

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

July 21, 2021

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Additional Call Scheduled for August 11th

We will have another School and Child Care Partner call on Wednesday, August 11th from 3:30-4:30

Updated to ensure adequate capacity

<https://nh-dhhs.zoom.us/j/98062195081>

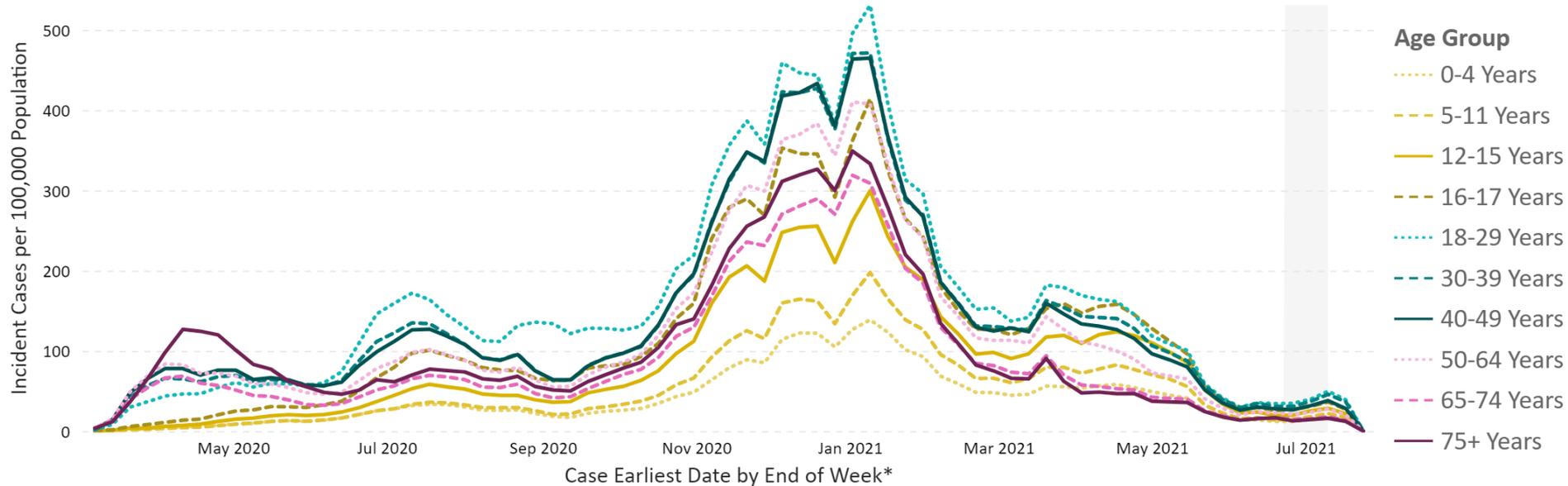
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Trends in COVID-19 Cases by Age Group, U.S.



US: The most recent line level case record was reported during the week ending on Jul 24, 2021. Percentage of cases reporting age by date - 98.40%

US territories are included in case and death counts but not in population counts. Potential two-week delay in case reporting to CDC denoted by gray bars.

*Case Earliest Date is the earliest of the clinical date (related to illness or specimen collection and chosen by a defined hierarchy) and the Date Received by CDC.

Last Updated: Jul 20, 2021

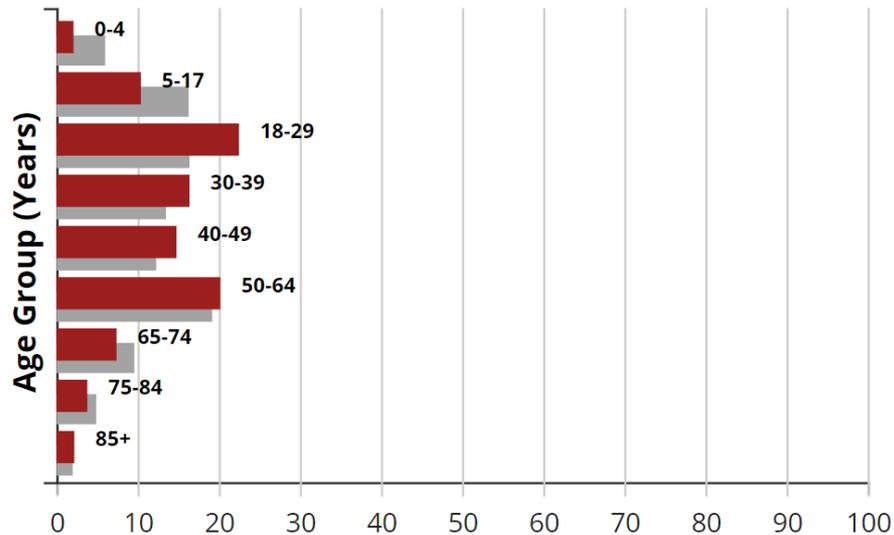
Source: CDC COVID-19 Case Line-Level Data, 2019 US Census, HHS Protect; Visualization: Data, Analytics & Visualization Task Force and CDC CPR DEO Situational Awareness Public Health Science Team

% of Cases & Deaths by Age Group, U.S.

Cases by Age Group:

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Data from 27,673,023 cases. Age group was available for 27,477,313 (99%) cases.

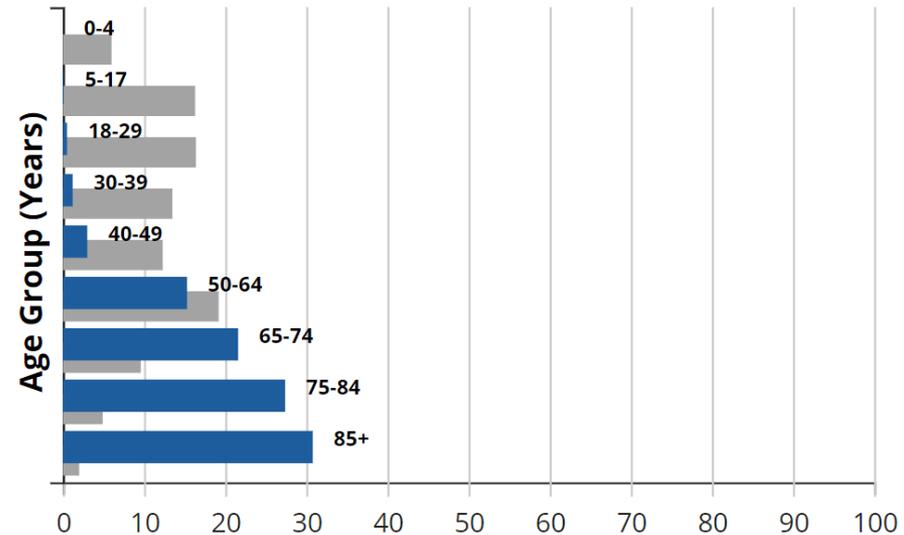


- Percentage of Cases
- Percentage of the US Population

Deaths by Age Group:

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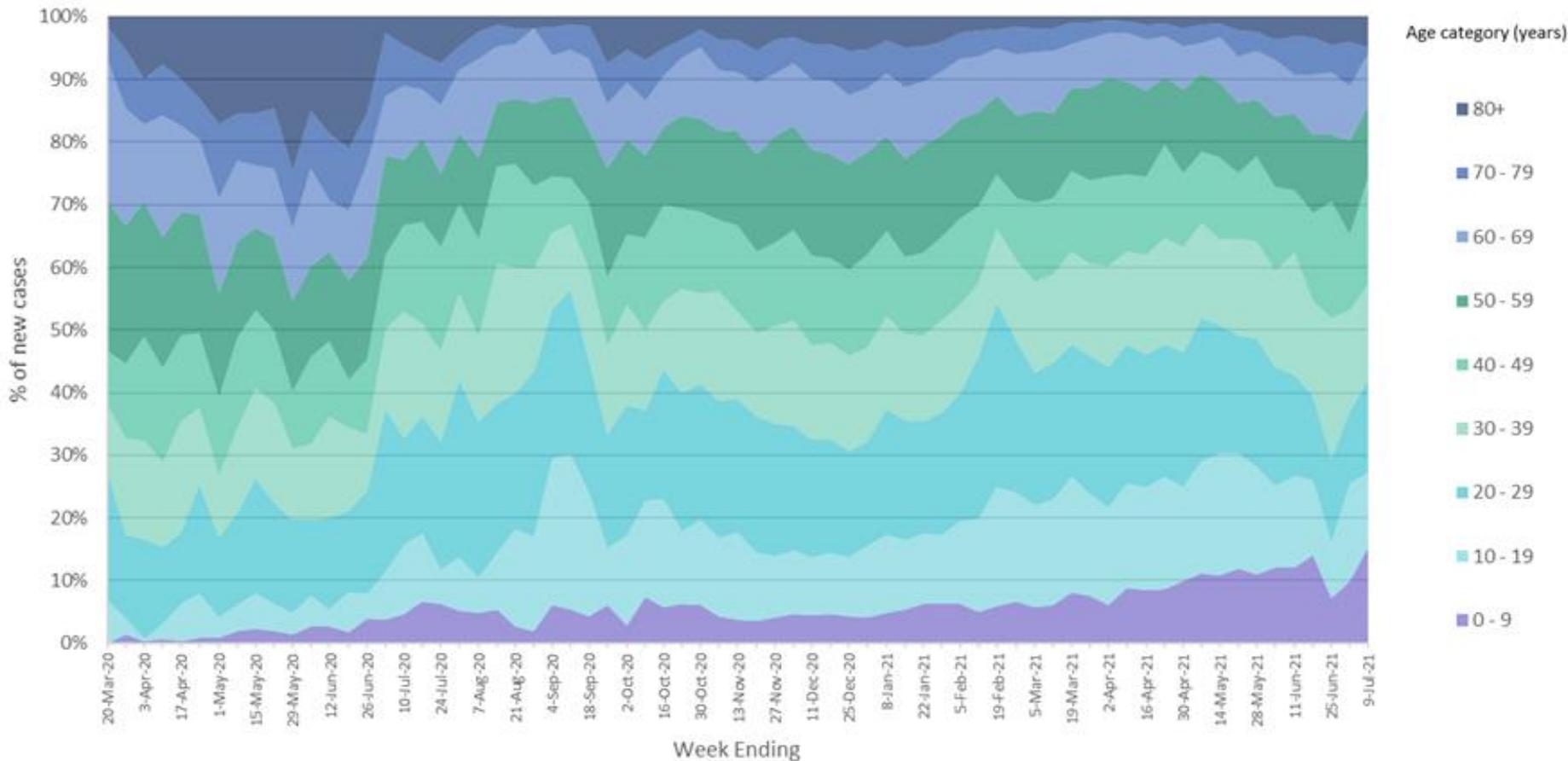
Data from 498,713 deaths. Age group was available for 498,674 (99%) deaths.



- Percentage of Deaths
- Percentage of the US Population

% of New Cases by Age Group, New Hampshire

Percent of Covid-19 Cases by Age Category
 % of new cases by week through July 9, 2021



Comparison of Rates by Age Group, U.S.

Rate ratios compared to 18- to 29-year-olds¹

	0-4 years old	5-17 years old	18-29 years old	30-39 years old	40-49 years old	50-64 years old	65-74 years old	75-84 years old	85+ years old
Cases²	<1x	1x	Reference group	1x	1x	1x	1x	1x	1x
Hospitalization³	<1x	<1x	Reference group	2x	2x	4x	6x	9x	15x
Death⁴	<1x	<1x	Reference group	4x	10x	35x	95x	230x	600x

All rates are relative to the 18- to 29-year-old age category. This group was selected as the reference group because it has accounted for the largest cumulative number of COVID-19 cases compared to other age groups. Sample interpretation: Compared with 18- to 29-year-olds, the rate of death is four times higher in 30- to 39-year-olds, and 600 times higher in those who are 85 years and older. (In the table, a rate of 1x indicates no difference compared to the 18- to 29-year-old age category.)

Updated CDC Guidance for K-12 Schools and Childcare Programs: Operational Considerations

Updated CDC Guidance

Guidance for COVID-19 Prevention in K-12 Schools

Updated July 9, 2021

Languages ▼

Print

COVID-19 Guidance for Operating Early Care and Education/Child Care Programs

Updated July 9, 2021

Languages ▼

Print

Science Brief: Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs – Updated

Updated July 9, 2021

Print

No New NH School/Childcare Guidance Planned

- NH DPHS is not planning on releasing NH-specific guidance for K-12 schools or child care programs
- Consistent with other NH guidance, we are moving away from creating situation-specific guidance in favor of applying general principles of COVID-19 prevention to specific situations
- There is now the new/updated CDC recommendations, NH [Universal Best Practices](#), and last years experience to draw upon to make decisions about implementing prevention strategies
- The purpose of this call is to help think through and operationalize existing guidance

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
 - This needs to be a larger community effort

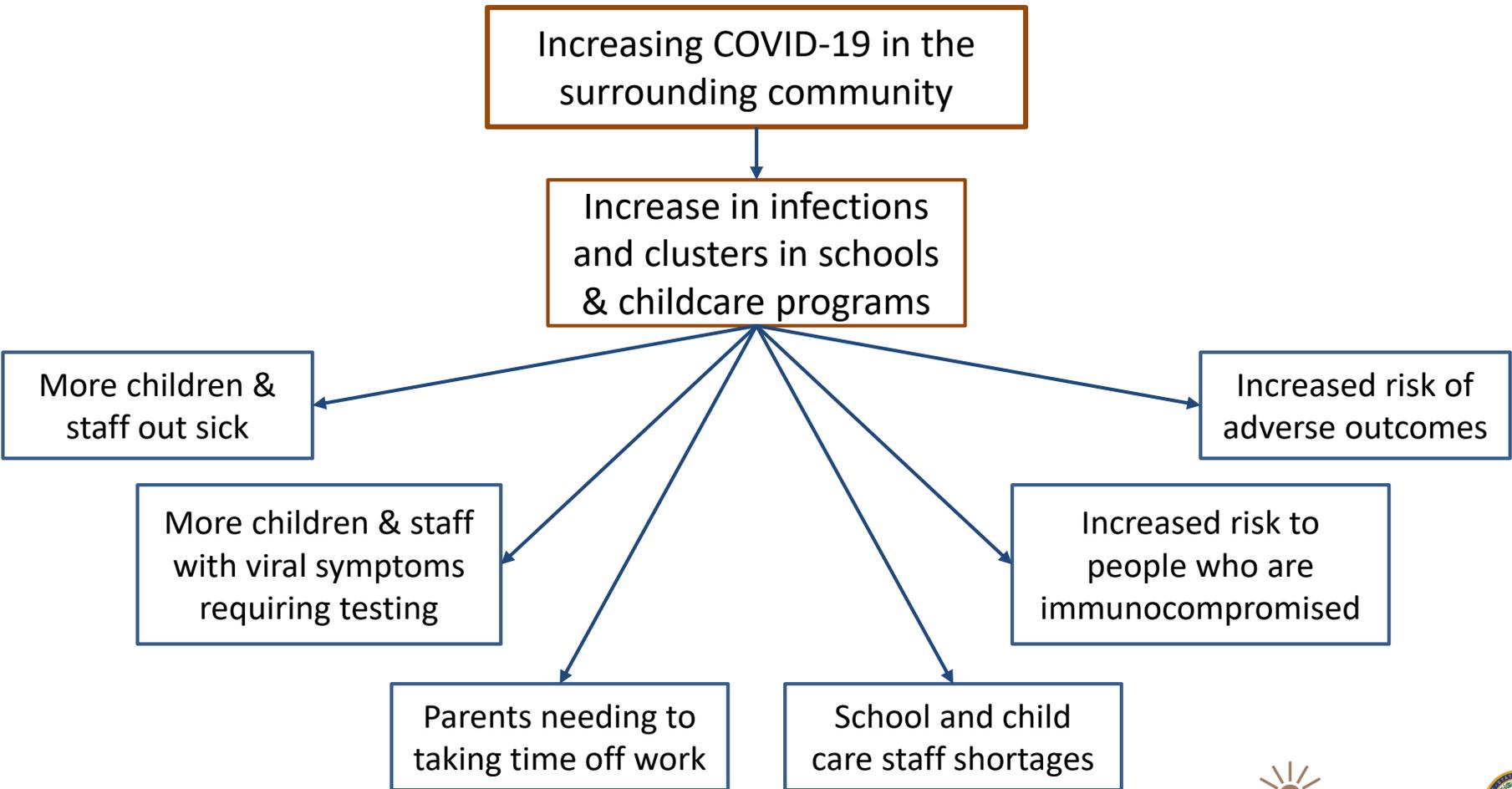


COVID-19 Guidance for Safe Schools

- School plans should start with the goal of keeping students safe and physically present in school
- COVID-19 policies are intended to mitigate, not eliminate, risk
- School transmission reflects (but does not drive) community transmission... therefore, communities need to take all necessary measures to limit community spread of SARS-CoV-2 to ensure schools can remain open and safe for all students

The Larger Surrounding Community Has a Role

- It is important for the surrounding community to help protect schools and childcare programs; maintain operations; and protect children, students, teachers, and staff
- Increasing COVID-19 in the community will translate to an increase of COVID-19 in schools and childcare programs, which will have multiple potential downstream consequences



Prevention Strategies are Still Needed

- COVID-19 prevention strategies remain necessary to protect people who are not fully vaccinated
- CDC does continue to recommend masking and physical distancing as primary prevention strategies, especially given mixed populations of people who are/aren't fully vaccinated
- There is flexibility in how this guidance can be applied, and specific layered prevention strategies will vary by location

General CDC Guidance for Schools and Child Care

- 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

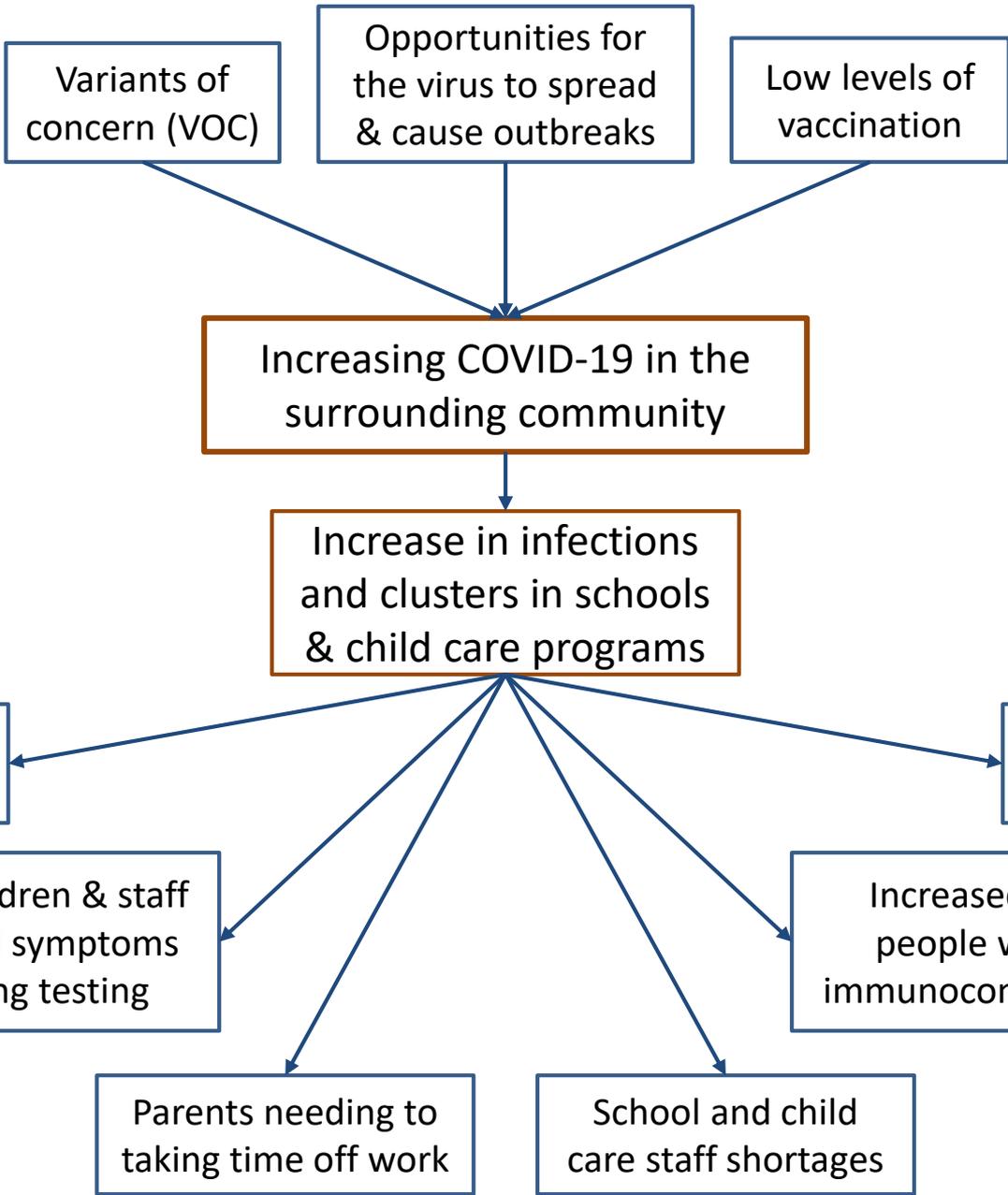


Community Transmission **Vaccination Coverage** **Testing** **Outbreaks**

to help prevent the spread of COVID-19



CS225431A 07/06/2021



Summary

- Increasing COVID-19 in the surrounding community will have negative down-stream impacts on schools and childcare programs
- It is important to continue to try and control COVID-19 at a community level (eligible persons should get vaccinated!)
- Increasing community risk will ultimately be reflected in level of community transmission of COVID-19, and in numbers of cases and clusters occurring in school and child care programs
- It is important to monitor what is occurring in the community and at your facility to decide on prevention strategies (which may need to change over time)
- Communication is very important

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

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](#))

2. Face Mask Use

- Face masks are intended to both protect the wearer, and serve as “source control” to prevent someone with COVID-19 from spreading it to others
- Face masks have become an important mitigation tool because CDC has estimated ([JAMA article](#)) that 50-60% of COVID-19 transmission occurs from people who are asymptomatic
- Face masks are not necessary in most outdoor locations
- CDC continues to [recommend](#) face masks for people 2 years of age and older who are not fully vaccinated in indoor locations (you legally can't implement this recommendation in NH)
- The American Academy of Pediatrics (AAP) has [recommended](#) universal face masks for everybody 2 years of age and older at school
- NH DPHS recommends face mask use based on a local assessment of risk from COVID-19 in the community (this is consistent with CDC's general guidance on implementing prevention strategies)

CDC and NH Face Mask Recommendations

- CDC released their [Public Health Recommendations for Fully Vaccinated People](#) at the end of May, and they continue to use this as the basis for their guidance on face mask use and physical distancing in specific settings (i.e., face mask use and physical distancing guidance is based on an person's vaccination status)
- NH DPHS has made recommendations for face mask use based on level of community transmission (community-based risk)
 - See prior School and Child Care Partner Call [PPT slides](#) (June 16th call)
 - See NH DPHS general [Face Mask Recommendations](#)
- This guidance remains the current NH DPHS guidance given continued low levels of COVID-19 statewide

NH Face Mask Recommendations: Rationale

- COVID-19 is still circulating and communities remain at risk for another increase/surge in COVID-19, so there should still be steps taken to prevent spread of COVID-19, especially in locations where people are gathering who are not fully vaccinated
- We have tried to take a balanced approach to implementing mitigation measures so that when community transmission and risk are low, people can pull back on some mitigation measures
- With low levels of community transmission, schools and childcare agencies can safely choose to remove face mask requirements indoors (*permissive recommendation*), based on your assessment of the local situation and risk/benefit of continued mask use
- Individuals who are concerned for their health, or people who are immunocompromised, can still choose to wear face masks (i.e., for individual protection)

Why the “Permissive” Recommendation?

Has The Risk to Unvaccinated Children Changed?

- We continue to base our recommendations for mitigation measures on the level of community transmission
- Multiple factors contribute to a person’s risk – with low levels of community transmission, the risk to unvaccinated persons is less
- The permissive recommendation is consistent with our move to allow all businesses/organizations to apply general principles to their specific situation and context as risk decreases
- The risk/benefit of face mask use shifts in favor of face masks coming off when community transmission is low, especially in lower-risk settings
- As level of COVID-19 and community transmission increases, more strict implementation of prevention strategies, including potentially face mask use, will become more important

Should Face Masks Be Worn on School Buses?

“[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...”

3. Physical Distancing (and Cohorting)

- CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms, at least 6 feet between students and teachers/staff, and at least 6 feet between teachers/staff (i.e., between adults)...
 - But do not exclude people just to keep a minimum distance requirement
- NH DPHS simplified recommendation: Full in-person learning and maximize physical distance to the extent possible between everybody with an ideal goal of at least 3 feet of separation (same recommendation as this past school year)
- Continue to implement cohorting in areas where it's feasible – this is more important for child care agencies where physical distancing between young mobile children is not possible
 - As community transmission increases, more strict cohorting, and smaller sized cohorts (for childcare) should be considered

4. Screening Testing

- Screening testing is not currently recommended for child care programs (this applies only to K-12 schools)
- Screening testing refers to testing people who are asymptomatic to detect infection early and prevent spread of COVID-19
- When prevalence of disease is low, the risk of a false positive result is greater (especially with use of antigen tests for asymptomatic testing)
- CDC recommends screening testing for K-12 schools in areas with higher levels of community transmission, especially if other prevention strategies are not implemented
 - Testing should ideally be conducted at least once a week with rapid report of results (within 24 hours) to be effective
 - Testing can be done on a proportion of students/staff, and/or targeted to higher risk activity groups (e.g., sports teams)

4. Screening Testing

- NH DPHS has suggested in the past that implementing a screening testing program is not necessary to conduct full in-person learning
- But if schools are not going to implement other mitigation measures, especially when community transmission increases, then schools can/should consider implementing screening testing as an added layer of protection (especially when the surrounding community hits at “substantial” level of community transmission)
- See CDC [K-12 school screening testing](#) guidance
- See NH [Safer at School Screening \(SASS\) Program](#) guidance
- There is now funding and support to do this, and it’s not too late to sign up, if interested: SASS@dhhs.nh.gov.

5. Increasing Ventilation

- Ventilation involves replacing indoor air with fresh outdoor air
- Ventilation helps remove and prevent build up of respiratory droplets and aerosols in an enclosed space
- See CDC guidance on [Ventilation in Buildings](#)
- See CDC guidance on [Ventilation in Schools and Childcare Programs](#)

6. Hand Washing and Respiratory Etiquette

- Wash or sanitize hands frequently
- Teach and practice good respiratory etiquette (covering coughs and sneezes)

7. Staying Home When Sick and Getting Tested

- NH DPHS recommendation: Continue to have a low-bar for excluding and testing people with new signs/symptoms of a viral syndrome (e.g., fever, chills, body or muscle aches), or respiratory viral infection (e.g., sinus congestion, sore throat, runny nose, cough)
- Sick/symptomatic persons should NOT be allowed into school or child care programs
- A symptomatic person who is not fully vaccinated or who has risk factors for COVID-19 exposure (e.g., exposure, travel, etc.) even if fully vaccinated should be tested for COVID-19
- A fully vaccinated person with new viral symptoms should at least have a clinical assessment to assess risk and consider testing – depending on what happens with variants and level of community transmission, it may be reasonable to err on the side of testing anyway
- See [NH Testing Resources](#) and locations conducting testing

Testing for COVID-19

- Schools/SAUs can [request BinaxNOW antigen test cards](#)
- There should be proper training, PPE use, and medical direction/oversight of any testing that occurs at schools (includes gaining consent from parents/guardians)
- Schools/SAUs need a CLIA certificate to test for COVID-19 at schools:
 - CMS CLIA Application for Certification Form # 116:
<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms116.pdf>
 - School districts can have one certificate to cover multiple schools
 - For questions about the CLIA certificate, contact Aaron Doyle (Health Facilities Administration): Aaron.Doyle@dhhs.nh.gov
- Sick students, teachers, and staff should not be sent to schools for testing (they should seek testing in the community)

8. Contact Tracing, Isolation, and Quarantine

- People who are diagnosed with COVID-19 must still [isolate](#) at home until they have met criteria for [discontinuation of isolation](#)
- Close [household](#) contacts of someone diagnosed with COVID-19 will be required to [quarantine](#) (e.g., people living or sleeping in the same household)
- In an outbreak situation, NH DPHS may choose to expand quarantine to other non-household contacts to control the outbreak
- Quarantine of an entire classroom will no longer be conducted
- Non-household contacts will be asked to [self-observe](#) and monitor for symptoms
- This increases the importance of identifying, excluding, and testing people who develop viral infection symptoms
- See NH DPHS [self-isolation guidance](#), and guidance on [what to do if you were exposed to COVID-19](#)

9. Cleaning and Disinfection

- See CDC guidance on [Cleaning and Disinfecting Your Facility](#)
- Cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces
- If a person with COVID-19 was in your facility within the last 24 hours, you should clean AND disinfect the spaces the person was in contact with
- When disinfecting, use an EPA [List N disinfectant](#) effective against COVID-19

Suggested Approach to Prevention Strategies

1. Promote vaccination, and work with local healthcare partners and RPHNs to make vaccination readily available
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)
 - If level of community transmission increases (risk increases), and you should consider more strict implementation of face mask use, but this should be done in the context of the ability to implement other prevention strategies – if face masks are not required, there should at least be a strong recommendation (regardless of vaccination status)
3. Maximize physical distancing, and continue to cohort groups that are unable to physically distance (e.g., in childcare settings)

Suggested Approach to Prevention Strategies

4. Screening testing (asymptomatic testing) probably has low added benefit when community transmission is low, but can be considered by schools, especially if other prevention strategies are not being used and community transmission of COVID-19 is increasing
5. Increase ventilation
6. Frequent handwashing and teach/promote respiratory etiquette
7. Sick persons should stay home and get tested (especially if they have risk factors for exposure or are not fully vaccinated)
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

Should Schools and Child Care Programs Change Their Current Operations Based on CDC's Updated Guidance?

- There are no requirements for implementation of prevention strategies at schools, child care programs, or other businesses
- NH DPHS recommends that over the summer schools and child care agencies continue with current plans and operations based on previously released NH DPHS guidance and discussions
- K-12 schools and child care agencies have options and flexibility for implementing prevention strategies for full school re-opening in September
 - Review CDC guidance – implement prevention strategies where able
 - Face mask use will continue to be a contentious issue and should be implemented based on local decision making and local factors

Summer De-Escalation Trial

- CDC guidance on removing prevention strategies: “If considering whether and how to remove prevention strategies, one prevention strategy should be removed at a time and students, teachers, and staff should be closely monitored for any outbreaks or increases in COVID-19 cases”
- This is partly why in June we came out with permissive recommendations to allow schools and child care agencies to attempt to de-escalate some of the mitigation measures
- Over the summer, if you successfully pull back on some mitigation measures with minimal COVID-19 school impact, and if levels of community transmission remain low entering full school re-opening, then schools could reasonably choose to start school without requiring face masks
- If/when community transmission increases in the Fall, we would recommend more strict implementation of mitigation measures

Should Face Masks be Required or Just Recommended?

- Schools and childcare programs have the ability to require face masks, if desired. But this decision should be made after assessing local factors, discussing the decision with your community, and with good communication
- There are persons who legitimately have a difficult time wearing a face mask for prolonged periods of time, and there should be exceptions made for people with a health issue that might prevent them from wearing face masks (without stigmatization)
- Public health never likes to require/mandate something that we can get by voluntary compliance
- Mandating face masks has had the unfortunate consequence of shifting the focus from protecting the community and vulnerable individuals (our collective responsibility) to contentious discussions of legal rights and individual freedoms
- As community transmission increases we suggest starting with a strong recommendation for face mask use with good clear communication outlining the reasons, the purpose of face mask use, and even suggesting an end point

When Will This All End?!?

- We have been responding to this pandemic for over a year-and-a-half (18+ months)
- Everybody is very tired of this pandemic and wants it to be over
- Once vaccination has been opened further to school aged children, we likely can de-escalate further
- We expect that by Fall time there will be “authorization” for use of COVID-19 vaccines in younger age groups so we will be working this Fall and into the beginning of winter to push for vaccination in younger age groups
- Mitigation measures are intended to be a temporizing measure until we can vaccinate younger age groups

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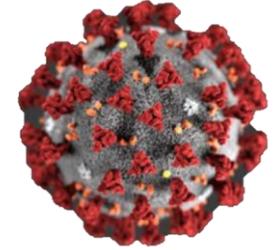
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