



# COVID-19

Lancaster School Board  
September 21, 2021

Jonathan Knoche, MD, MPH



# Overview

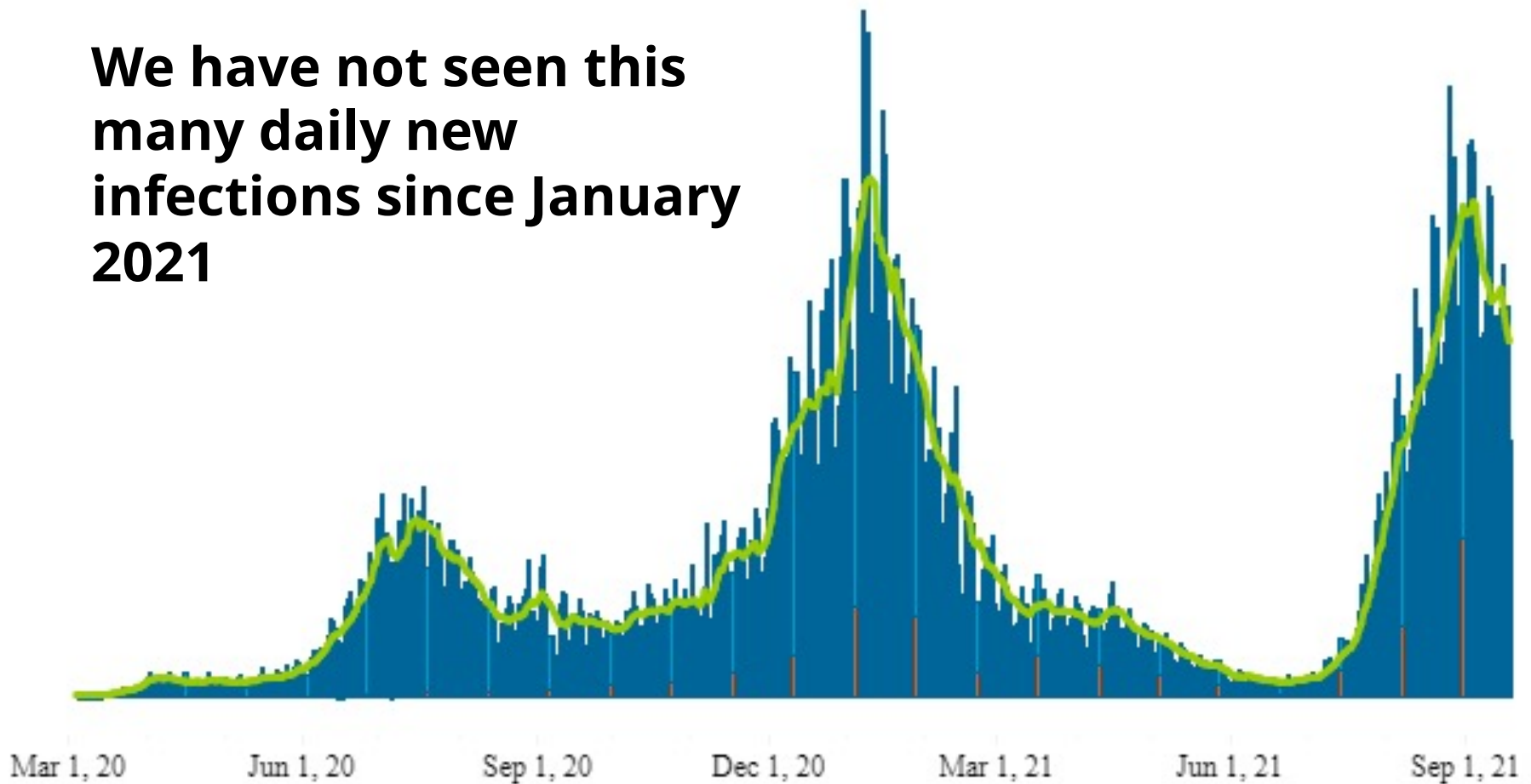
- COVID-19 numbers and trends
- Review protective measures to reduce transmission
- Discussion/Q&A

## COVID-19 Cases per Day

County Displayed:\*

- Count of Confirmed Cases
- Count of Probable Cases
- Moving Average 7 day

**We have not seen this many daily new infections since January 2021**

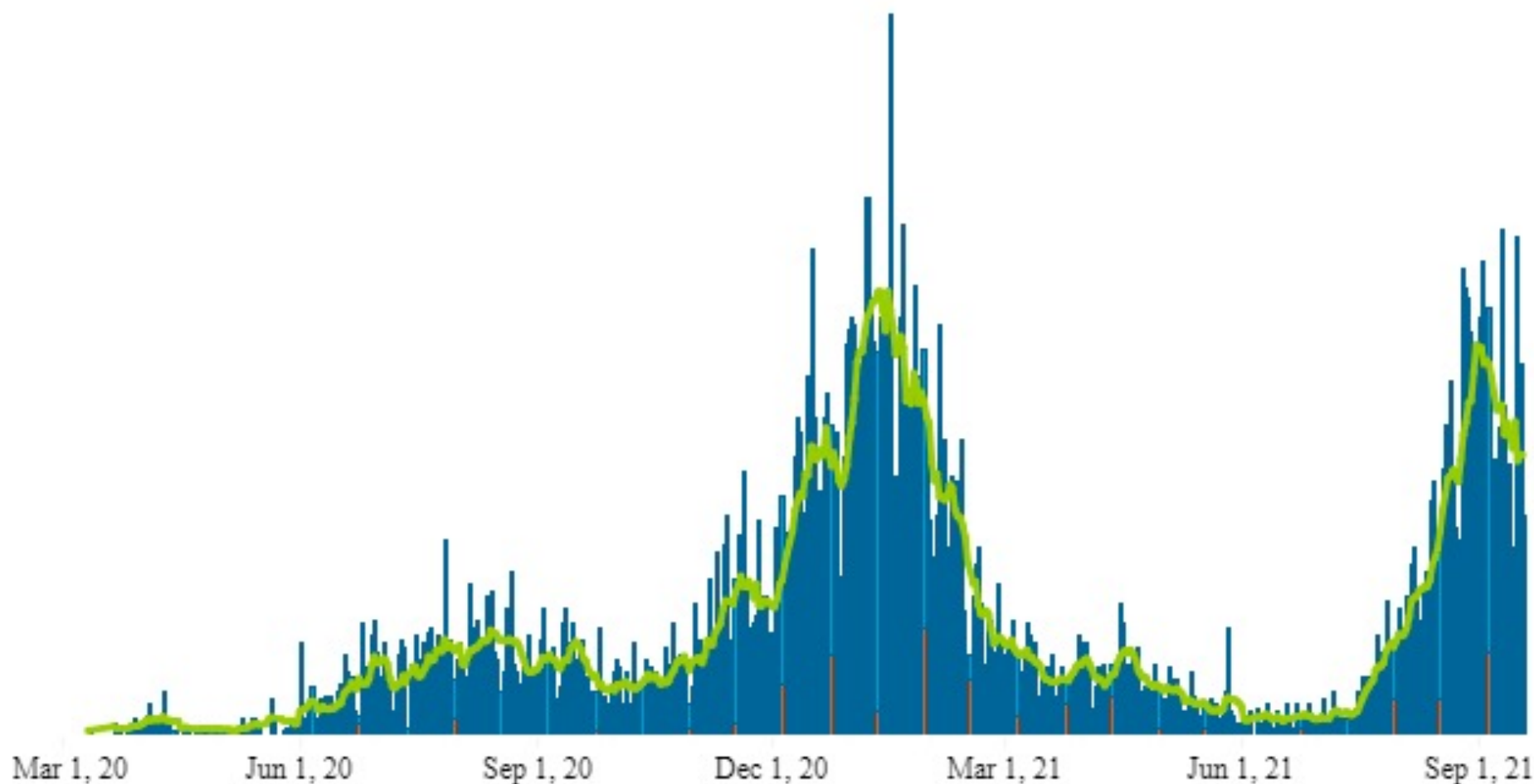




## COVID-19 Cases per Day

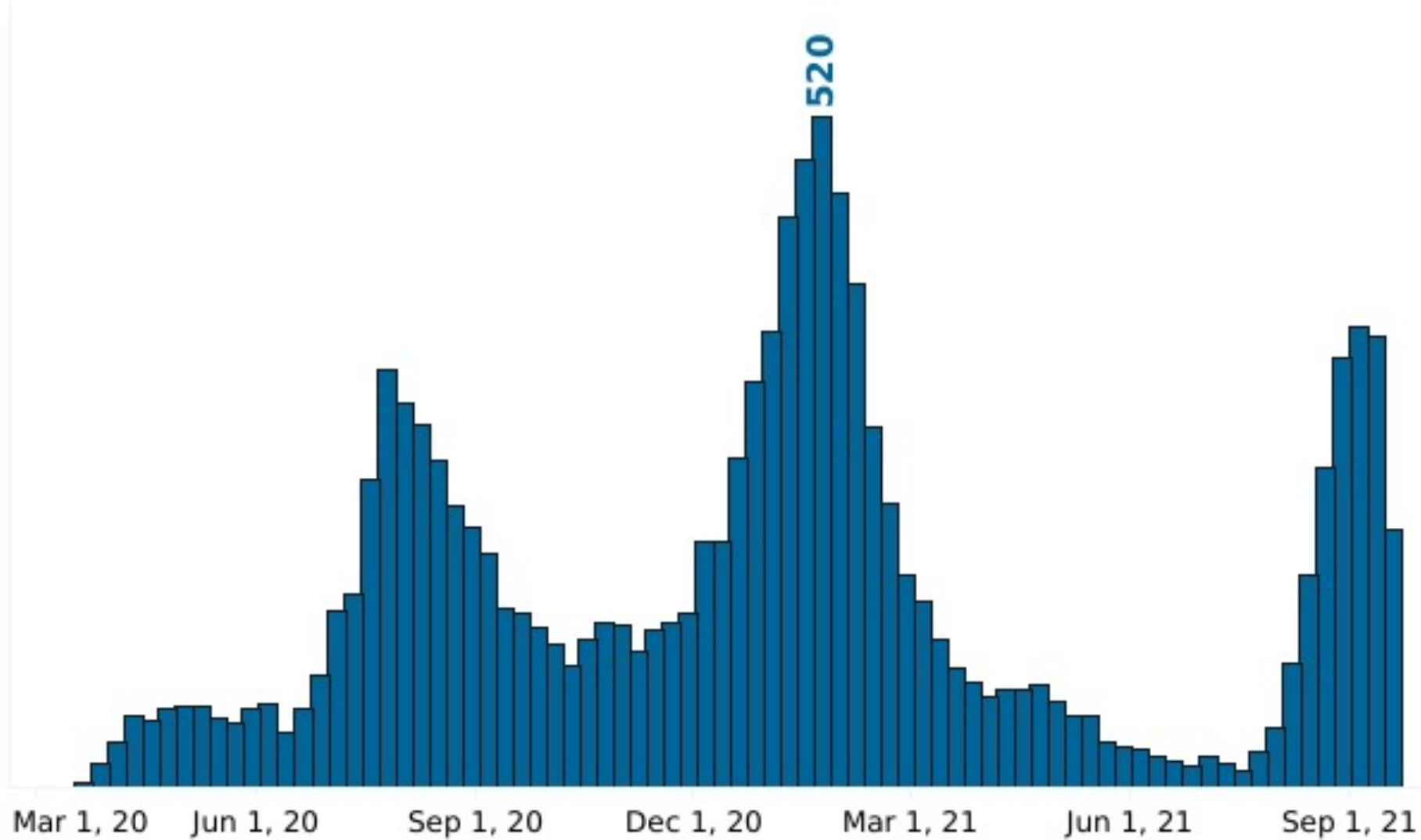
County Displayed: Lancaster

- Count of Confirmed Cases
- Count of Probable Cases
- Moving Average 7 day



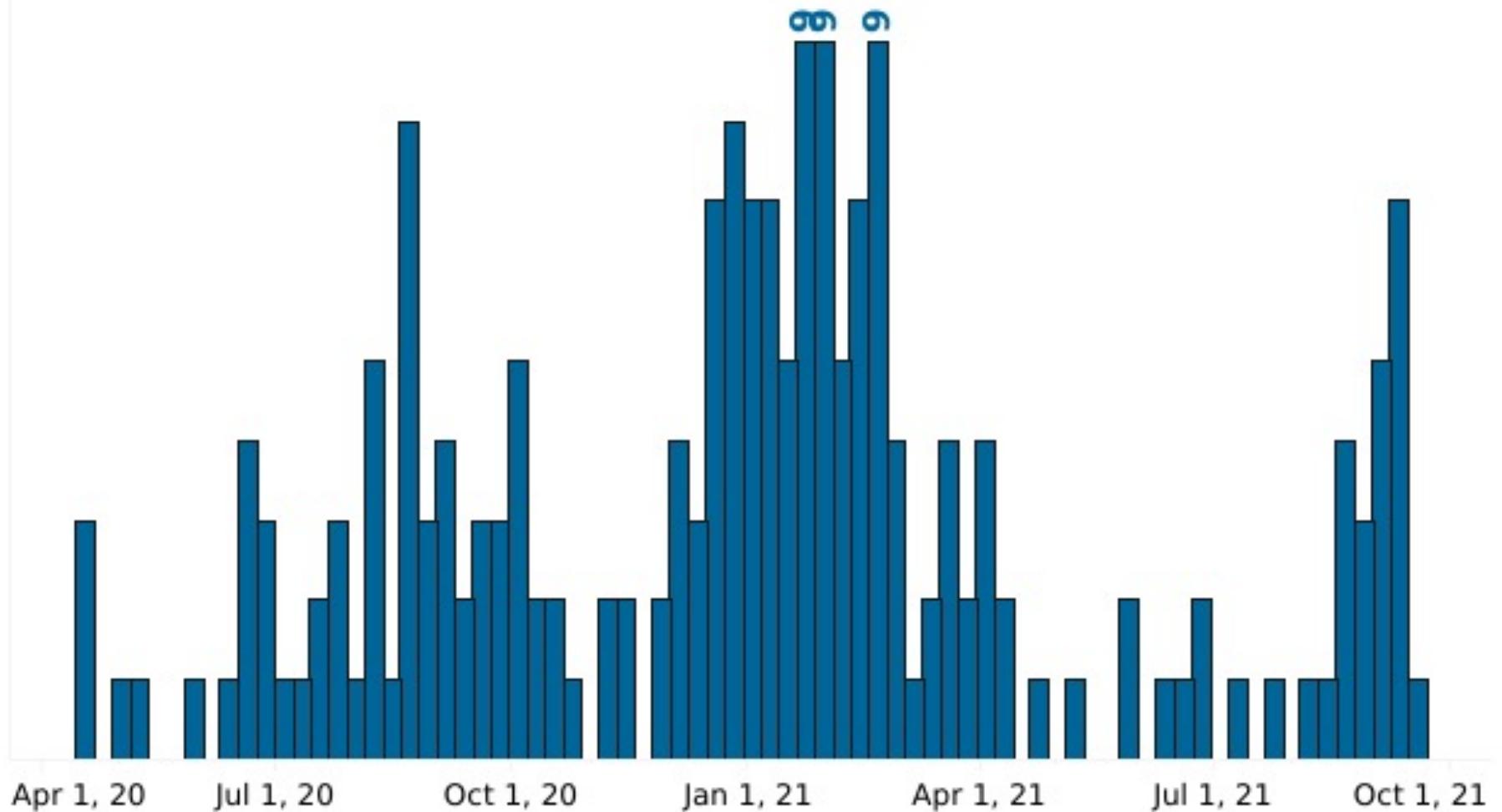


## Reported COVID-19 Deaths, by Week of Date of Death





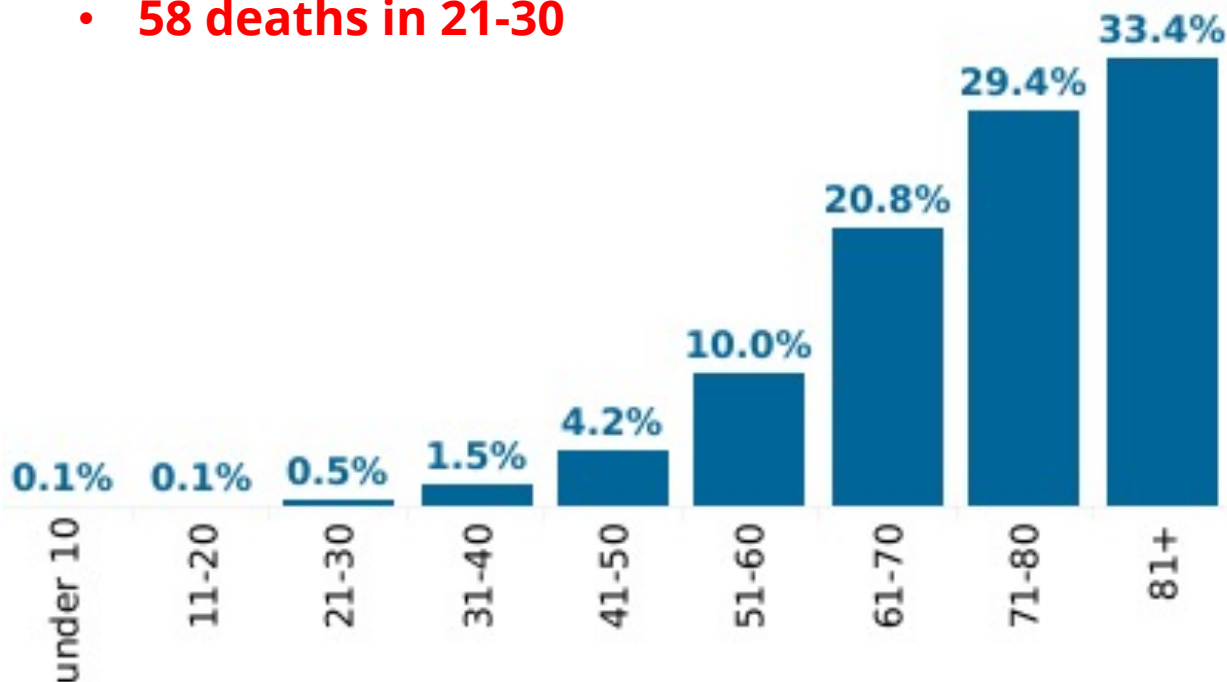
Reported COVID-19 Deaths, by Week of Date of Death  
**Lancaster County**





## Reported COVID-19 Cases, by Age Group & Age Related Information

- 19 deaths in age 0-20  
(6 deaths <10, 13 deaths 11-20)
- 58 deaths in 21-30



Minimum Age **0 years**

Median Age **75 years**

Maximum Age **106 years**

Average Age **73.4 years**



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# Who's getting COVID-19 now?

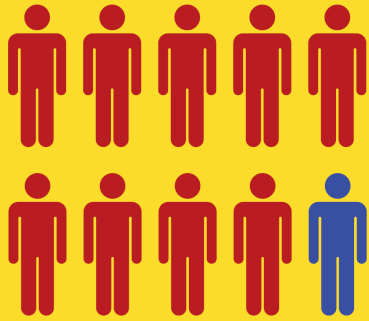


# VACCINATION STATUS AND COVID-19

AUGUST 1–AUGUST 31, 2021



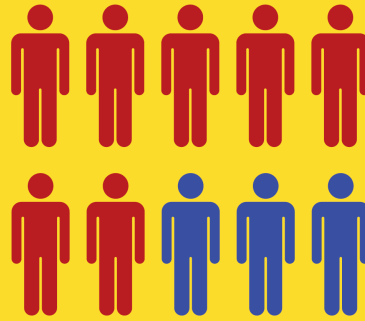
Out of 27,201 Reported Cases



**85%**

**NOT FULLY VACCINATED**

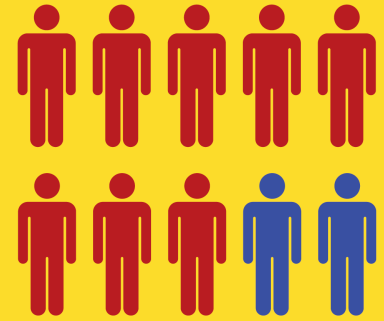
Out of 1,522 Hospitalizations



**71%**

**NOT FULLY VACCINATED**

Out of 611 Deaths

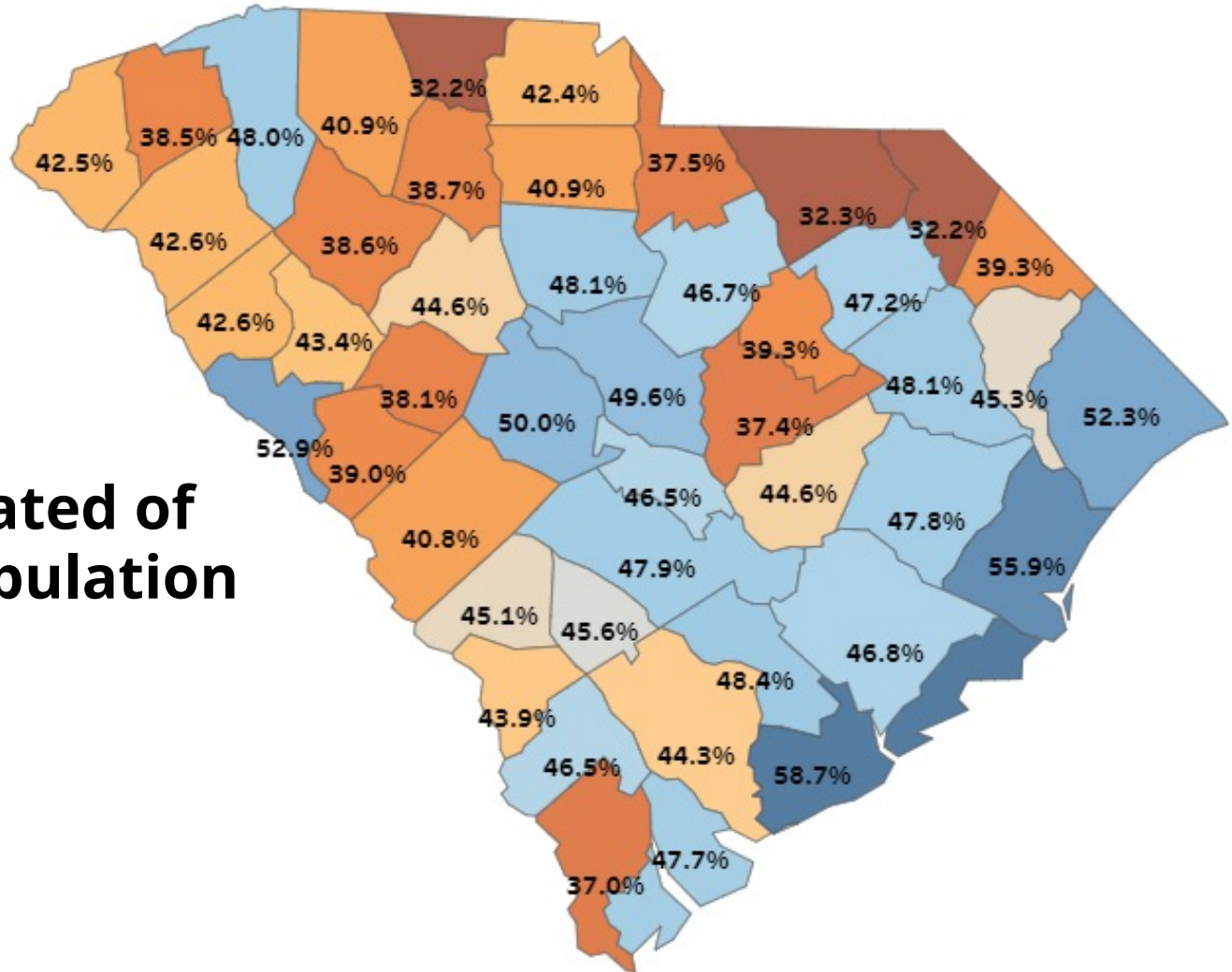


**75%**

**NOT FULLY VACCINATED**

All data are provisional and subject to change.

# % fully vaccinated of the overall population age 12 and up



# COVID-19 Update

## Tuesday, September 21, 2021

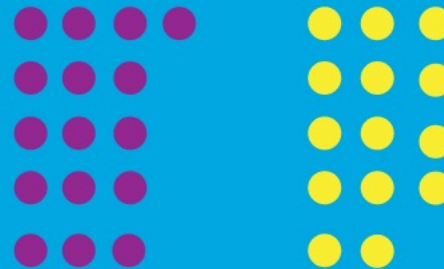


South Carolina  
Children's Hospital  
Collaborative

All hospitalized children are unvaccinated.

### Children hospitalized with a COVID-19 diagnosis

- = UNVACCINATED and > 12 years of age
- = UNVACCINATED and < 12 years of age
- = VACCINATED and > 12 years of age



30

### COVID-positive children in critical care

- = UNVACCINATED and > 12 years of age
- = UNVACCINATED and < 12 years of age



9

### COVID-positive children on a ventilator

- = UNVACCINATED and > 12 years of age
- = UNVACCINATED and < 12 years of age



5



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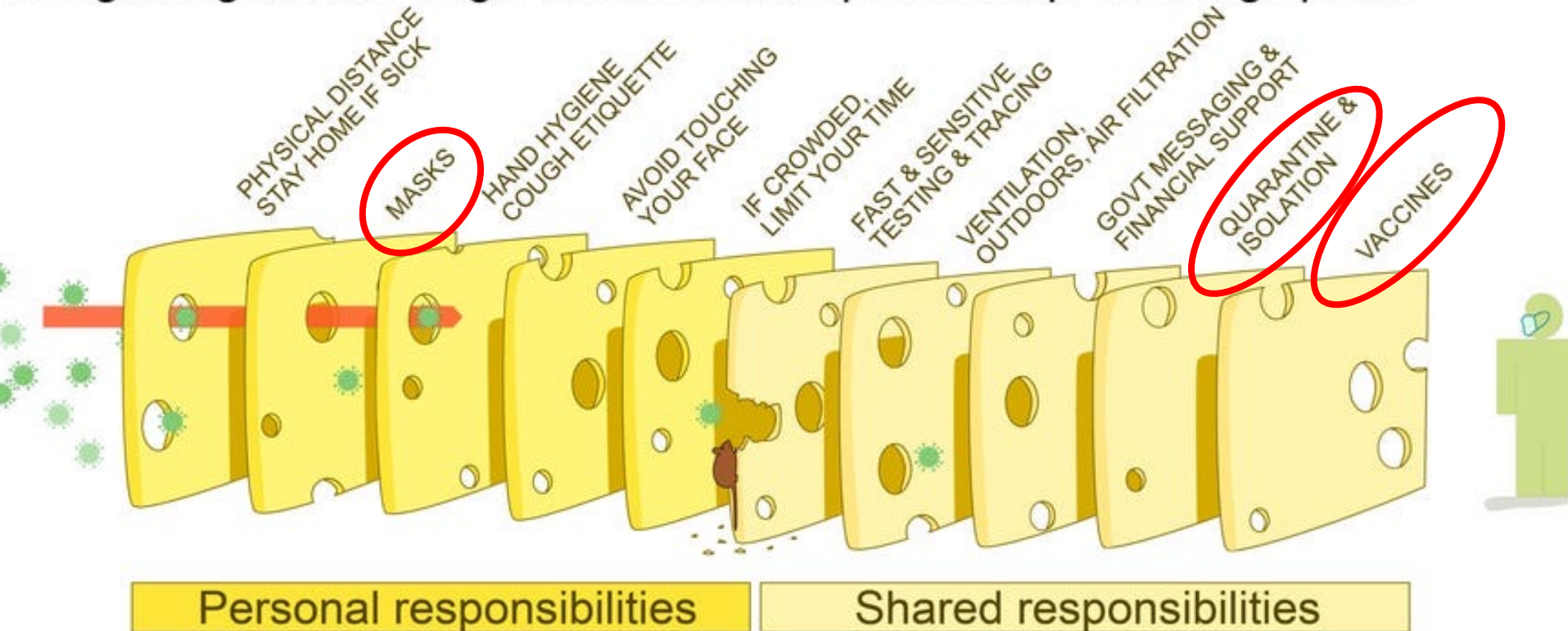
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# Prevention Strategies



# Swiss Cheese Respiratory Virus Pandemic Defence

recognising that no single intervention is perfect at preventing spread



Each intervention (layer) has imperfections (holes).  
Multiple layers improve success.



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# Vaccines





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# How good are the vaccines?



- Currently authorized vaccines have high effectiveness against COVID-19 hospitalization, but effectiveness against new cases appears to have declined in recent months, coinciding with the Delta variant's increase from <2% to >80% in the U.S.



- Early research from the U.K. suggests that, after full vaccination, the Pfizer vaccine is 88% effective at preventing symptomatic COVID-19 virus caused by the delta variant.
  - 96% effective at preventing severe disease with the COVID-19 virus caused by the delta variant.
- Early research from Canada suggests that, after one dose, the Moderna COVID-19 vaccine is 72% effective at preventing symptomatic COVID-19 virus caused by the delta variant.
  - One dose of the vaccine is also 96% effective at preventing severe disease with the COVID-19 virus caused by the delta variant.
- The Janssen/Johnson & Johnson COVID-19 vaccine is 85% effective at preventing severe disease with the COVID-19 virus caused by the delta variant, according to data released by Johnson & Johnson.



I know people who were  
vaccinated, but still got  
COVID-19.

Why should I (or my child) get  
a vaccine that doesn't work?



# No vaccine is 100% effective. Main goals: prevent death and hospitalization

Total breakthrough cases*¥	Total breakthrough hospitalizations and/or deaths*§	Total breakthrough hospitalizations*§	Total breakthrough deaths*§
<b>9,074</b>	<b>807</b>	<b>779</b>	<b>215</b>
Percent of Fully Vaccinated People who have a Breakthrough Infection	Percent of Fully Vaccinated People who were Hospitalized and/or Died due to COVID-19	Percent of Fully Vaccinated People who were Hospitalized due to COVID-19	Percent of Fully Vaccinated People who Died due to COVID-19
<b>0.4204%</b>	<b>0.0374%</b>	<b>0.0361%</b>	<b>0.0100%</b>

\* Data as of September 14, 2021; all data are provisional.

# In August, hospitalizations among children and adolescents increased 4x in...

States with low levels of vaccination



Compared with states with high levels of vaccination



12/21/21 4:00

Protect kids by getting vaccinated

[bit.ly/MMWR9321](https://bit.ly/MMWR9321)

**MMWR**



# Increasing COVID-19 hospitalizations among U.S. children and adolescents since the rise of the Delta variant\*

Hospitalizations among  
ages 0–4



**10x increase**

Hospitalizations among  
unvaccinated adolescents

**10x higher**

than fully vaccinated

## PREVENT COVID-19 AMONG CHILDREN

### Everyone ages 2 and up:

Wear a mask in public indoor spaces,<sup>†</sup>  
schools, and childcare centers

### Everyone ages 12 and up:

Get vaccinated



\* During June 20–August 14, 2021  
† In areas with substantial or high transmission

[bit.ly/MMWR9321b](https://bit.ly/MMWR9321b)

**MMWR**

**The proportions of hospitalized children and adolescents with severe disease were similar before and during the period of Delta predominance**

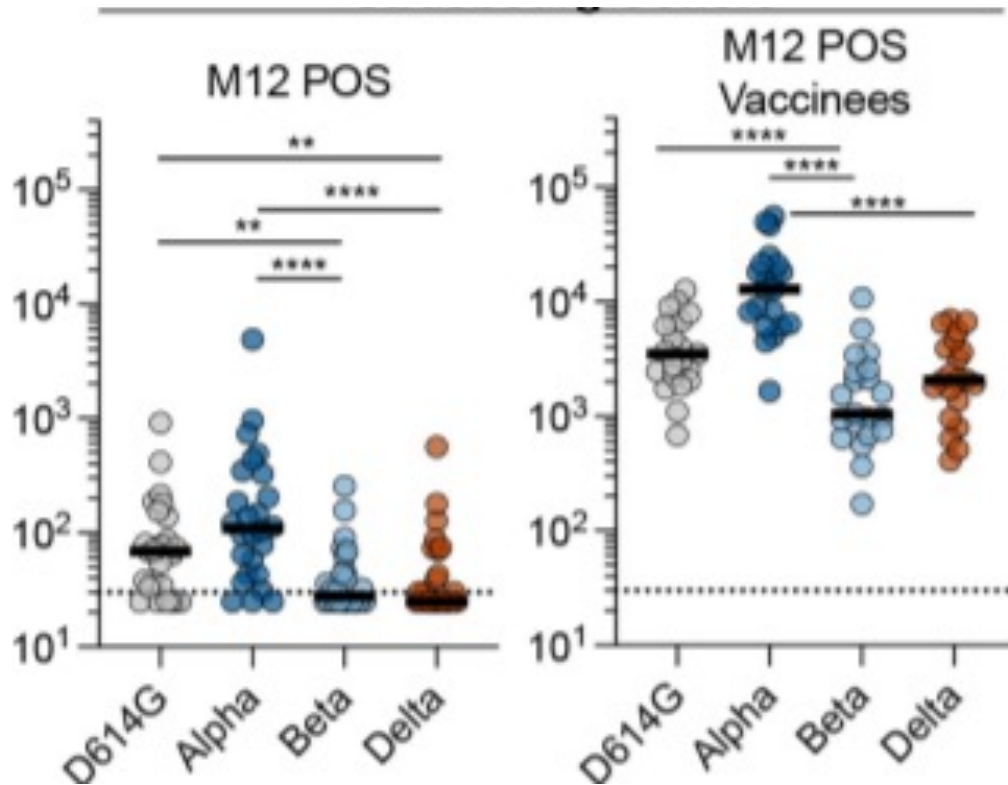
# Household transmission

- A recent report in JAMA Pediatrics found that when children were the first/index case of COVID-19 in a home **about 27% of the children spread the infection to household members.**



I and my kids already had  
COVID-19, so why should we  
get vaccinated; we're already  
protected?

# Variant sensitivity to neutralizing antibodies



- Convalescent sera from individuals having prior wild type infection (12 months post onset of symptoms) did not neutralize Beta and Delta variants
- Convalescent sera from prior infection, later vaccinated, did



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# Face Masks

# 55 people attended indoor wedding reception: led to 177 cases (secondary and tertiary transmission) and 7 deaths

Lack of consistent mask use and social distancing at a wedding reception  
in rural Maine led to multiple COVID-19 outbreaks and deaths



Wedding Reception  
30 cases

100 miles

200 miles

Local community



27 cases, 1 death

Long-term  
care facility



38 cases, 6 deaths

Correctional facility



82 cases, 0 deaths

Slow the spread of COVID-19

✓ avoid large gatherings

✓ stay home when sick

✓ wear masks

✓ stay 6 feet from others



# Two hair stylists with **COVID-19** spent at least 15 minutes with 139 clients

**EVERYONE WORE FACE COVERINGS**  **NO CLIENTS ARE KNOWN TO BE INFECTED\***



**WEAR CLOTH FACE COVERINGS CONSISTENTLY AND CORRECTLY TO SLOW THE SPREAD OF COVID-19**

\*No clients reported symptoms; all 67 customers tested had negative tests

CDC.GOV

[bit.ly/MMWR71420](https://bit.ly/MMWR71420)

MMWR





Hendrix MJ, Walde C, Findley K, Trotman R. Absence of Apparent Transmission of SARS-CoV-2 from Two Stylists After Exposure at a Hair Salon with a Universal Face Covering Policy — Springfield, Missouri, May 2020. MMWR Morb Mortal Wkly Rep 2020;69:930-932.

DOI: [http://dx.doi.org/10.15585/mmwr.mm6928e2external icon](http://dx.doi.org/10.15585/mmwr.mm6928e2external_icon).

# Masks do work

## K-12 schools can have in-person learning with limited in-school COVID-19 spread

17 K-12 schools in rural Wisconsin opened and implemented measures to limit spread:

-  Used masks
-  Established groups of 11-20 students
-  Staff maintained 6 feet of distance, if possible
-  Quarantined after exposures

\* Weekly incidence of 34 to 1,189 per 100,000 persons in the community; 7-40% positive COVID-19 tests

Teachers reported more than 92% of students used masks



During 13 weeks of in-person learning

**7** of 4,876 students and

**0** of 654 staff

are known to have gotten COVID-19 at school

**No spread is known to have occurred to or from staff in school despite some times with high community spread\***

# Masks do work

- January–May 2021, Saint Louis University protocol that considered mask use when determining which close contacts required quarantine among an almost entirely unvaccinated student population
- 265 students with positive SARS-CoV-2 test result
  - These students named 378 close contacts
- Compared close contacts in which one or both were not wearing a mask vs. both wearing masks
- If one or both unmasked, 4.9 times higher chance of infection
- Any additional exposures were associated with a 40.0% increase in odds of a positive test result





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COVSIM

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Health &  
Humanitarian  
Systems  
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Georgia  
Tech

Health  
Analytics  
Stewart School of Industrial  
& Systems Engineering

# COVID-19 Simulation Integrated Model (*COVSIM*) to Inform Local Decision-Making

## COVID-19 Modeling Projections for Schools Part 1: Model Background



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Copyright - COVSIM Research Group  
(a CDC-funded modeling collaboration between UNC, NC State, and ECU)  
Learn more at [covsim.hosted-wordpress.oit.ncsu.edu](http://covsim.hosted-wordpress.oit.ncsu.edu)

# School-level COVID-19 Modeling

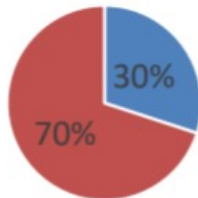
- Model that illustrates COVID-19 spread in a hypothetical school
  - Mask usage, incoming protection, testing policy
  - Delta more transmissible than previous year
- Children <12yo do not have an option for vaccination yet, so they are at particular risk for both acquiring and spreading disease.

## Imagine a school...

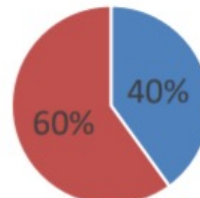
- Student population: 500
- 2-3 students begin infected with COVID-19 at the start of the semester
- Some students have either already had COVID-19 or have received the vaccine (“incoming protection”), or are susceptible to becoming infected



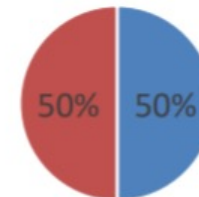
Elementary School Setting



Middle School Setting



High School School Setting



■ Incoming Protection ■ Susceptible



# Modeling Outcomes

- Without masks or regular testing, 90% of students would be infected by the end of the semester.
  - Frequent quarantines and transmission
- Masking and testing can prevent 80% of new infections
  - Masks reduce infections 50%
- Infections extend beyond schools—exposed students can bring the virus home to infect younger siblings, pregnant mothers, grandparents, and immunocompromised family.

# Masks are Safe for Children

- Do **not** cause low O<sub>2</sub> levels, high CO<sub>2</sub> levels, or respiratory distress
- Allow O<sub>2</sub> and CO<sub>2</sub> molecules to move through and around them but block droplets containing virus particles
- No data that wearing a mask weakens immune system, increases risk of infection with another germ, nor has any other negative impact on children's physiology

## A randomized clinical trial to evaluate the safety, fit, comfort of a novel N95 mask in children

- 2016 randomized study of 106 healthy children 7-14yo in Singapore evaluated safety of a pediatric N95 mask
- Measured the level of CO<sub>2</sub> exhaled by while wearing the mask compared to without the mask
- Demonstrated that even a pediatric N95 mask is safe for use by healthy children by showing the children were not building up CO<sub>2</sub> in their lungs



## Notice of retraction. Walach H, et al. Experimental assessment of carbon dioxide content in inhaled air with or without face masks in healthy children: a randomized clinical trial

- Now-retracted study in *JAMA Pediatrics* in June 2021 widely cited masks were dangerous for children because they caused them to breathe in higher amounts of CO<sub>2</sub>
- Reported high levels of CO<sub>2</sub> measured on inside surfaces of masks worn by children
- Methods and assumptions criticized; article retracted by journal just 16 days later
  - Used device to measure CO<sub>2</sub> levels that was known to have large margin of error when used in open setting rather than incubators
  - Made assumption that the air just on the inside of the mask was the only source of air being inhaled; would have been mixture of the air there and the air around the child with lower CO<sub>2</sub> level

*JAMA Pediatr.* Published online June 30, 2021. doi: [10.1001/jamapediatrics.2021.2659](https://doi.org/10.1001/jamapediatrics.2021.2659)



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# Quarantine & Isolation



## Isolation:

separate people infected with the virus (those who are sick with COVID-19 and those with no symptoms) from people who are not infected. They must remain at home or the place they were told to isolate and avoid contact with other people until their isolation period is over. This includes avoiding contact with those in their household as much as possible.

## Quarantine:

separate people who are close contacts of someone with a contagious disease, like COVID-19, from others for a period of time to see if they become sick. This is a method to prevent the spread of disease. When someone is quarantining, they should stay home and avoid contact with other people until the quarantine period is over. This includes people in their household as much as it is possible

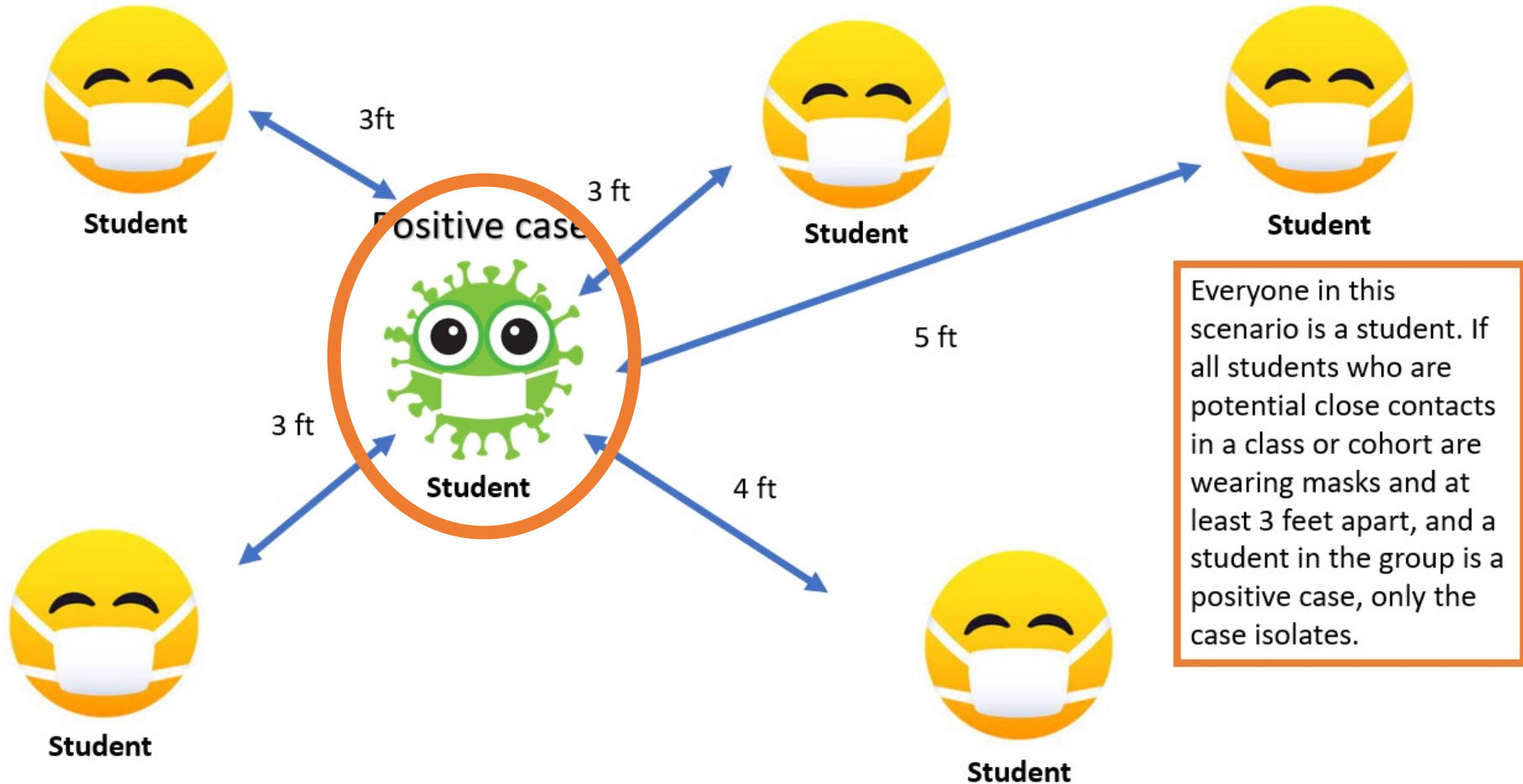




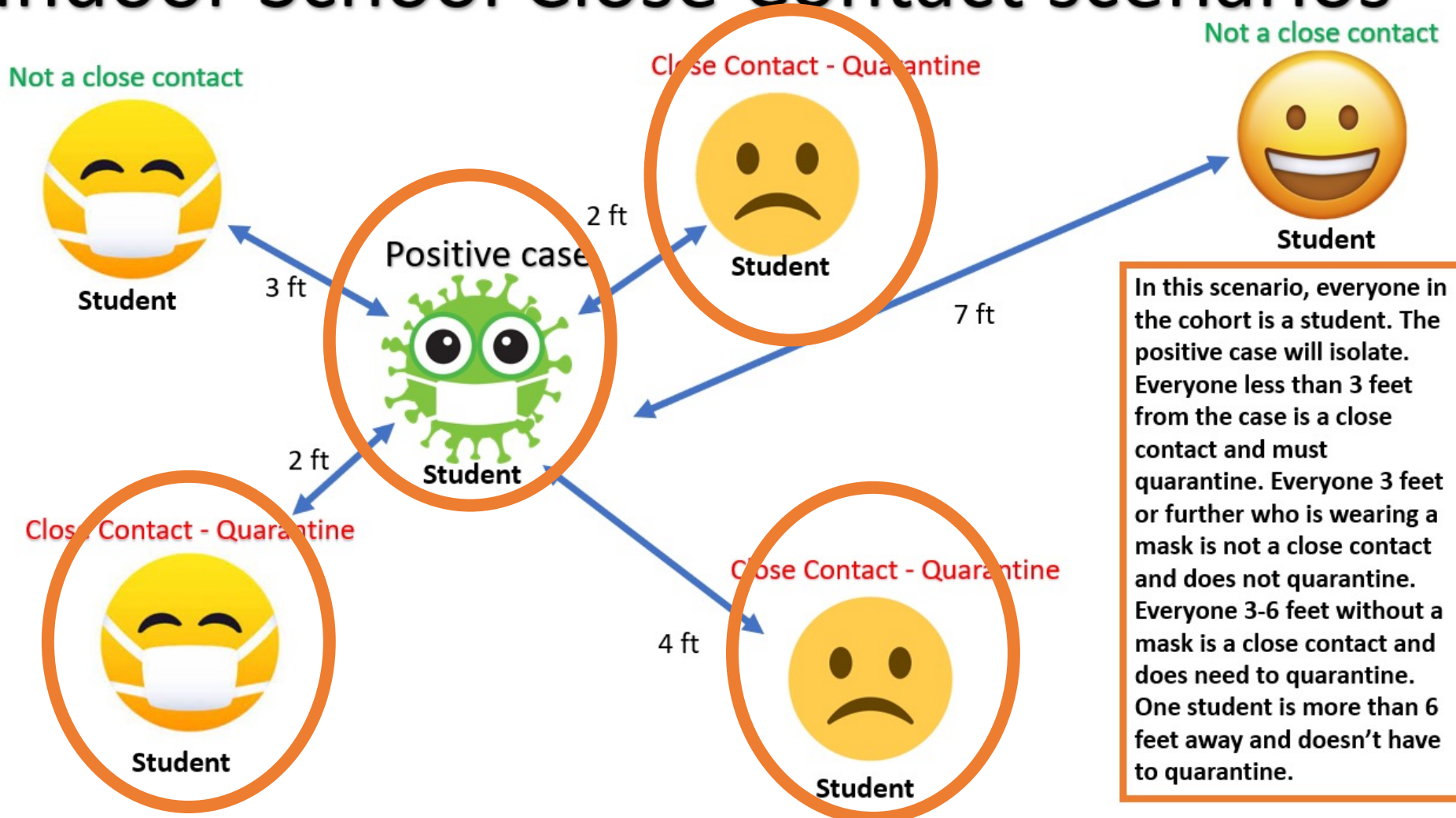
# Close Contacts

- DHEC aligns with CDC **close contact guidance**
- CDC defines a close contact as someone who was within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes).
- In the K–12 schools, the close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) if **both** the infected student and the exposed student(s) wore masks during the exposure time. This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.

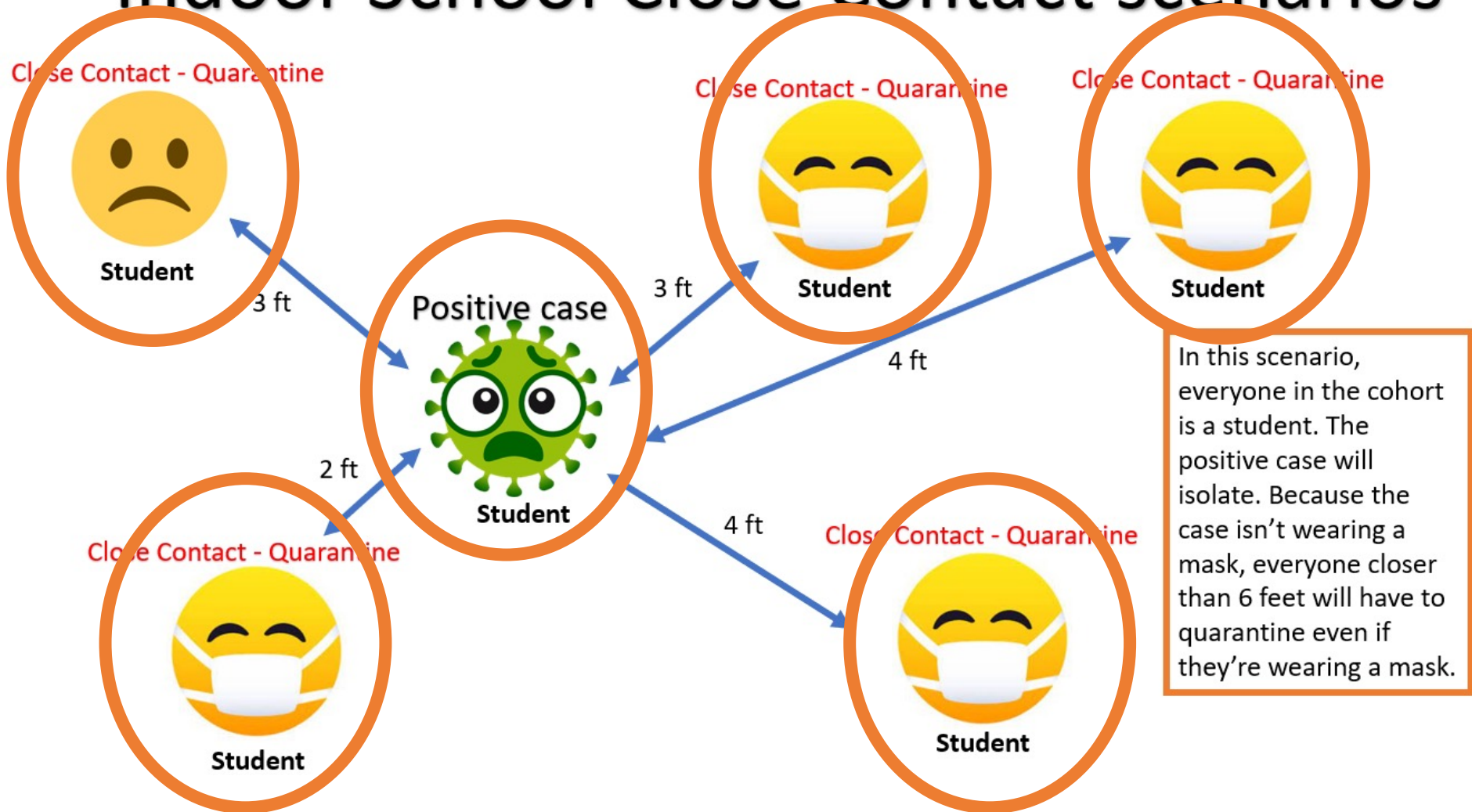
# Indoor School Close Contact scenarios



# Indoor School Close Contact scenarios



# Indoor School Close Contact scenarios







CDC continues to recommend quarantine for 14 days after last exposure. However, there are options to reduce the duration of quarantine in either of the following two scenarios, which DHEC strongly recommends schools implement:

10 days of quarantine have been completed and no symptoms have been reported during daily at home monitoring.

7 days of quarantine have been completed, no symptoms have been reported during daily at home monitoring, and the individual has received results of a negative antigen or PCR/molecular test that was taken no earlier than day 5 of quarantine.

A close contact who is ending quarantine early (less than 14 days) and returning to the school environment should wear a mask and in order to return to in-person learning. The individual should also continue to monitor for symptoms through 14 days after the date of last exposure.

## Conclusion

- Delta variant is more transmissible leading to more cases among adults and children
- Large majority of COVID-19 cases and hospitalizations are among the unimmunized
- Vaccines are the safest and most effective way to prevent COVID-19 and its negative health outcomes
- Getting eligible child vaccinated now protects them and their family and friends/classmates around them.
- Adherence to face mask use and quarantine/isolation procedures mitigate the spread of COVID-19





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Thank you!



How could we reduce the number of students that have to quarantine?

Would universal masking in schools reduce the number of required quarantines?



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# San Francisco Schools Have Had No COVID-19 Outbreaks Since Classes Began Last Month

September 10, 2021 · 2:24 PM ET



There have been no COVID-19 outbreaks in San Francisco schools since students and educators went back into classrooms on Aug. 16, the San Francisco Department of Public Health [announced](#) Thursday, noting that about 90% of children ages 12 to 17 are fully vaccinated.

While the department reported there have been 227 COVID-19 cases — out of 52,000 students and nearly 10,000 staff — the "vast majority" of those cases are occurring outside of schools.



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## **San Francisco Department of Public Health**

## **Guidance**

### **Guidance for TK-12 Schools for School Year 2021-2022**

**September 10, 2021**

This guidance was developed by the San Francisco Department of Public Health (SFDPH) for local use. It will be posted at <https://sfcdcp.org/school>





## Wear face masks indoors.

*Face masks can keep infection from spreading, by trapping respiratory droplets and aerosols before they can travel through the air. They are an essential prevention strategy in indoor spaces.*

For this guidance, [face masks](#) includes cloth face coverings that cover the mouth and nose. Face masks must not have an exhalation valve.

- Face masks are required indoors for everyone 24 months and older, even if they have been fully vaccinated for COVID-19. **Staff and volunteers must wear a face mask even when children and youth are not present.**
- [Masks must be well-fitted and cover the mouth and nose. Scarves and other loose face coverings are not allowed.](#)
- Keep a supply of face masks for people who forget to bring their own.
- Schools must develop protocols to enforce face mask requirements. Schools should offer alternative educational opportunities for students who are excluded from campus because they will not wear a face mask. Schools are not required by CDPH to exclude students who refuse to wear face masks.