



Back to School 2021-2022 With COVID-19 March 3, 2022

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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!

At-home COVID-19 antigen tests detect omicron and delta variants similarly, study finds

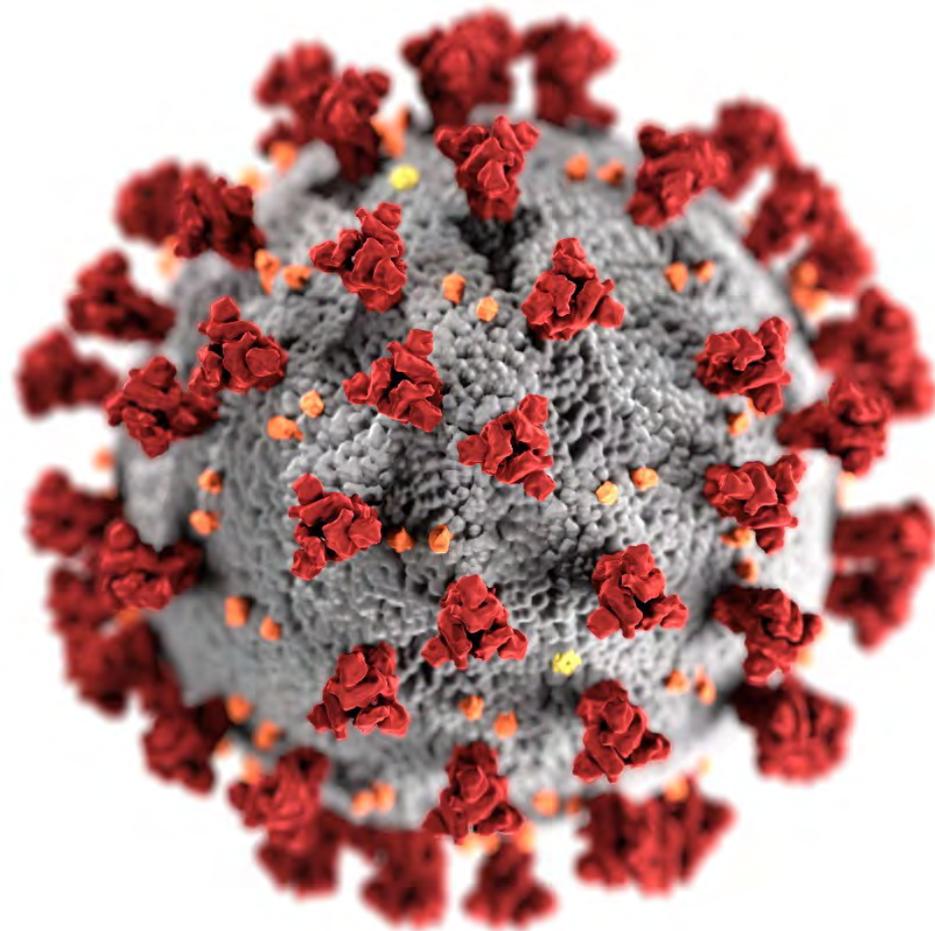
- ▶ At-home antigen tests performed similarly in detecting omicron and delta SARS-CoV-2 variants in comparison to polymerase chain reaction (PCR) tests
- ▶ This analysis found that at-home antigen tests performed slightly better in detecting omicron variant infections, versus delta, within 48 hours of testing positive on a molecular PCR test.
- ▶ Higher sensitivity with at-home antigen tests can be achieved through serial testing (testing every few days).
- ▶ The current analysis used data from 5,726 participants in a prospective cohort study that is part of NIH's RADx initiative, Test Us At Home

Indicators for Monitoring COVID-19 Community Levels and COVID-19 and Implementing COVID-19 Prevention Strategies

Accessible Version: <https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html>

Overview and Scientific Rationale

February 25, 2022



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Why refocus efforts for monitoring COVID-19 in communities?

- **Shift from eliminating SARS-CoV-2 transmission towards more relevant metrics given current levels of population immunity and tools available**
 - **Current high levels of population immunity reduce risk of severe outcomes**
 - High rates of vaccination in population as a whole
 - Availability of boosters, and booster coverage among populations at high risk
 - In unvaccinated, high rates of infection-induced protection
 - **Breadth of tools available for public health and clinical care**
 - Broad access to vaccines, therapeutics, testing
- **Community measures should focus on minimizing the impact of severe COVID-19 illness on health and society**
 - Preventing medically significant illness
 - Minimizing burden on the healthcare system
 - Protecting the most vulnerable through vaccines, therapeutics, and COVID-19 prevention

The current state of the pandemic requires a refined approach to monitoring COVID-19

- Community transmission indicators were developed in fall 2020 (prior to availability of vaccines) and reflect goal of limiting transmission in anticipation of vaccines being available
- **Neither of the community transmission indicators reflects medically significant disease or healthcare strain**
- Community transmission levels are largely driven by case incidence, which does not differentiate mild and severe disease

CDC's COVID-19 Community Levels and Indicators

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%

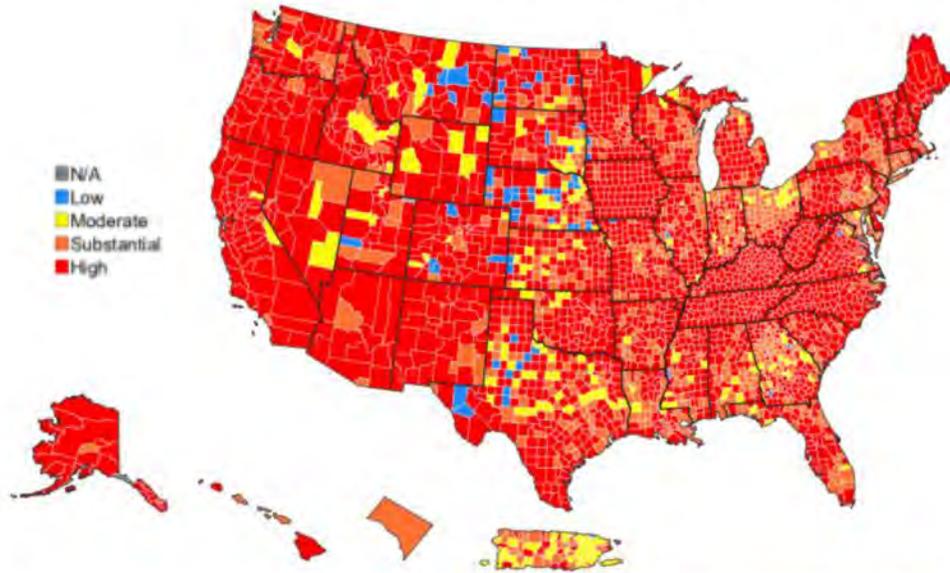
The COVID-19 community level is determined by the higher of the inpatient beds and new admissions indicators, based on the current level of new cases per 100,000 population in the past 7 days

Key Considerations

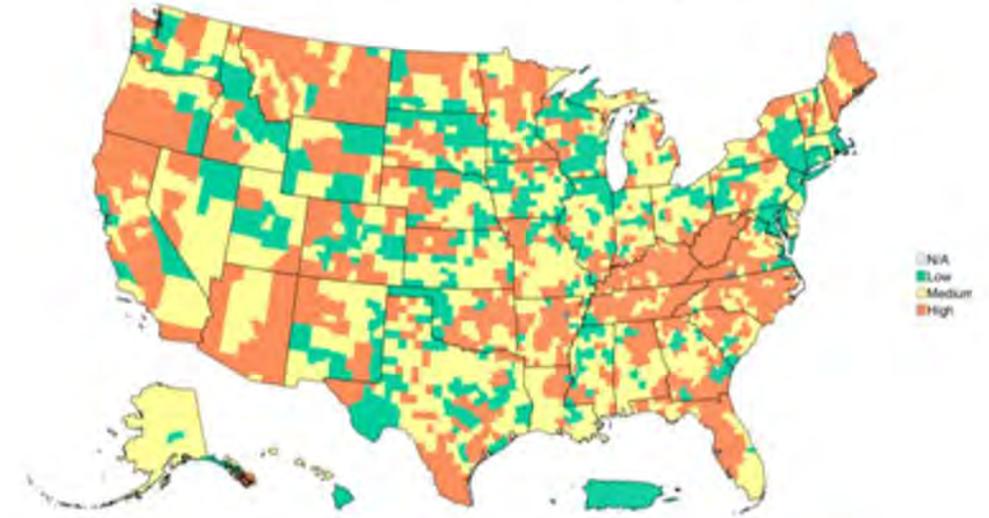
- Vaccination is the leading public health prevention strategy to prevent severe disease and deaths from COVID-19.
- People who are up to date on vaccines have much lower risk of severe illness and death from COVID-19 compared with unvaccinated people.
- When making decisions about individual preventive behaviors and community prevention strategies in addition to vaccination, people and health officials should consider the COVID-19 community level.
- Health departments should consider health equity, and make use of other surveillance information (wastewater, ED surveillance, etc.), if available, to inform local decisions.
- Layered prevention strategies — like staying up to date on vaccines and wearing masks — can help prevent severe disease and reduce strain on the healthcare system.

Comparison between former Levels of Community Transmission and new COVID-19 Community Levels

Former Levels of Community Transmission



New COVID-19 Community Levels



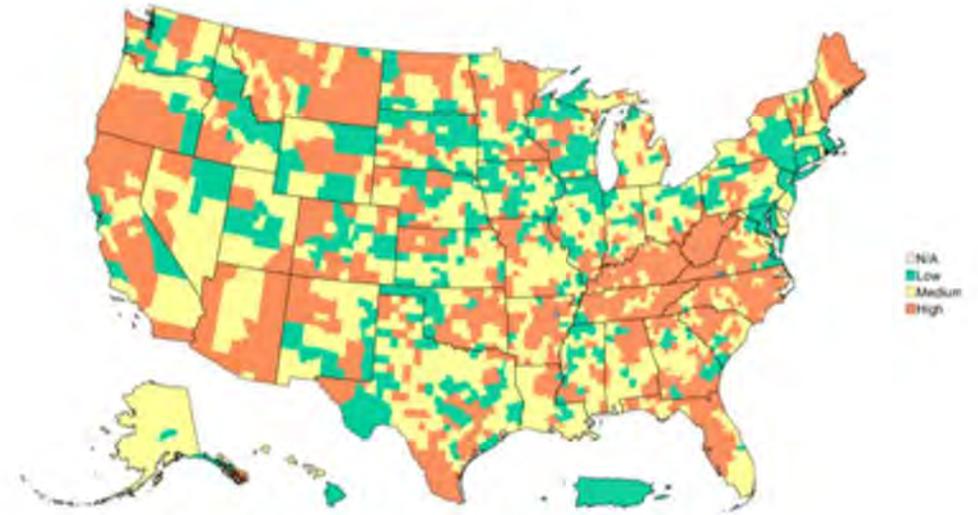
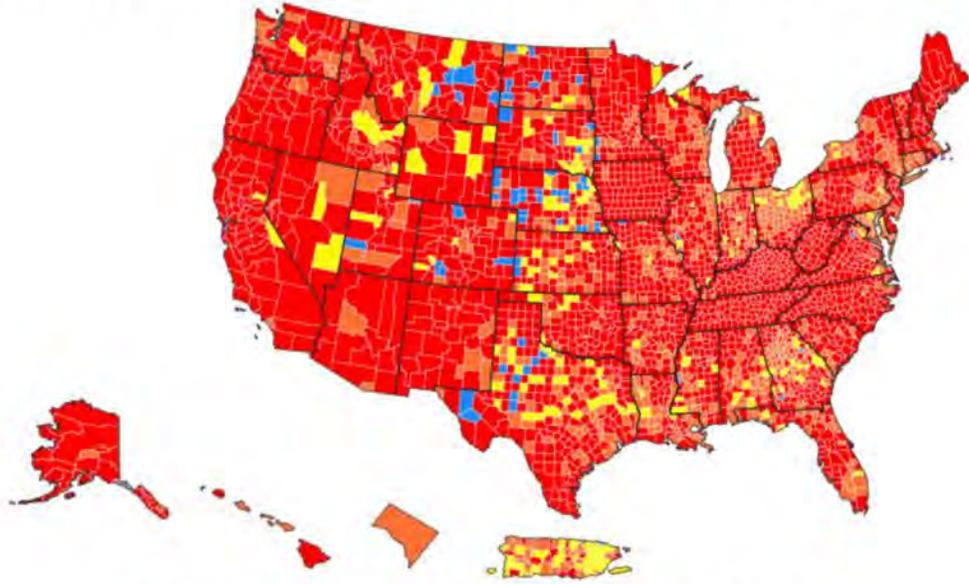
Indicator - If the two indicators suggest different transmission levels, the higher level is selected	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Total new cases per 100,000 persons in the past 7 days	0-9.99	10-49.99	50-99.99	≥100
Percentage of NAATs ¹ that are positive during the past 7 days	0-4.99%	5-7.99%	8-9.99%	≥10.0%

COVID-19 Community Levels – Use the Highest Level that Applies to Your Community

New COVID-19 Cases Per 100,000 people in the past 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
	Proportion of staffed inpatient beds occupied by COVID-19 patients (7-day average)		NA	<10.0%	≥10.0%

- On February 25, CDC proposed new COVID-19 Community Levels to assess and predict severe COVID outcomes (i.e., hospitalization capacity, ICU utilization, death)
- New COVID-19 Community Levels consist of Low, Medium, and High as determined by cases per 100K, hospital admissions, and COVID hospital occupancy

Comparison between former Levels of Community Transmission and new COVID-19 Community Levels



Community Transmission in US by County

	Total	Percent	% Change
High	2248	69.77%	-20.92%
Substantial	686	21.29%	14.84%
Moderate	219	6.8%	5.4%
Low	67	2.08%	0.65%

	% of Counties	% of Pop.
Low	23.0%	29.5%
Medium	39.6%	42.2%
High	37.3%	28.2%

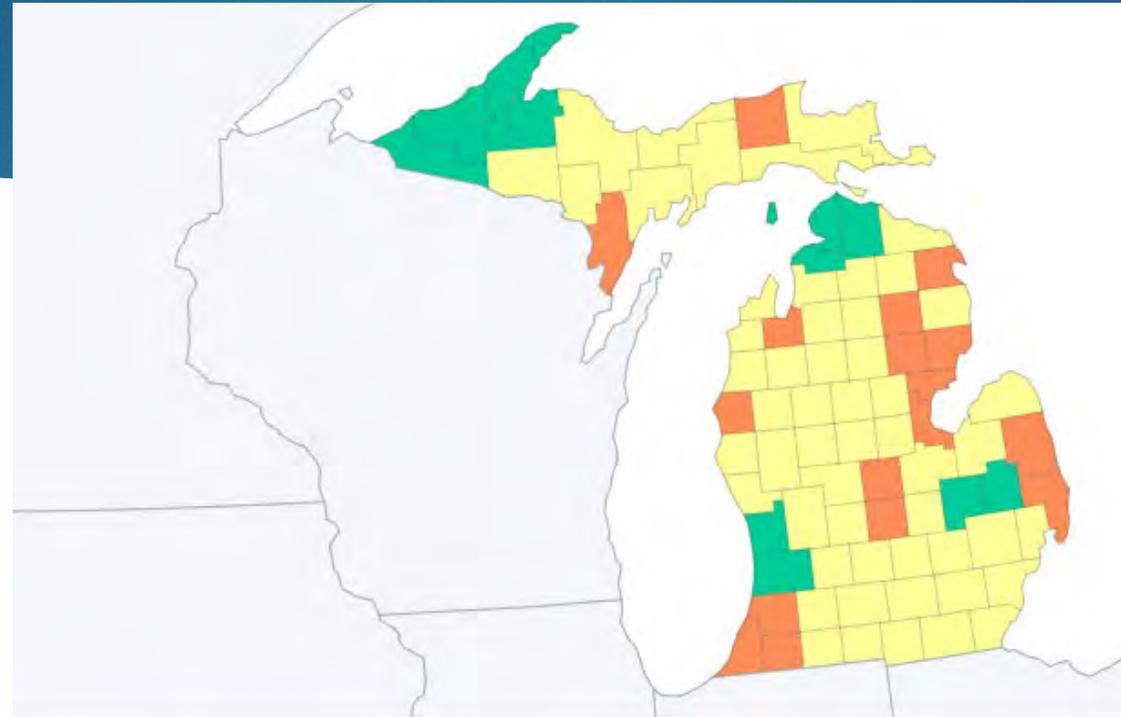
- Under the former levels, 69.8% of U.S. counties were classified with high community transmission, whereas new levels classify 37.3% of counties with high risk for medically significant disease and healthcare strain
- Under the former levels, 86% (71/83) of Michigan counties were classified as high, whereas new levels classify 20% (17/83) of MI counties as high
- These new COVID-19 Community Levels will be release at least once weekly (link: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>)

COVID-19 Community level	Individual- and household-level prevention behaviors	Community-level prevention strategies (as recommended by state or local authorities)
Low	<ul style="list-style-type: none"> • Stay up to date with COVID-19 vaccines and boosters • Maintain improved ventilation throughout indoor spaces when possible • Follow CDC recommendations for isolation and quarantine, including getting tested if you are exposed to COVID-19 or have symptoms of COVID-19 • If you are immunocompromised or <u>high risk</u> for severe disease <ul style="list-style-type: none"> ○ Have a plan for rapid testing if needed (e.g., having home tests or access to testing) ○ Talk to your healthcare provider about whether you are a candidate for treatments like oral antivirals, PrEP, and monoclonal antibodies 	<ul style="list-style-type: none"> • Distribute and administer vaccines to achieve high community vaccination coverage and ensure health equity • Maintain improved ventilation in public indoor spaces • Ensure access to testing, including through point-of-care and at-home tests for all people <ul style="list-style-type: none"> ○ Communicate with organizations and places that serve people who are immunocompromised or at <u>high risk</u> for severe disease to ensure they know how to get rapid testing • Ensure access and equity in vaccination, testing, treatment, community outreach, support services for disproportionately affected populations
Medium	<ul style="list-style-type: none"> • If you are immunocompromised or <u>high risk</u> for severe disease <ul style="list-style-type: none"> ○ Talk to your healthcare provider about whether you need to wear a mask and take other precautions (e.g., testing) • If you have household or social contact with someone at <u>high risk</u> for severe disease <ul style="list-style-type: none"> ○ consider self-testing to detect infection before contact ○ consider wearing a mask when indoors with them • Stay up to date with COVID-19 vaccines and boosters • Maintain improved ventilation throughout indoor spaces when possible • Follow CDC recommendations for isolation and quarantine, including getting tested if you are exposed to COVID-19 or have symptoms of COVID-19 • If you are immunocompromised or <u>high risk</u> for severe disease <ul style="list-style-type: none"> ○ Have a plan for rapid testing if needed (e.g., having home tests or access to testing) ○ Talk to your healthcare provider about whether you are a candidate for treatments like oral antivirals, PrEP, and monoclonal antibodies 	<ul style="list-style-type: none"> • Protect people at <u>high risk</u> for severe illness or death by ensuring equitable access to vaccination, testing, treatment, support services, and information • Consider implementing screening testing or other testing strategies for people who are exposed to COVID-19 in workplaces, schools, or other community settings as appropriate • Implement enhanced prevention measures in high-risk congregate settings (see guidance for <u>correctional facilities</u> and <u>homeless shelters</u>) • Distribute and administer vaccines to achieve high community vaccination coverage and ensure health equity • Maintain improved ventilation in public indoor spaces • Ensure access to testing, including through point-of-care and at-home tests for all people <ul style="list-style-type: none"> ○ Communicate with organizations and places that serve people who are immunocompromised or at <u>high risk</u> for severe disease to ensure they know how to get rapid testing • Ensure access and equity in vaccination, testing, treatment, community outreach, support services for disproportionately affected populations
High	<ul style="list-style-type: none"> • Wear a well-fitting mask indoors in public, regardless of vaccination status (including in K-12 schools and other indoor community settings) • If you are immunocompromised or <u>high risk</u> for severe disease <ul style="list-style-type: none"> ○ Wear a <u>mask or respirator</u> that provides you with greater protection ○ Consider avoiding non-essential indoor activities in public where you could be exposed • If you are immunocompromised or <u>high risk</u> for severe disease <ul style="list-style-type: none"> ○ Talk to your healthcare provider about whether you need to wear a mask and take other precautions (e.g., testing) • If you have household or social contact with someone at <u>high risk</u> for severe disease <ul style="list-style-type: none"> ○ consider self-testing to detect infection before contact ○ consider wearing a mask when indoors with them • Stay up to date with COVID-19 vaccines and boosters • Maintain improved ventilation throughout indoor spaces when possible • Follow CDC recommendations for isolation and quarantine, including getting tested if you are exposed to COVID-19 or have symptoms of COVID-19 • If you are immunocompromised or <u>high risk</u> for severe disease <ul style="list-style-type: none"> ○ Have a plan for rapid testing if needed (e.g., having home tests or access to testing) ○ Talk to your healthcare provider about whether you are a candidate for treatments like oral antivirals, PrEP, and monoclonal antibodies 	<ul style="list-style-type: none"> • Consider setting-specific recommendations for prevention strategies based on local factors • Implement healthcare surge support as needed • Protect people at <u>high risk</u> for severe illness or death by ensuring equitable access to vaccination, testing, treatment, support services, and information • Consider implementing screening testing or other testing strategies for people who are exposed to COVID-19 in workplaces, schools, or other community settings as appropriate • Implement enhanced prevention measures in high-risk congregate settings (see guidance for <u>correctional facilities</u> and <u>homeless shelters</u>) • Distribute and administer vaccines to achieve high community vaccination coverage and ensure health equity • Maintain improved ventilation in public indoor spaces • Ensure access to testing, including through point-of-care and at-home tests for all people <ul style="list-style-type: none"> ○ Communicate with organizations and places that serve people who are immunocompromised or at <u>high risk</u> for severe disease to ensure they know how to get rapid testing • Ensure access and equity in vaccination, testing, treatment, community outreach, support services for disproportionately affected populations

Masks No Longer Required on School Buses- Follow Recommendation for K-12

- ▶ Effective February 25, 2022, CDC is exercising its enforcement discretion to not require that people wear masks on buses or vans operated by public or private school systems, including early care and education/child care programs. CDC is making this change to **align with updated guidance that no longer recommends universal indoor mask wearing in K-12 schools and early education settings in areas with a low or medium COVID-19 Community Level**. School systems at their discretion may choose to require that people wear masks on buses or vans.

U.S. COVID-19 Community Levels by County



Legend

High

Low

Medium

N/A

Updated: Feb. 24, 2022

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

County	COVID-19 Community Level	COVID-19 Community Level - COVID Inpatient Bed Utilization	COVID-19 Community Level - COVID Hospital Admissions per 100k	COVID-19 Community Level - Cases per 100k	Community Transmission Level - Test Positivity	Community Transmission Level
Arenac	High	8.10%	21.5	127.66	11.68%	High
Clare	Medium	6.40%	11	155.09	9.53%	High
Clinton	High	14.30%	16.9	247.5	14.00%	High
Crawford	Medium	6.60%	14.4	163.95	9.20%	High
Gladwin	Medium	6.40%	11	141.46	12.30%	High
Gratiot	High	11.80%	15.2	243.18	10.60%	High
Isabella	Medium	6.40%	11	173.17	8.29%	High
Kalkaska	Medium	8.60%	16.1	127.51	11.23%	High
Lake	Medium	12.20%	11.9	185.61	14.66%	High
Manistee	Medium	8.60%	16.1	191.38	10.41%	High
Mason	High	10.10%	8.6	243.62	19.91%	High
Mecosta	Medium	11.80%	15.2	112.77	13.74%	High
Missaukee	Medium	12.20%	11.9	99.22	6.20%	Substantial
Montcalm	Medium	11.80%	15.2	183.13	11.99%	High
Newaygo	Medium	10.10%	8.6	120.46	11.23%	High
Oceana	Medium	10.10%	8.6	147.35	13.02%	High
Osceola	Medium	12.20%	11.9	166.24	11.04%	High
Roscommon	Medium	6.60%	14.4	170.7	6.87%	High
Wexford	Medium	12.20%	11.9	193.27	12.62%	High

REGARDLESS OF YOUR COVID-19 COMMUNITY LEVEL, YOU SHOULD MASK IF YOU HAVE



Symptoms
of COVID-19



Positive
COVID-19 Test



Exposure
to someone
with COVID-19



cdc.gov/coronavirus



See the most up to date data at

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

AND

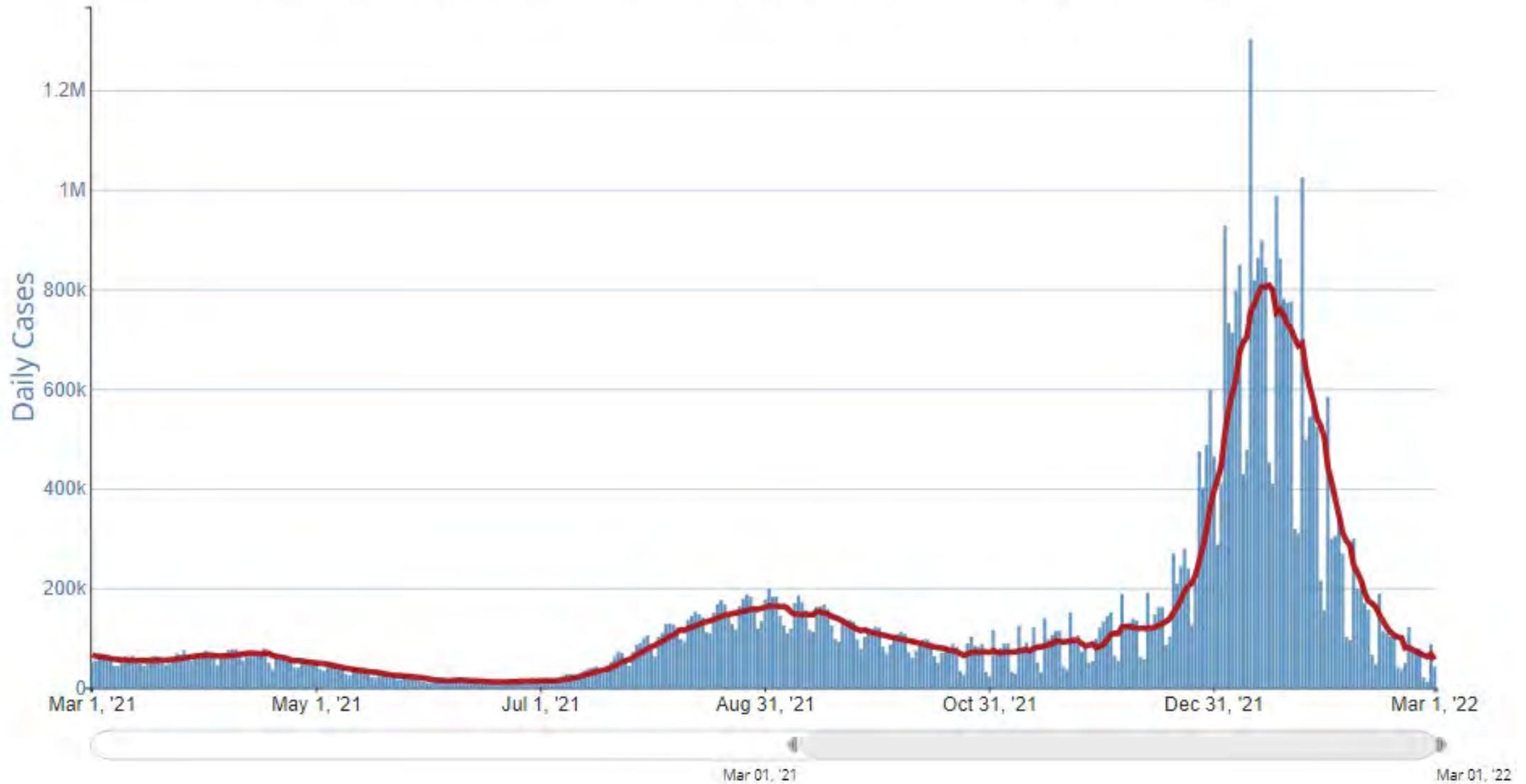
<https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>



MI COVID Response Data and Modeling Update-March 1st

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

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

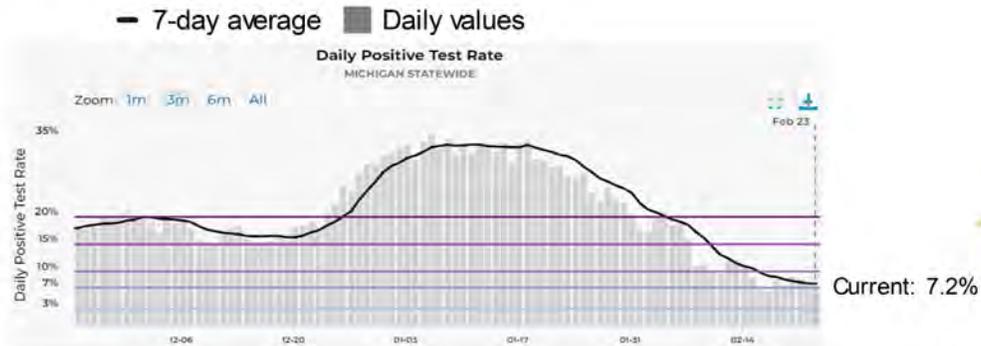


https://covid.cdc.gov/covid-data-tracker/#trends_dailycases

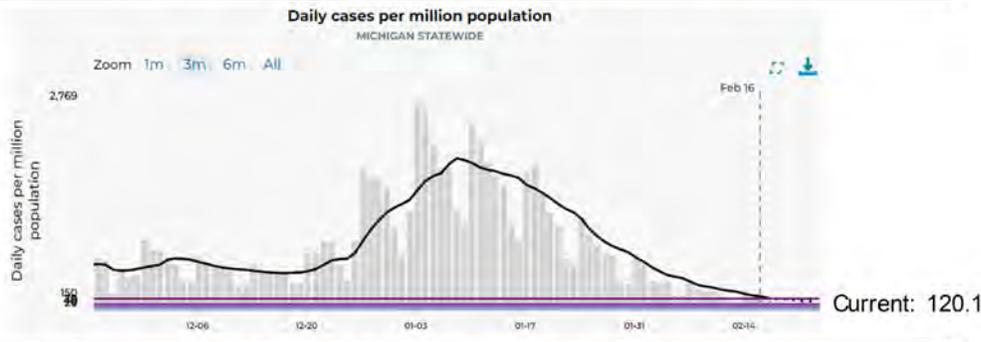
Recent statewide trends

Statewide trends

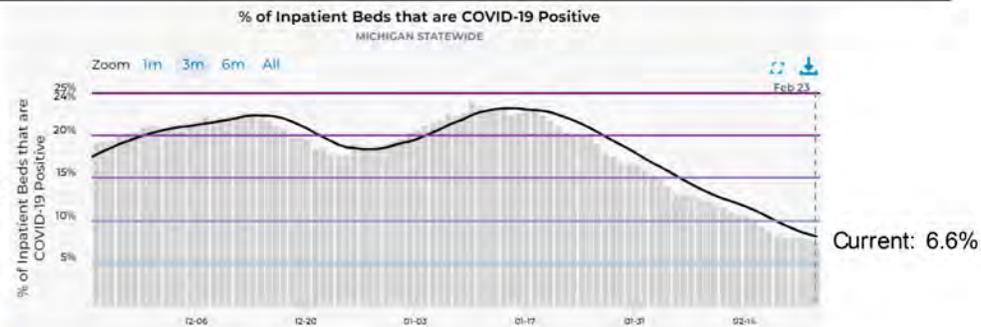
Positivity, %



Daily cases per million

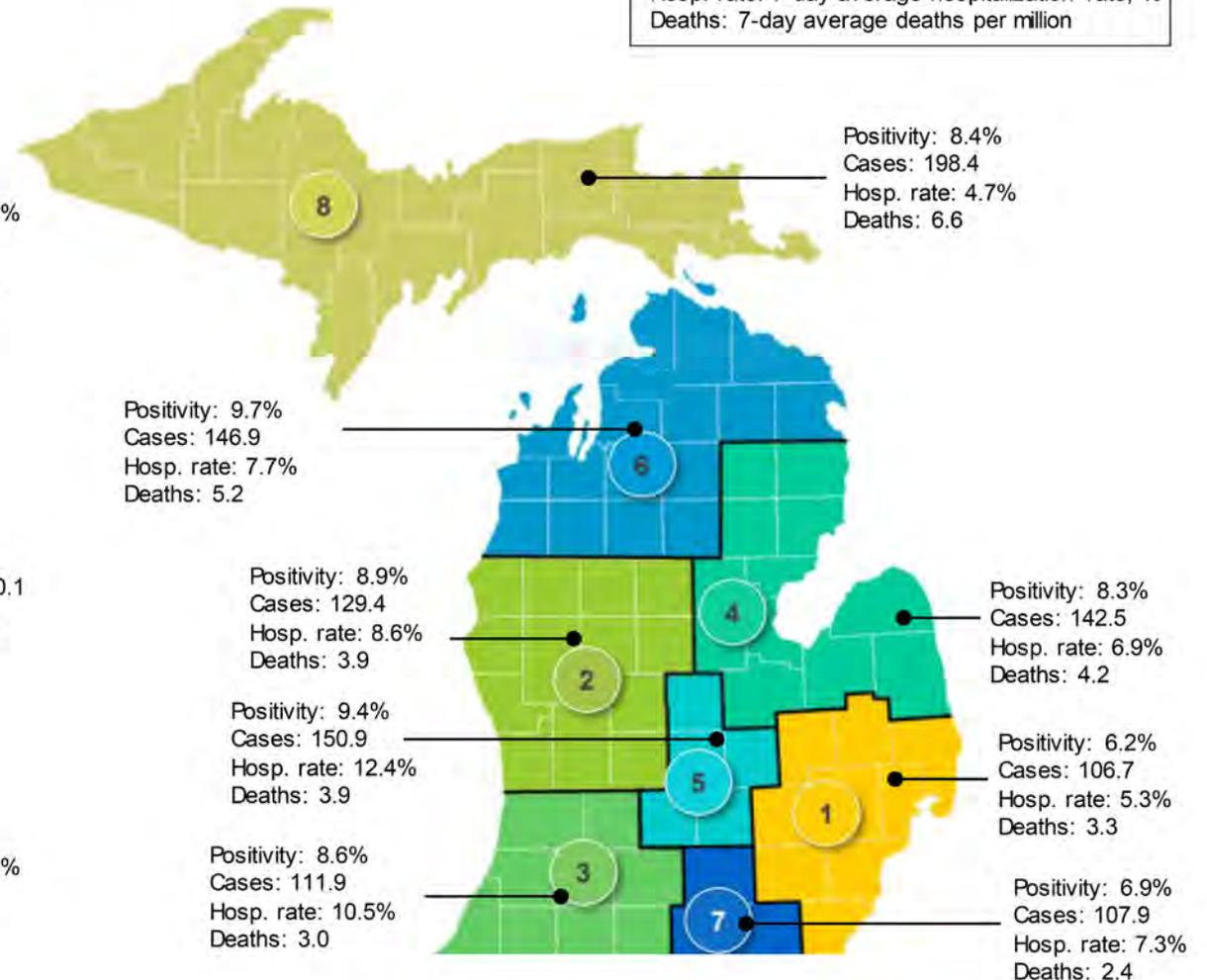


Daily hospitalization rate, %



MERC Regional breakdown: Positivity, cases, hospitalization rate, and deaths

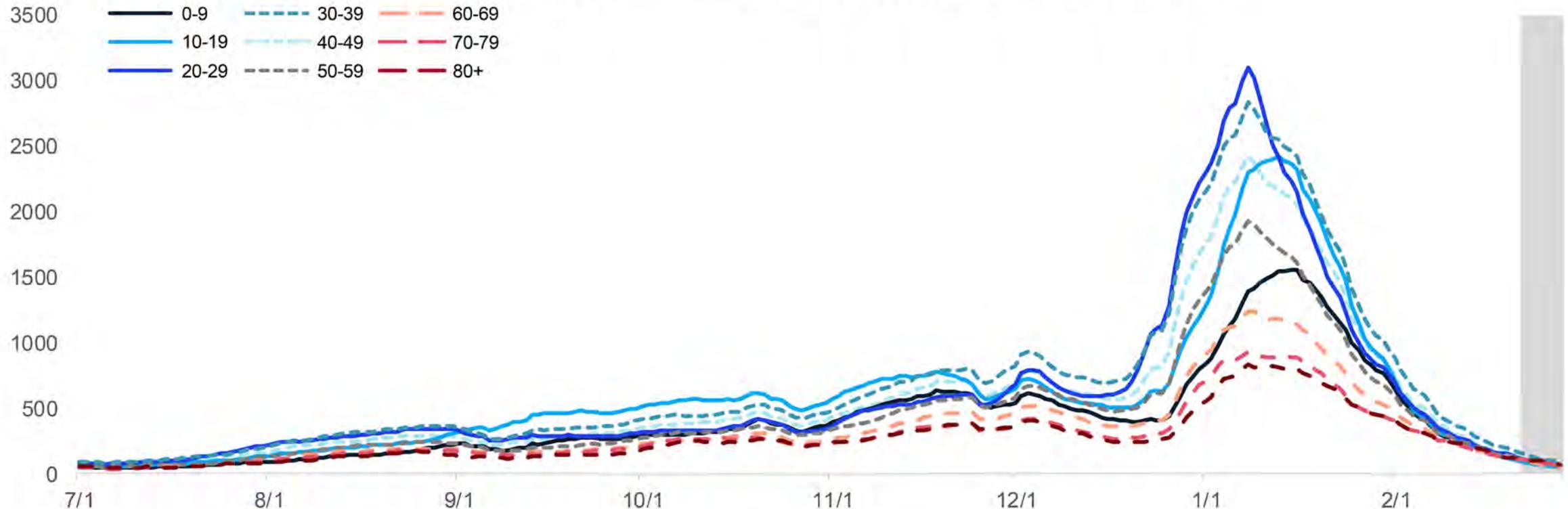
Positivity: 7-day average positivity, %
Cases: 7-day average cases per million
Hosp. rate: 7-day average hospitalization rate, %
Deaths: 7-day average deaths per million



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

Case Rate Trends by Age Group

Daily new confirmed and probable cases per million by age group (7-day rolling average)

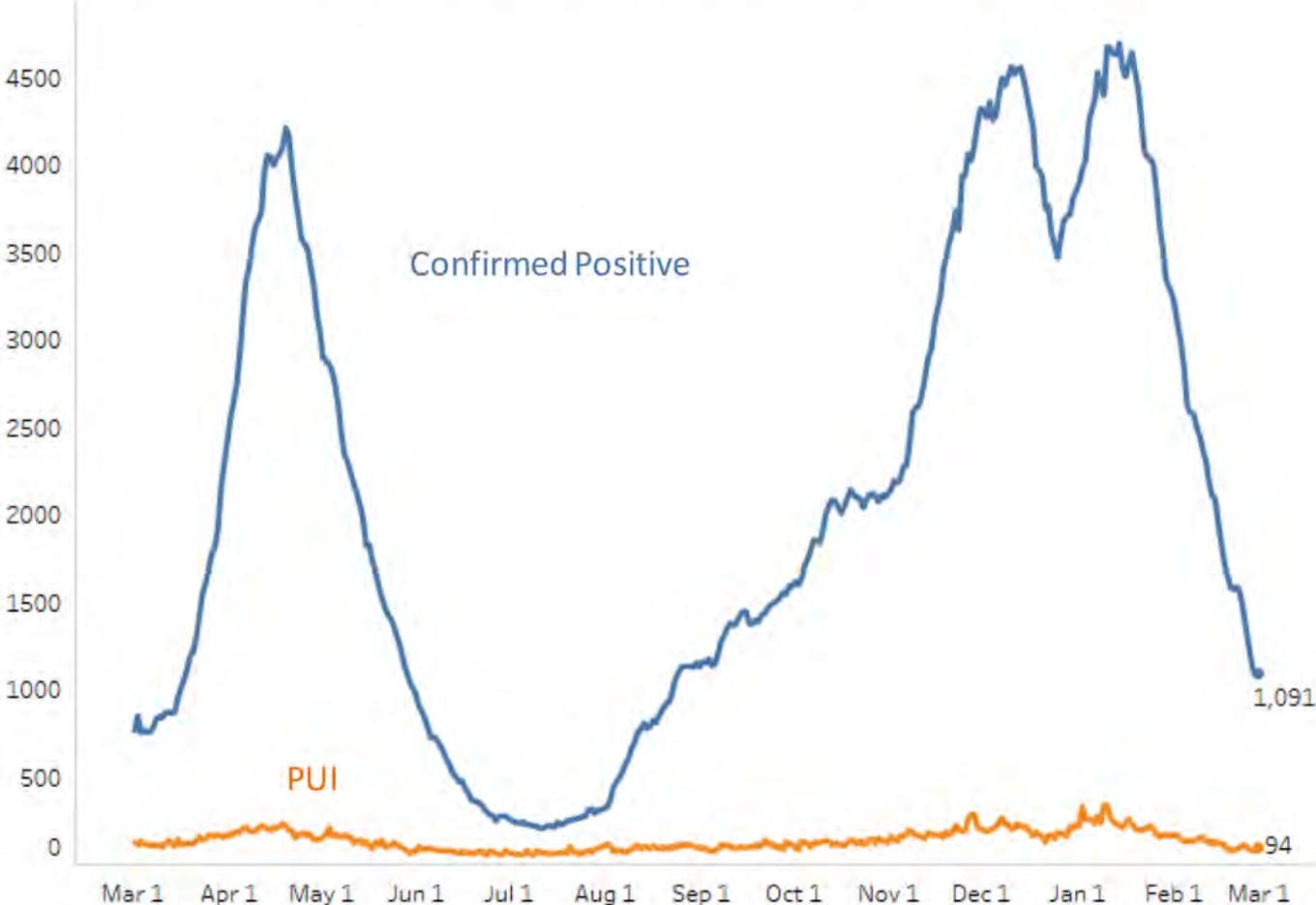


- Case rate trends for all age groups saw decreases over the past week
- Case rates by onset date for all age groups are between 97.5 and 164.4 cases per million (through 2/21)
- Case counts and case rates are highest for 30-39-year-olds this week, followed by 40-49, and 20-29

Note: Case information sourced from MDHHS and reflects date of onset of symptoms
Source: MDHHS – Michigan Disease Surveillance System

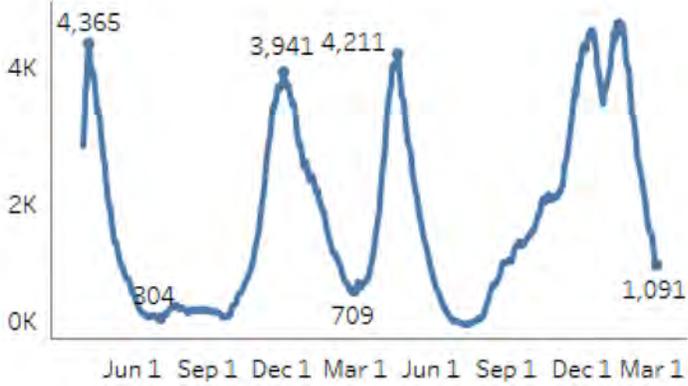
Statewide Hospitalization Trends: Total COVID+ Census

Hospitalization Trends 3/1/2021 – 2/28/2022
Confirmed Positive & Persons Under Investigation (PUI)



The COVID+ census in hospitals continues to decrease and is down 31% from last week (previous week was down 24%).

Hospitalized COVID Positive Long Term Trend (beginning March 2020)



Statewide Hospitalization Trends: ICU COVID+ Census

Hospitalization Trends 3/1/2021 – 2/28/2022
Confirmed Positive in ICUs



Overall, the census of COVID+ patients in ICUs has decreased by 19% from last week (previous week was down by 21%). All regions show decreasing or flat trends in ICU census.

All regions except Region 3 have ICU occupancy below 85%. All regions have 15% 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	18 (-25%)	79%	10%
Region 2N	28 (-36%)	70%	5%
Region 2S	70 (-18%)	79%	10%
Region 3	37 (-16%)	87%	12%
Region 5	18 (-18%)	67%	10%
Region 6	37 (-10%)	79%	15%
Region 7	15 (-12%)	75%	11%
Region 8	6 (0%)	56%	10%

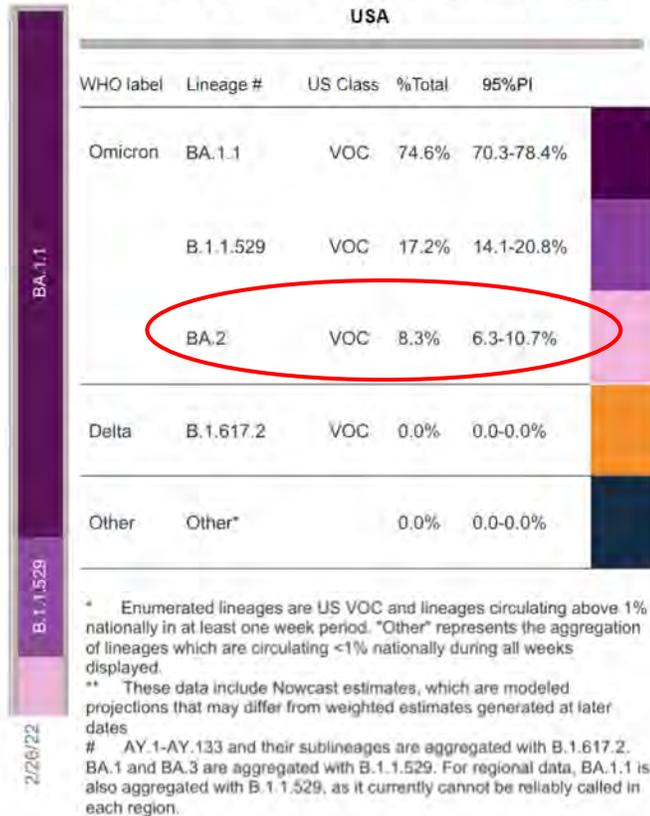
Statewide Hospitalization Trends: Pediatric COVID+ Census



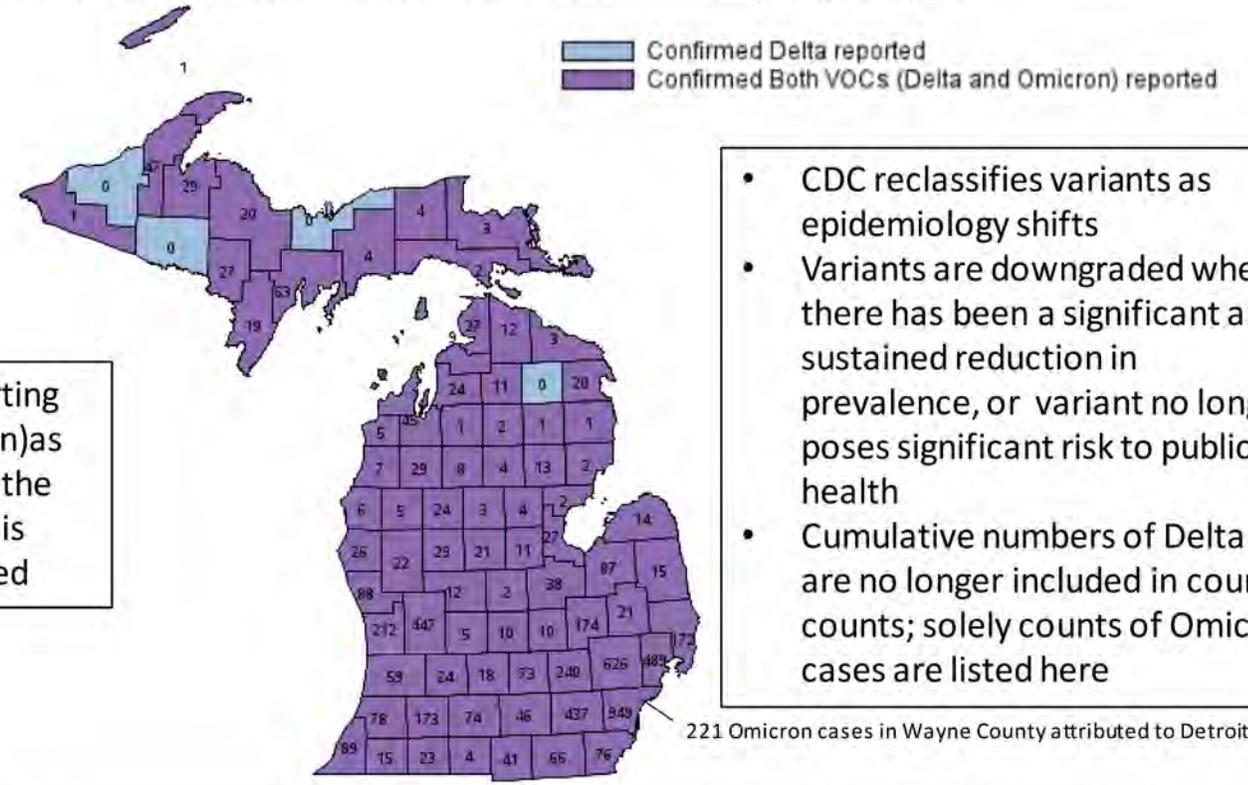
Identified COVID-19 Cases Caused by Variants of Concern (VOC) in US and Michigan

SARS-CoV-2 Variants Circulating in the United States, Feb 20 – Feb 26 (NOWCAST)

Variants of Concern in Michigan, Feb 28



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

221 Omicron cases in Wayne County attributed to Detroit City

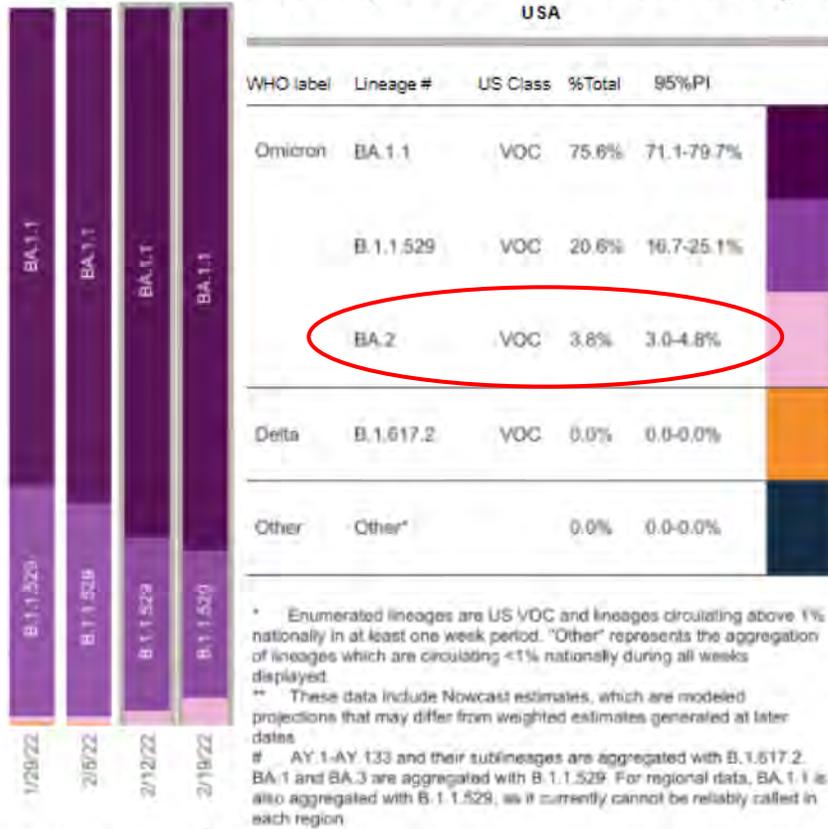
Variant	MI Reported Cases	# of Counties	MDHHS VOC Sequenced Prev. [†]
B.1.617.2 (delta)	30,981	83	1%
B.1.1.529 (omicron)	5,595	79	99%

Data last updated Feb 28, 2022
 Source: MDSS

[†] Sequence specimens are from the most recent week by onset date which may change as more specimens are sent in

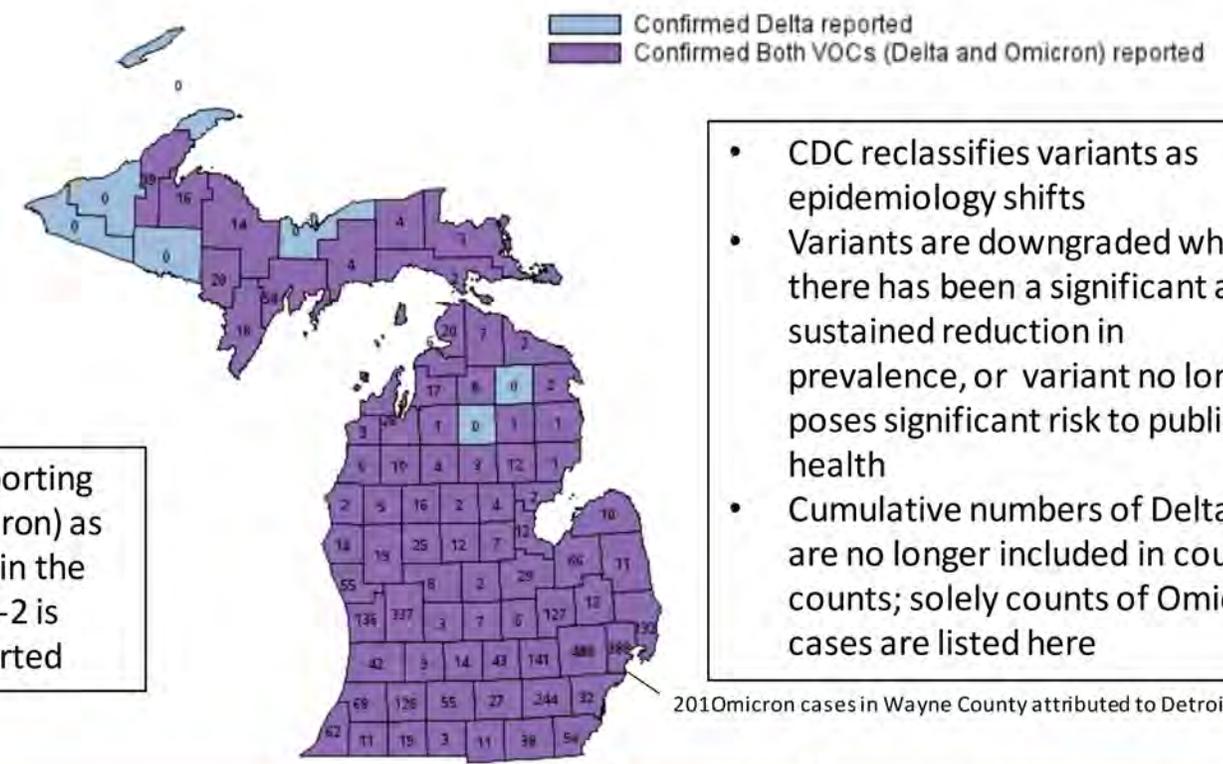
Identified COVID-19 Cases Caused by Variants of Concern (VOC) in US and Michigan

SARS-CoV-2 Variants Circulating in the United States, Jan 30 – Feb 19 (NOWCAST)



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

Variants of Concern in Michigan, Feb 18



- 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. [†]
B.1.617.2 (delta)	30,969	83	0%
B.1.1.529 (omicron)	4,002	76	100%

Data last updated Feb 19, 2022
 Source: MDSS
[†] Sequence specimens are from the most recent week by onset date which may change as more specimens are sent in