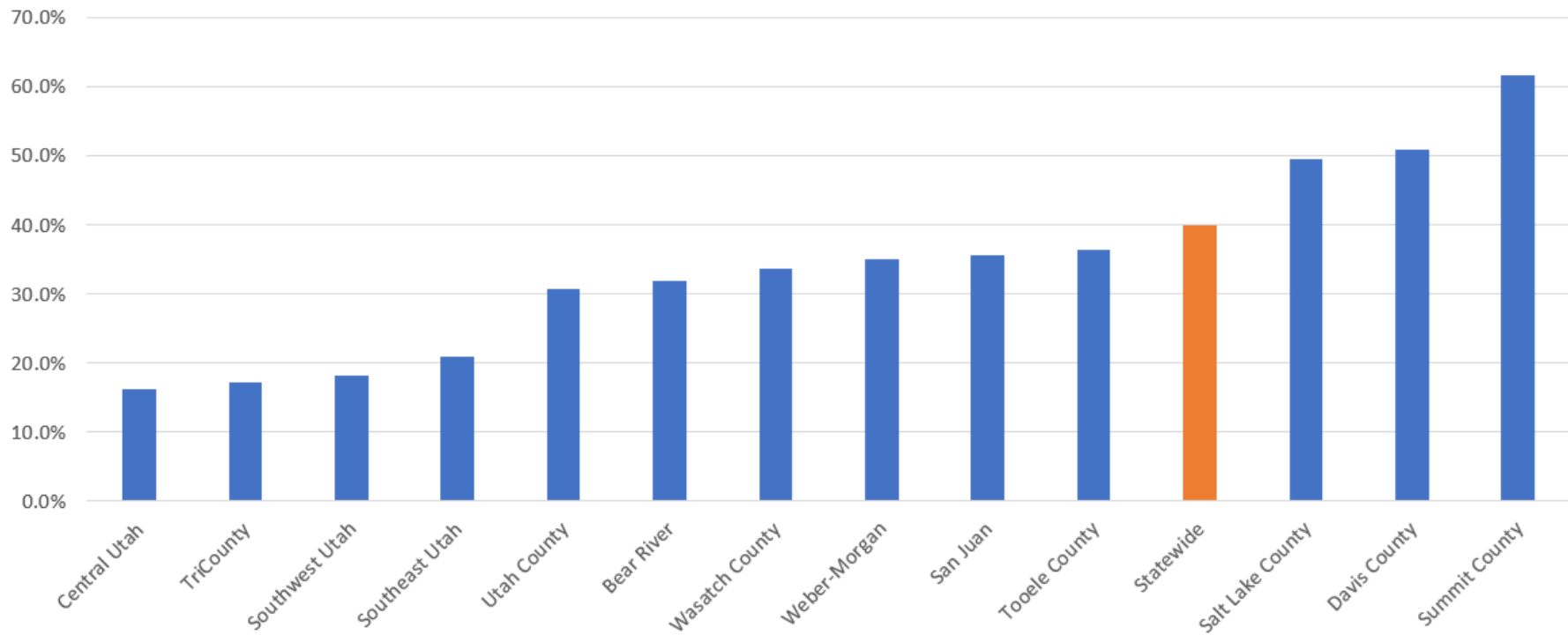
- 82,273 Utah children ages 0-18 have been diagnosed with COVID-19
- 752 needed to be hospitalized
- 46 needed ICU care
- 82 developed multisystem inflammatory syndrome in children (MIS-C)

Among 0-18 year olds, K-12 students represent:

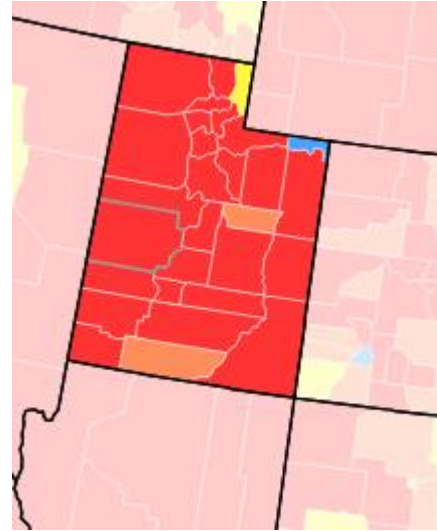
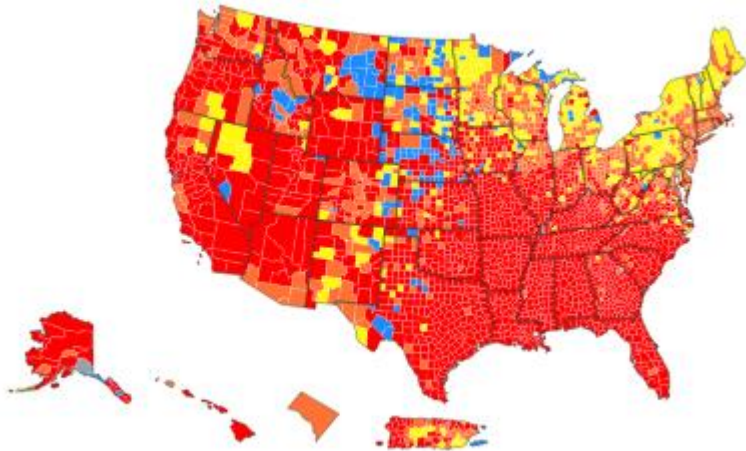
- 92% of COVID-19 cases
- 81% of COVID-19 hospitalizations
- 78% of COVID-19 ICU admissions
- 67% of MIS-C cases



12-18 Year Old Vaccine Uptake (Prime Doses)



Transmission Across the US and Utah



Directives affecting school response



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Utah Department of Health

Guide and Support

- Disease Plan
- Educational Messaging
- Testing and Vaccination Resources



Local Health Departments

Relate and Respond

- Local partnerships
- Case investigation / duty to respond
- Supportive actions (e.g., testing, vaccinations)



Schools

Educate and Support

- Preventive measures
- Case reporting
- Coordination and communication



Parents and Families

Choose and Protect

- Vaccinations
- Indoor masking
- Testing



Elected Leaders

Govern and Represent

- Policy
- Voice of constituents
- Accountability

DOH Legislative Directives

Utah's public health system has clear direction from the Legislature to:

- Investigate and control the spread of epidemic infections and communicable diseases [\(26-6-3\(1\)\)](#)
- Work with healthcare providers, schools, and others to track positive cases [\(26-23b-103 and R386-702-4\)](#)
- Work with schools and communities to mitigate spread [\(26-1-30 and 26-6-6\(8 & 9\)\)](#)
- Determine when a school meets the 2% threshold of COVID-19 cases (or 30 students in schools with <1500 students) [\(26-6-42\(3\) and 53G-9-210\(3\)\)](#)
- Work with local education agencies (LEAs) to conduct Testing Events (Test to Stay) when 2% threshold is met [\(26-6-42\(2\)\)](#)

Legislative Directives

Schools* have clear direction from the Legislature to:

- Report to the department or the local health department regarding any individual suffering from or suspected of having a disease that is communicable [\(26-6-6\(8 & 9\)\)](#)

Local education agencies (LEAs) have clear direction from the Legislature to:

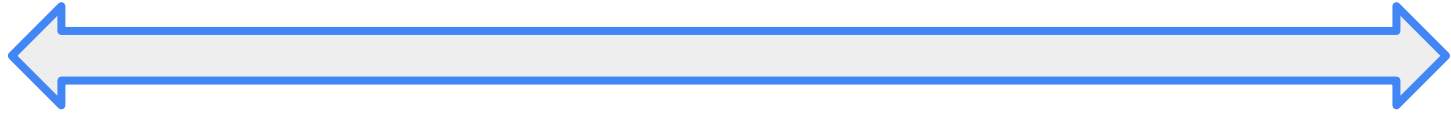
- Ensure that schools offers in-person instruction [\(53G-9-210\(2\)\)](#)
- Require schools that reaches the 2% threshold of COVID-19 cases (or 30 students in schools with <1500 students) to initiate Test to Stay [\(53G-9-210\(2\)\)](#)
- Not require face coverings to attend or participate in in-person instruction or LEA-sponsored athletics / extracurricular activities [\(53G-9-210\(5\)\)](#)

* "School" means a public, private, or parochial nursery school, licensed or unlicensed day care center, child care facility, family care home, Head Start program, kindergarten, elementary, or secondary school through grade 12.

Layered Prevention
No Quarantine for Mask-
on-Mask Exposures

Utah School
Guidance
2020/2021

*Where on this continuum do we need to
land to keep as many kids as possible
healthy and attending school in-person?*



Current CDC
Recommendations
Universal Masking
Layered Prevention

2% Test To Stay
Threshold
Required by Law

Bureau of Epidemiology

[A-Z Disease List](#)[Diseases & Conditions](#)[Community & Environment](#)[Healthy People & Families](#)[Data & Reports](#)[Rules & Regulations](#)

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Services

[Disease Plans/Report Forms](#)[Disease Prevention](#)[Disease Testing](#)[Disease Treatment](#)[Find Disease Information](#)[Foodborne Illness Complaints](#)[Immunization Records](#)

Information for:

[General Public](#)[Healthcare Providers](#)[Media](#)[Public Health Departments](#)[Schools & Childcare](#)

Disease Plans/ Case Report Forms

Select the letter of the disease for which you are searching:

A B C D E F G H I L M N P Q R S T V W Y Z

[▶ Acinetobacter](#)[▶ Acute Flaccid Myelitis](#)[▶ Anthrax](#)[▶ Arboviral Infections](#)

https://health.utah.gov/epi/phdepts/a_z.html

Disease Response Plan and Back to School



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A Simple Plan to Protect In-Person Learning

- Minimizes burden on schools
- Fulfills duty to protect health
- Limits required mask use to short periods post-exposure
- Gives parents choices

Report Immediately

Coronavirus Disease 2019 (COVID-19)

Disease Plan

Quick Links

✓ CORONAVIRUS DISEASE 2019 CRITICAL CLINICIAN INFORMATION	2
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You are fully vaccinated for COVID-19 (2 weeks after your final dose), or



You and the person who tested positive were both wearing masks, or



You have tested positive for COVID-19 in the last 90 days, or



You were wearing a N95 or KN95 mask, even if the person who tested positive was not wearing a mask.

UDOH recommends a layered prevention approach consistent with [CDC school guidelines](#) to minimize the impact of COVID-19 exposures and outbreaks in school settings and maximize opportunities for children to participate in in-school learning and extracurricular activities.



COVID-19 Disease Plan

Layered Prevention is ***Recommended***

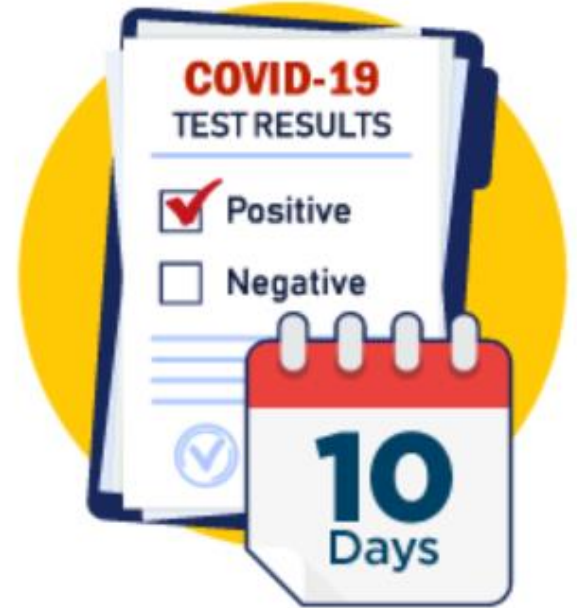
- Vaccination
- Indoor masking
- Physical distancing, cohorting
- Screening testing
- Cleaning and disinfection
- Ventilation
- Handwashing and respiratory etiquette
- Staying home when sick and getting tested

During School Transportation

[CDC's Order](#) applies to all public transportation conveyances, including school buses. Regardless of the mask policy at school, passengers and drivers ***must wear a mask on school buses***, including on buses operated by public and private school systems, subject to the exclusions and exemptions in CDC's Order.

Management of K-12 staff/students with COVID-19

Staff/students who test positive for COVID-19 should *isolate at home for 10 days* from the first symptom onset or for 10 days from test date in the case of asymptomatic infection (regardless of vaccination status).



Management of K-12 staff/students **at risk** of COVID-19 after exposure

Management of people at risk of COVID-19 after exposure in a K-12 school

- Standard protocols
 - Quarantine at home for 10 days
 - Quarantine at home for 7 days with a negative test at end of time period
- Local health authorities may choose alternatives to quarantine or require additional mitigation strategies in the school or classroom.
 - Local health departments should work in close coordination with local education agencies to determine how to respond to exposures in the school and prevent further spread of the virus

Management of K-12 staff/students exposed to COVID-19

People exposed include all people who:

- Shared a classroom, or
- Participated in an indoor activity for more than 15 minutes, or
- Participated in an extracurricular activity

with a SARS-CoV-2 positive individual.

Individuals not at risk after exposure

A staff/student is *not considered at risk after exposure* in a school setting and does not need to quarantine if one of the following criteria is met:

- The case and the contact were both wearing a mask at the time of exposure.
- The contact has had a confirmed COVID-19 infection in the last 90 days.
- The contact can provide proof of being fully vaccinated against COVID-19.
- The contact was wearing a KN95 or N95 during exposure

Management of K-12 staff/students **at risk** of COVID-19 after exposure

Local health authorities may choose *alternatives to quarantine*:

- Can require additional mitigation strategies in the school or classroom
- Can allow unvaccinated, exposed staff members and students to attend school/extracurricular activities in-person if:
 - The exposed individual wears a mask at all times while at school during their 10-day quarantine period, or
 - The exposed individual wears a mask at all times while at school for 7 days and then tests negative for SARS-CoV-2 on day 7 and does not have any symptoms of COVID-19.

Roles during response



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Educational Institutions

- Layered prevention
 - Maximize spacing and airflow
- Maintain classroom rosters
- Communicate with teachers and families
- Accommodations for individuals with disabilities
- Duty to report individuals with communicable disease
(26-6-6)

Local Health Department

- Respond at classroom level
- Investigate and educate
- Isolate cases, determine exposures
- Standard letter from LHD for parents with choices
- Support, including testing and vaccinations
 - After school hours

Parents

- Personal Responsibility
- Choose best option(s) for child and family
 - Case: Isolation at home required (voluntary masking and vaccination to prevent)
 - Child **not at risk post exposure** – continue regular protections and symptom monitoring
 - Child **at risk post exposure**
 - Quarantine for 10 days / remote learning
 - Mask and test out on day 7
 - Mask for 10 days
- Everyone - Stay home when signs of illness

Going Forward



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COVID-19 Disease Plan

Commitment to Iteration

- Anticipate variability in local implementation and shifting disease patterns
 - Evaluate outcomes, learn from each other, and adapt
- Currently proposed plan is an intermediate step until vaccinations are available for all school-age children

A Simple Plan to Protect In-Person Learning

- Minimizes burden on schools
- Fulfills duty to protect health
- Limits required mask use to short periods post-exposure
- Gives parents choices

Questions?

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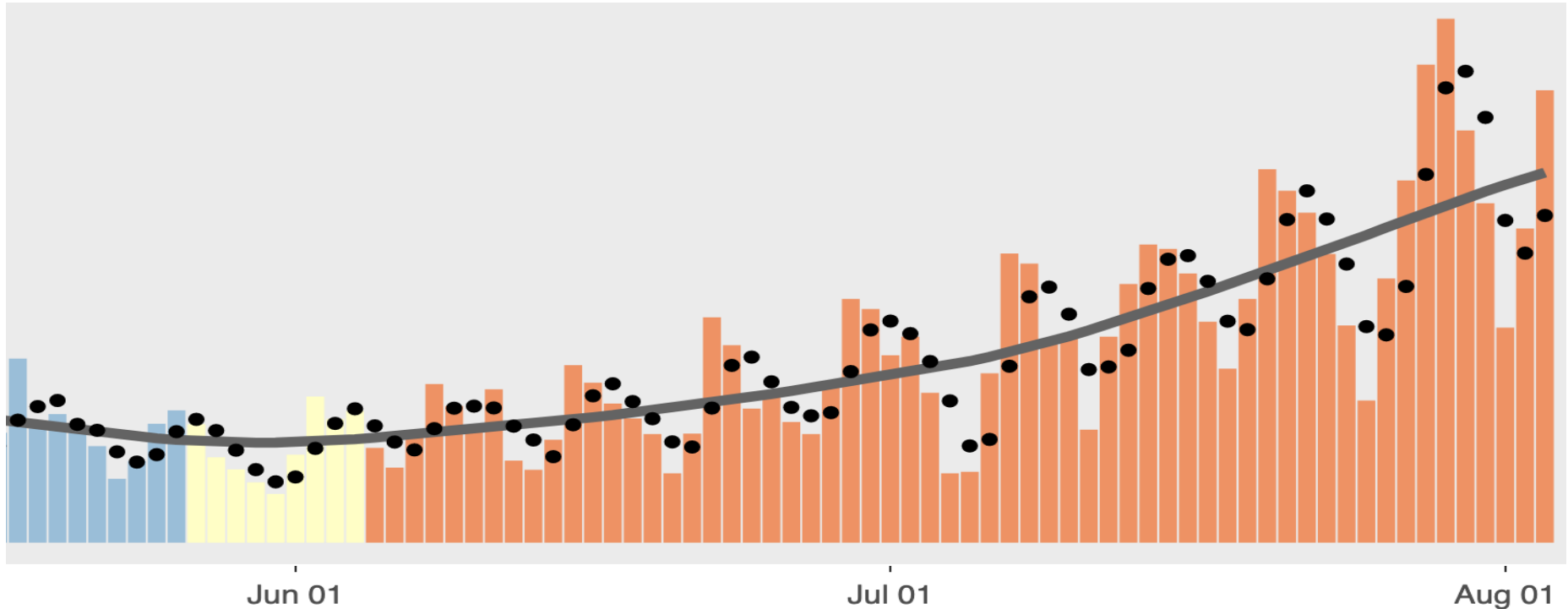
Jill Parker

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Supplemental Slides - Data



- 3-day state incidence trajectory is in

CASES

~~Today's Cases~~

~1,050

Tuesday

~~7 Day Average
Case Count~~

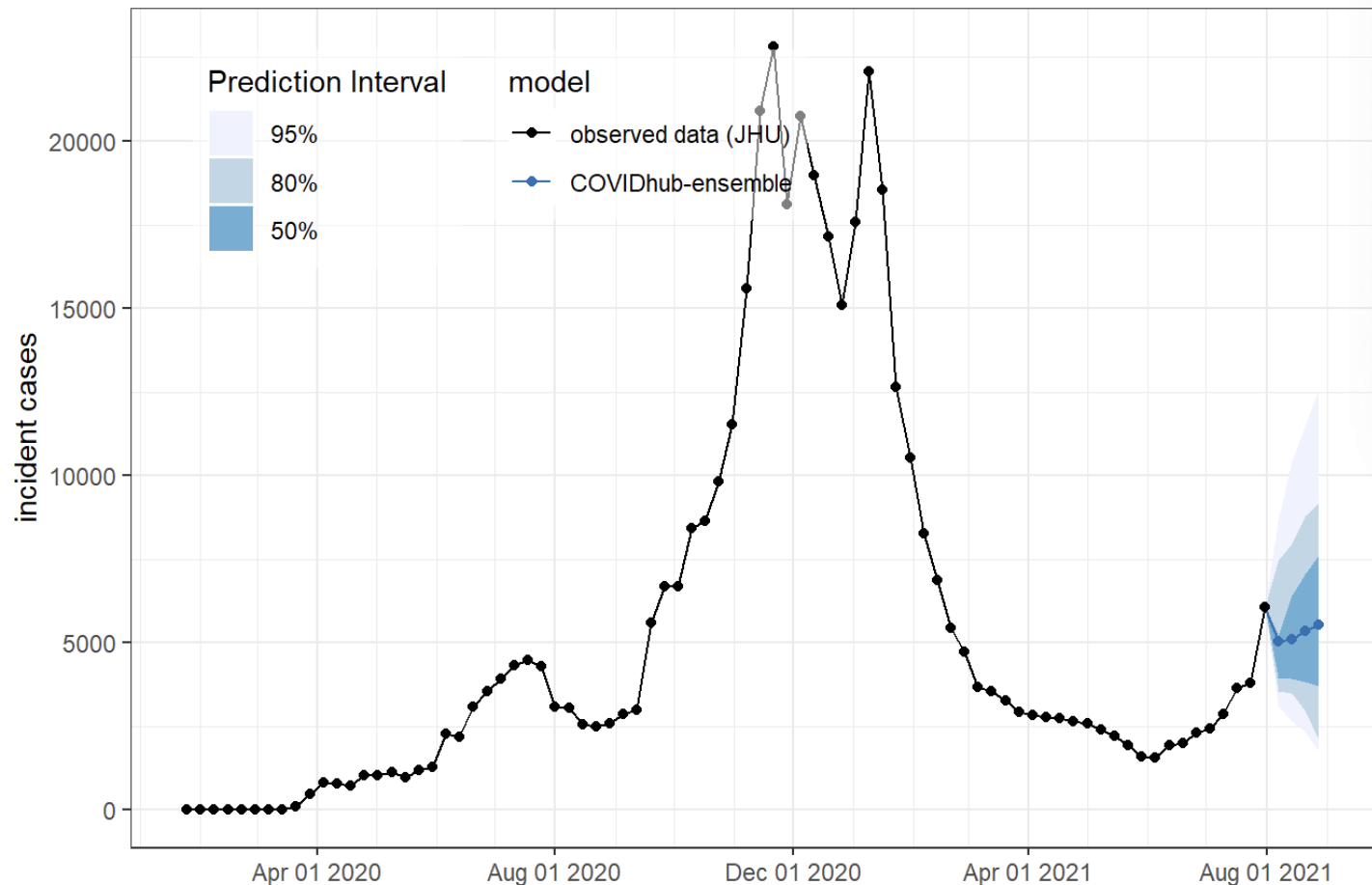
907 

14-Day Case
Rate/100K

334 

August 2

Weekly reported COVID-19 cases in Utah: observed and forecasted

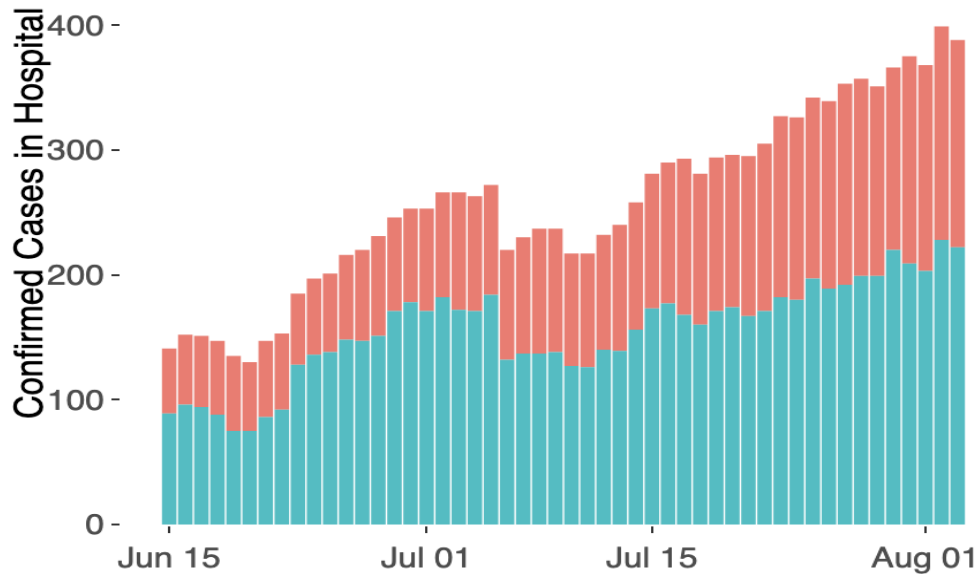


source: JHU CSSE (observed data), COVID-19 Forecast Hub (forecasts)



COVID-19
ForecastHub

HOSPITALIZATIONS



91.8% of hospitals reporting

New
Admissions

68



yesterday

COVID ICU
Utilization

32.5%



yesterday

COVID ICU
Utilization

30.4%



14-day average

DEATHS

Deaths Reported
Last Week

28

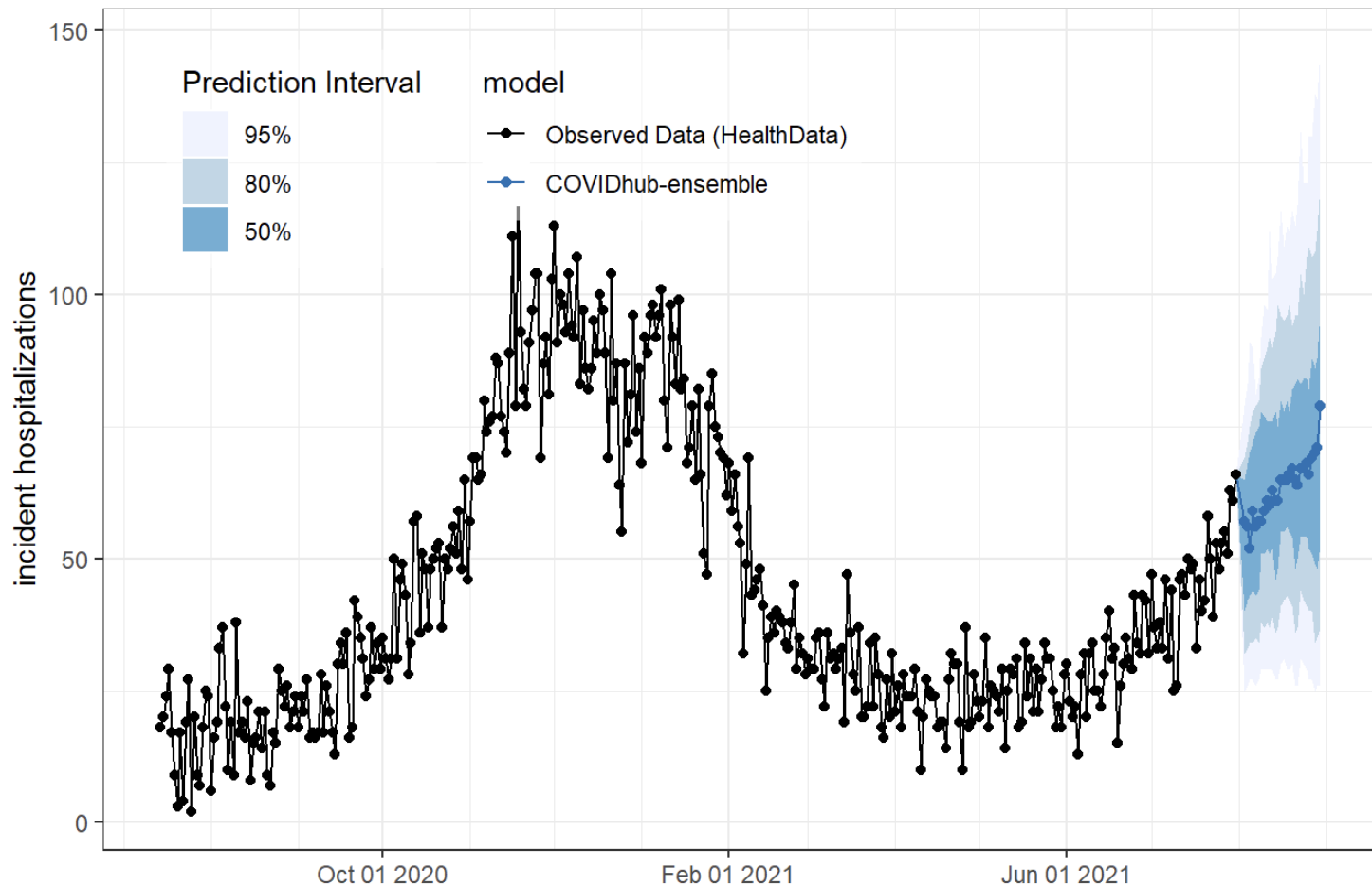
7-Day Average
Death Rate

2.6

Case Mortality
Ratio

0.57%

Reported COVID-19 daily hospitalizations in Utah: observed and forecasted



source: HealthData (observed data), COVID-19 Forecast Hub (forecasts)



COVID-19
ForecastHub

Testing

7-Day Average
People Tested

6,595

Percent Positivity
(People/People)

14.9% 

Percent Positivity
(Test/Test)

10.6% 

LINAGES AND VARIANTS			Total Sequence	Most Recent Week	From Breakthrough	From Reinfection
B.1.1.7	alpha	United Kingdom	41.7%		13.2%	16.1%
B.1.351	beta	South Africa	0.5%		0.5%	
B.1.427	epsilon	California	2.9%		0.6%	1.6%
B.1.429	epsilon	California	8.9%		1.9%	1.6%
B.1.617.2	delta	India	42.9%	78.3%	67.6%	35.5%
B.1.617.1	kappa	India	0.1%		0.2%	
B.1.617.3		India	0.4%		1.2%	
P.1	gamma	Brazil	2.6%	0.7%	0.6%	3.2%

Vaccination

CENSUS BASE	POPULATION	Received At Least	
		One Dose	Fully Vaccinated
	Total (0+)	1,689,376	1,491,360
2019 Census	3,205,958	52.7%	46.5%
2020 Census	3,271,616	51.6%	45.6%

Vaccine Breakthrough Cases

	Cases	Hospitalizations	Deaths
People 14 Days Past Full Vaccination		1,491,360	
BREAKTHROUGH	5,044	323	15
BREAKTHROUGH RATE	0.34%	0.02%	<0.01%

Outbreaks and Hotspots

Active Outbreaks

146

New Outbreaks
last 7-days

33

LHD: 3-Day Trajectory in
Decline

2

LHD: 3-Day Trajectory in
Plateau

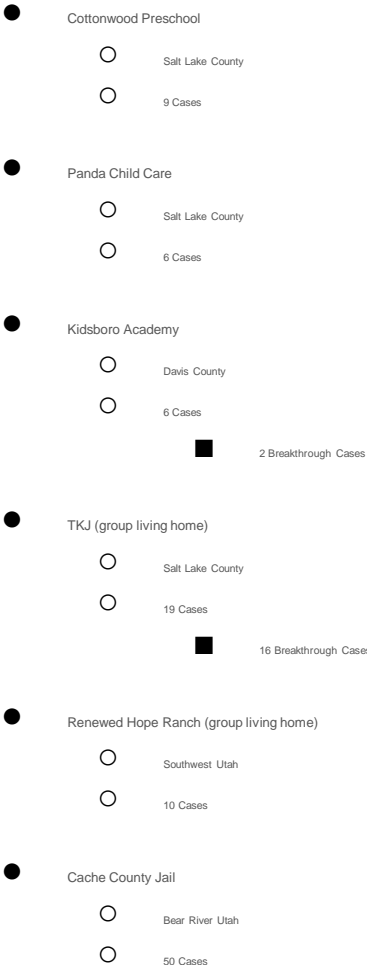
1

LHD: 3-Day Trajectory in
Growth

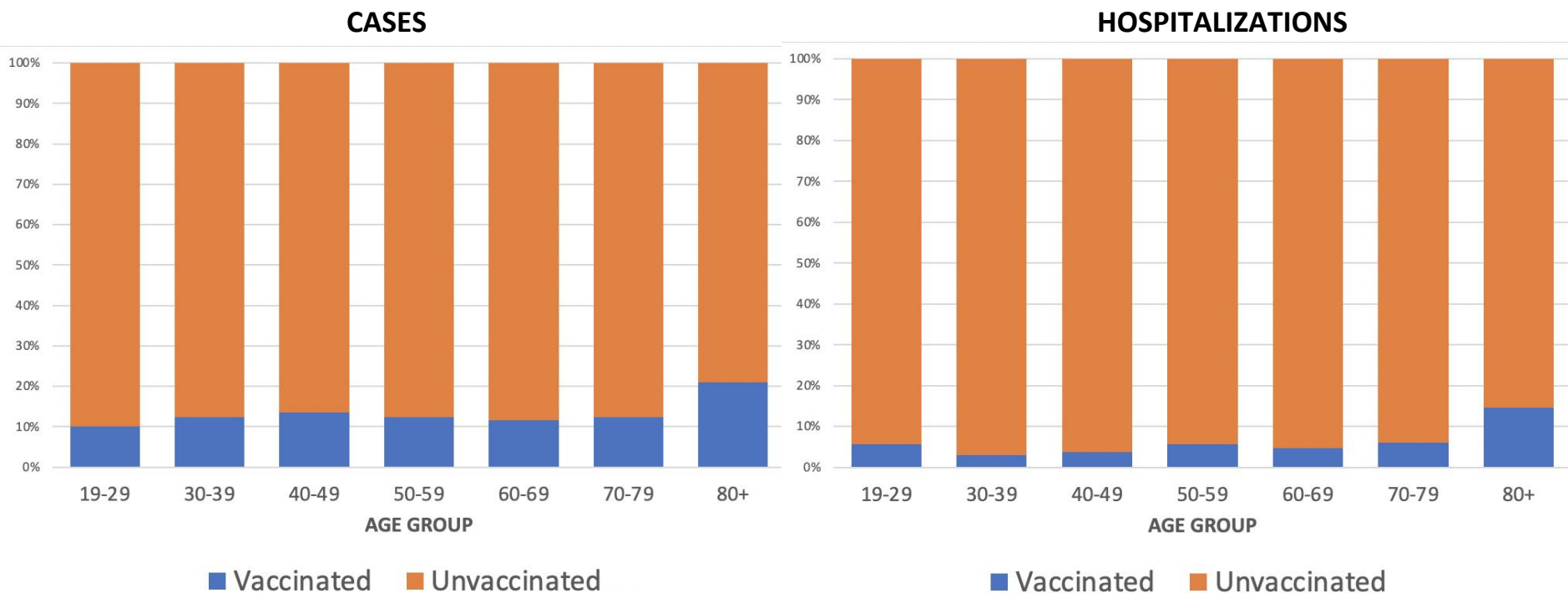
10

Utah Small Area Statistical
Health Units with a 7-Day
Percent Positivity > 10

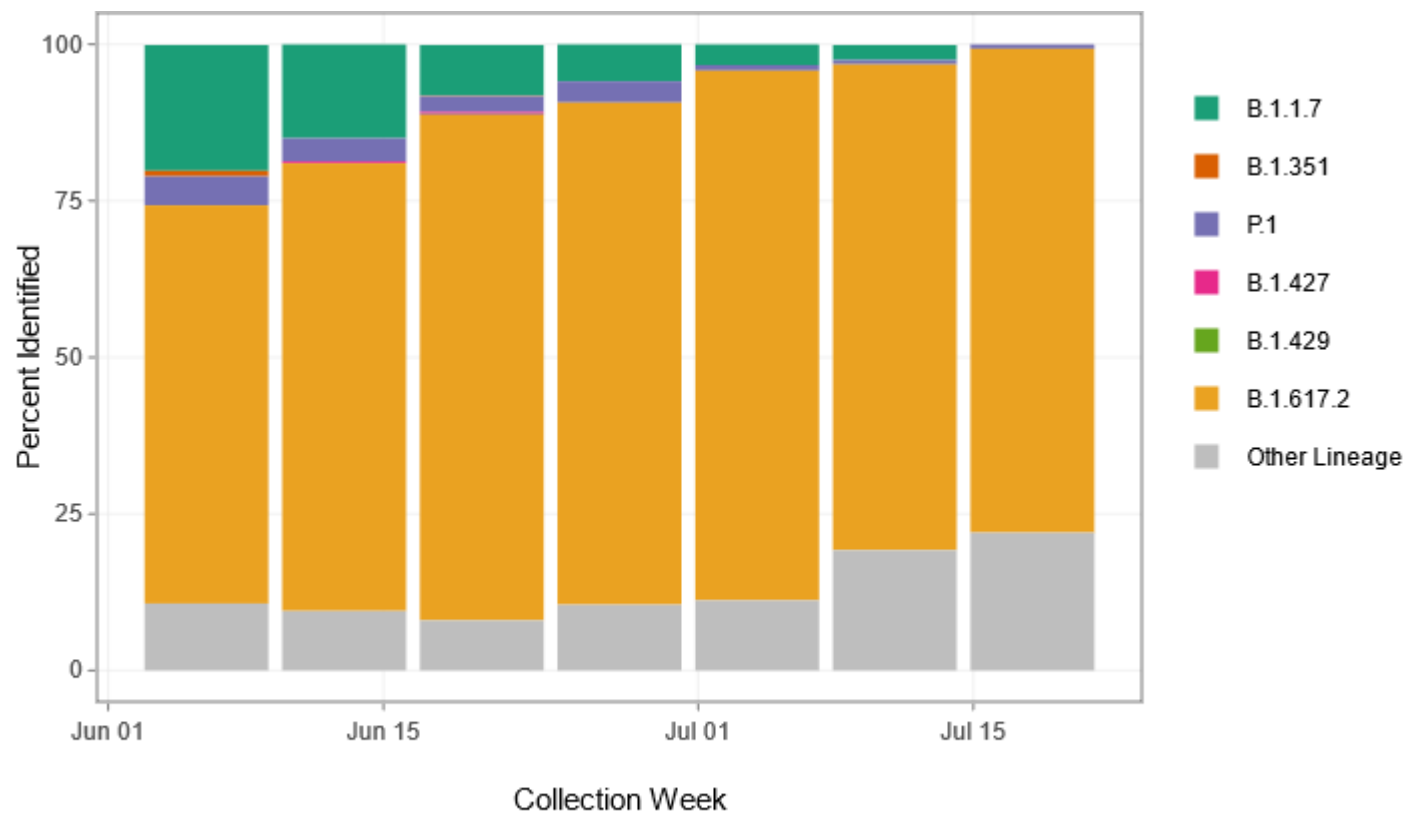
88 of 99

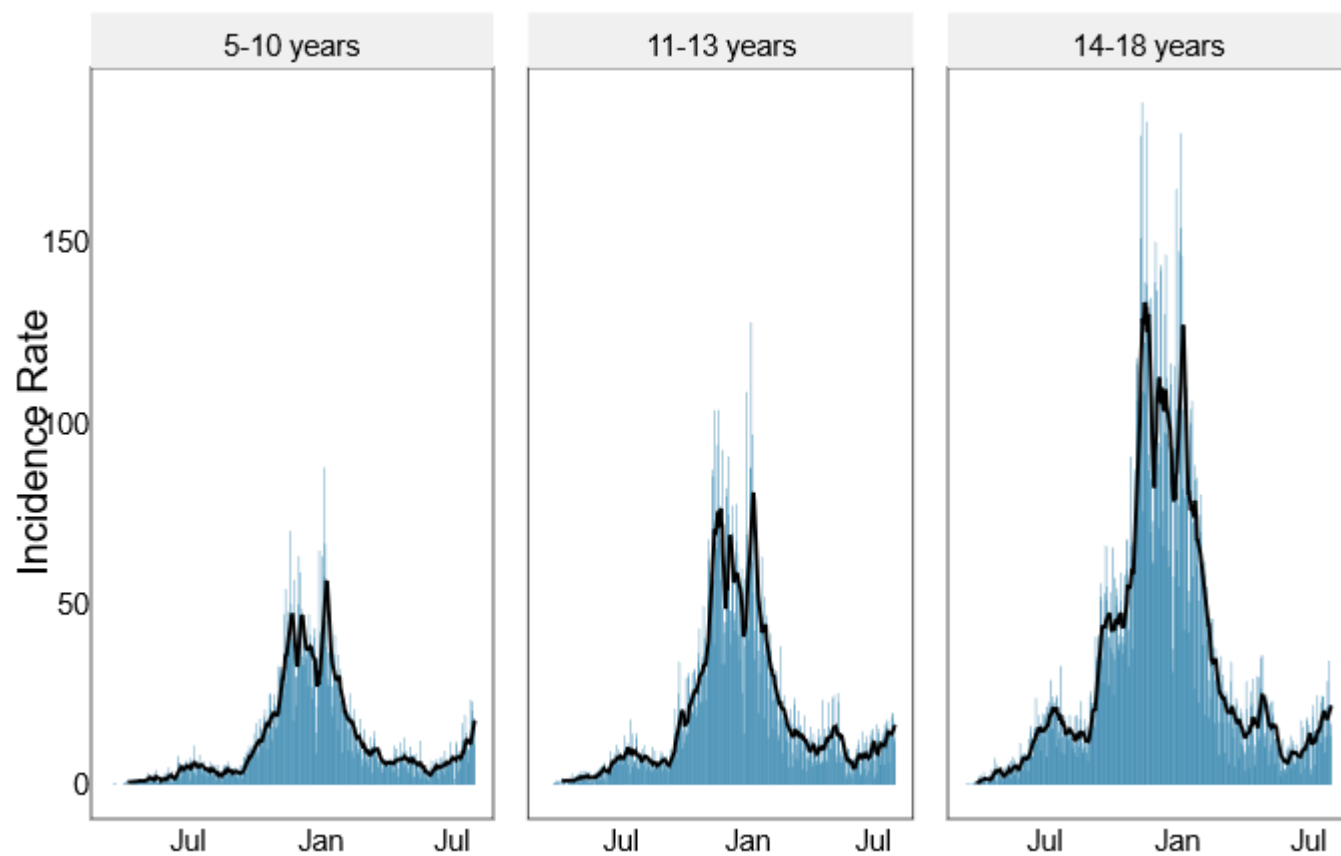


Health Outcomes by Vaccine Status

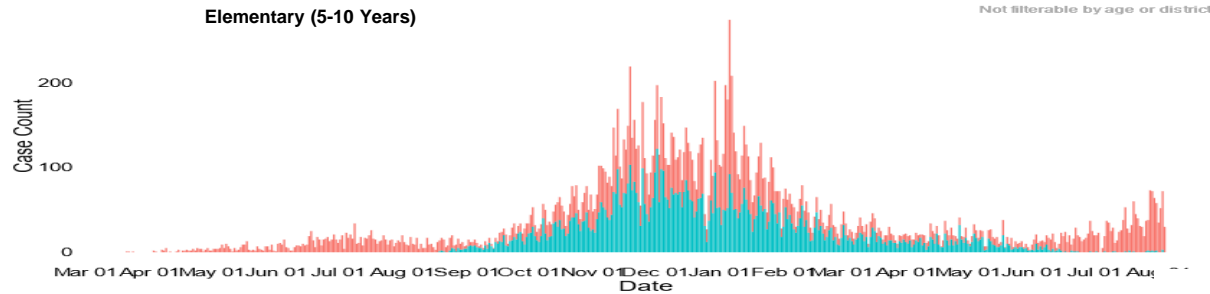


Variants

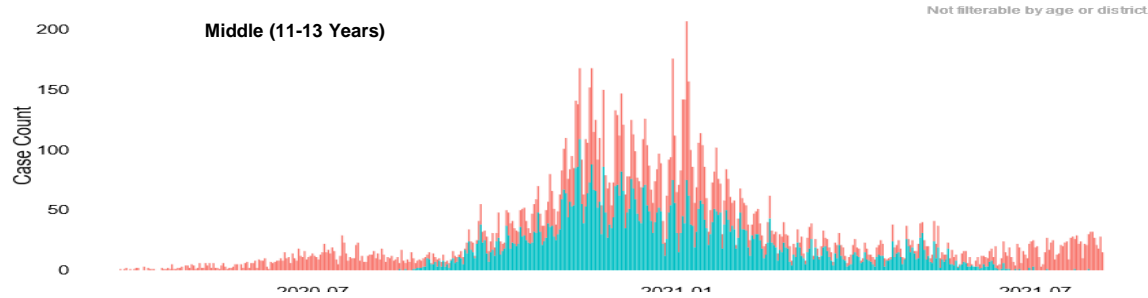




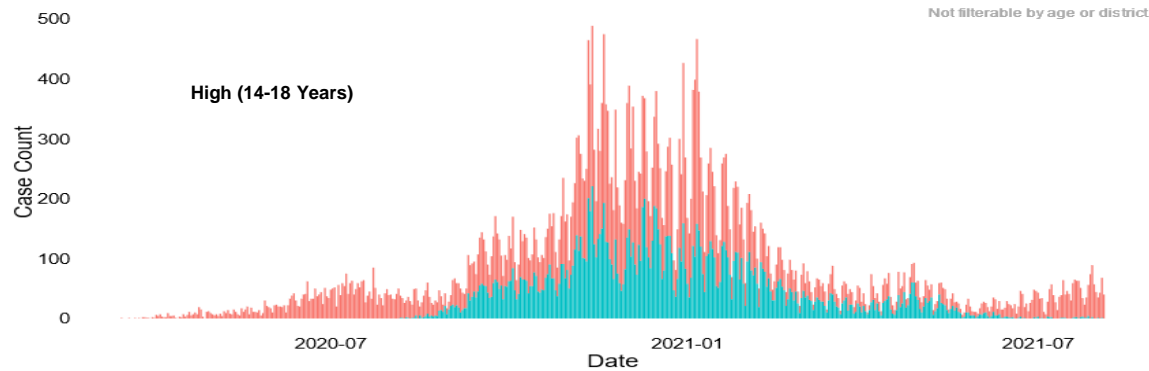
Elementary (5-10 Years)



Middle (11-13 Years)



High (14-18 Years)



This is an upward trend that models suggest could quadruple by October.

26-6-4

- Legal ability for DOH or LHD to require student to quarantine

26-6-6

- Schools must report to the department or the local health department regarding any individual suffering from or suspected of having a disease that is communicable

Order of Constraint

- We do not interpret this to mean a single classroom, or group of kids in a single classroom

26-1-30

26-1-30. Powers and duties of department.

Subject to the restrictions in this title, the department shall exercise the following powers and duties, in addition to other powers and duties established in this chapter:

- (3) promote and protect the health and wellness of the people within the state;
- (4) establish, maintain, and enforce rules necessary or desirable to carry out the provisions and purposes of this title to promote and protect the public health or to prevent disease and illness;
- (5) investigate and control the causes of epidemic, infectious, communicable, and other diseases affecting the public health;
- (6) provide for the detection, reporting, prevention, and control of communicable, infectious, acute, chronic, or any other disease or health hazard which the department considers to be dangerous, important, or likely to affect the public health;
- (8) collect, prepare, publish, and disseminate information to inform the public concerning the health and wellness of the population, specific hazards, and risks that may affect the health and wellness of the population and specific activities which may promote and protect the health and wellness of the population;
- (10) establish, maintain, and enforce isolation and quarantine, and for this purpose only, exercise physical control over property and individuals as the department finds necessary for the protection of the public health;
- (11) close theaters, schools, and other public places and forbid gatherings of people when necessary to protect the public health;
- (12) abate nuisances when necessary to eliminate sources of filth and infectious and communicable diseases affecting the public health;
- (13) make necessary sanitary and health investigations and inspections in cooperation with local health departments as to any matters affecting the public health;
- (23) adopt rules and enforce minimum sanitary standards for the operation and maintenance of:
 - (j) public and private schools;

26-6-3(1)

26-6-3(1). Authority to investigate and control epidemic infections and communicable disease.

- (1) Subject to Subsection (3) and the restrictions in this title, the department has authority to investigate and control the causes of epidemic infections and communicable disease, and shall provide for the detection, reporting, prevention, and control of communicable diseases and epidemic infections or any other health hazard which may affect the public health.
- (3)
 - (a) The Legislature may at any time terminate by joint resolution an order of constraint issued by the department as described in this section in response to a declared public health emergency.
 - (b) A county governing body may at any time terminate by majority vote an order of constraint issued by the relevant local health department as described in this section in response to a declared public health emergency.

26-6-6(8 & 9)

26-6-6. Duty to report individual suspected of having communicable disease.

The following shall report to the department or the local health department regarding any individual suffering from or suspected of having a disease that is communicable, as required by department rule:

- (8) individuals who have knowledge of others who have a communicable disease;
- (9) individuals in charge of schools having responsibility for any individuals who have a disease suspected of being communicable; and

R386-702-4

R386-702-4. Entities Required to Report.

(1) Section 26-6-6 lists those entities required to report cases or suspect cases of the reportable events set forth in Section R386-702-3. This includes:

- (a) health care providers, as defined in Section 78B-3-403;
- (b) health care facilities, as defined in Section 78B-3-403;
- (c) health care facilities operated by the federal government;
- (d) mental health facilities, as defined in Section 62A-15-602;
- (e) care facilities licensed through the Department of Human Services;
- (f) nursing care facilities and assisted living facilities, as defined in Section 26-21-2;
- (g) dispensaries;
- (h) clinics;
- (i) laboratories;
- (j) schools, as defined in Section 26-6-2;
- (k) childcare programs, as defined in Section 26-39-102; and
- (l) any individual with a knowledge of others who have a communicable disease

53G-9-210(3)

53G-9-210. Requirement for in-person instruction -- Test to stay programs -- Face coverings.

- (3)
 - (a) For purposes of determining whether a school has reached the school's case threshold, a student is included in positive cases for the school if the student:
 - (i) within the preceding 14 days:
 - (A) attended at least some in-person instruction at the school; and
 - (B) tested positive for COVID-19; and
 - (ii) did not receive the student's positive COVID-19 test results through regular periodic testing required to participate in LEA-sponsored athletics or another LEA-sponsored extracurricular activity.
 - (b)
 - (i) A school with 1,500 or more students meets the case threshold if at least 2% of the school's students meet the conditions described in Subsection (3)(a).
 - (ii) A school with fewer than 1,500 students meets the case threshold if 30 or more of the school's students meet the conditions described in Subsection (3)(a).

26-6-42(2 & 3)

26-6-42. Department support for local education agency test to stay programs -- Department guidance for local education agencies.

- (1) As used in this section:
 - (a) "Case threshold" means the same as that term is defined in Section 53G-9-210.
 - (b) "COVID-19" means the same as that term is defined in Section 53G-9-210.
 - (c) "Local education agency" or "LEA" means the same as that term is defined in Section 53G-9-210.
 - (d) "Test to stay program" means the same as that term is defined in Section 53G-9-210.
- (2) At the request of an LEA, the department shall provide support for the LEA's test to stay program if a school in the LEA reaches the case threshold, including by providing:
 - (a) COVID-19 testing supplies;
 - (b) a mobile testing unit; and
 - (c) other support requested by the LEA related to the LEA's test to stay program.
- (3) The department shall ensure that guidance the department provides to LEAs related to test to stay programs complies with Section 53G-9-210, including the determination of whether a school meets a case threshold described in Subsection 53G-9-210(3).

26-23b-103

26-23b-103. Mandatory reporting requirements -- Contents of reports -- Penalties.

- (1)
(a) A health care provider shall report to the department any case of any person who the provider knows has a confirmed case of, or who the provider believes in his professional judgment is sufficiently likely to harbor any illness or health condition that may be caused by:
- (i) bioterrorism;
 - (ii) epidemic or pandemic disease; or
 - (iii) novel and highly fatal infectious agents or biological toxins which might pose a substantial risk of a significant number of human fatalities or incidences of permanent or long-term disability.
- (b) A health care provider shall immediately submit the report required by Subsection (1)(a) within 24 hours of concluding that a report is required under Subsection (1)(a).
- (2)
(a) A report required by this section shall be submitted electronically, verbally, or in writing to the department or appropriate local health department.
- (b) A report submitted pursuant to Subsection (1) shall include, if known:
- (i) diagnostic information on the specific illness or health condition that is the subject of the report, and, if transmitted electronically, diagnostic codes assigned to the visit;
 - (ii) the patient's name, date of birth, sex, race, occupation, and current home and work address and phone number;
 - (iii) the name, address, and phone number of the health care provider; and
 - (iv) the name, address, and phone number of the reporting individual.
- (3) The department may impose a sanction against a health care provider for failure to make a report required by this section only if the department can show by clear and convincing evidence that a health care provider willfully failed to file a report.