



Indiana
Department
of
Health

BUILDING RESILIENCE – COVID THEN AND NOW

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COVID-19 Background

- Almost 18 months since virus first surfaced in Wuhan, China, in late 2019
- Didn't know what we were dealing with
 - Respiratory illness caused by a novel coronavirus
 - Not the coronavirus that causes the common cold
 - Was it just another type of flu?
- First U.S. case in January 2020
- First Indiana case March 6; today, closing in on 800,000 cases
- First Indiana death March 15; today, more than 13,000 lives lost

COVID-19: Early challenges

- Outbreaks rarely hit every state at the same time. A pandemic doesn't follow those rules.
- Outbreaks also rarely hit every entity in a state at the same time – businesses, schools, etc.
- Mitigation strategies, supplies and knowledge were limited
 - No vaccine available
 - Didn't know how transmissible it was or which age groups would be most severely impacted, though older populations were a worry from Day One
 - Strategic National Stockpile not designed to serve all 50 states at the same time; PPE was limited and had to be reserved for frontline hospital workers
 - Very little testing was available initially
 - Guidance on masking, distancing changed as we learned more

COVID-19: Where We Are Now

- **Progress:**

- Almost 300 testing sites around the state
 - Initially could do 600-800 tests a day, peaked at 40,000-60,000 a day, now closer to 20,000 a day
- 3 vaccines are available: Moderna, Pfizer and Johnson & Johnson
- Vaccines are available at more than 700 locations around the state, with more being added
- Hoosiers age 12+ eligible; hoping ages 2-11 approved this fall
- Nearly 2.7 million Hoosiers are fully vaccinated and number continues to grow

- **Challenges:**

- Still far from herd immunity
- Need to see increased uptake in younger age groups
- Booster doses likely will be needed, similar to annual flu shots
- Still battling misinformation about vaccine safety
- In a race between variants and the vaccine

Vaccine uptake

Here are the latest percentages of people who received the first dose of a vaccine by age group.
These percentages include residents and staff in long-term care facilities.

75.5% of 80+	64.6% of 60-64	41.9% of 40-44	32.0% of 20-24
77.7% of 75-79	51.9% of 55-59	37.2% of 35-39	30% of 16-19
81% of 70-74	47.9% of 50-54	34.5% of 30-34	16.4% of 12-15
74.3% of 65-69	42.6% of 45-49	28.7% of 25-29	

Vaccine Myths v. Facts

Myth: The COVID-19 vaccine will cause infertility

Fact: There is currently no evidence that COVID-19 vaccination causes any problems with pregnancy, including the development of the placenta. In addition, there is no evidence that fertility problems are a side effect of any vaccine, including COVID-19 vaccines.

Myth: The COVID-19 vaccine will alter my DNA

Fact: COVID-19 vaccines do not change or interact with your DNA in any way.

Myth: The COVID-19 vaccine will give me COVID.

Fact: None of the authorized and recommended COVID-19 vaccines or COVID-19 vaccines currently in development in the United States contain the live virus that causes COVID-19. This means that a COVID-19 vaccine **cannot** make you sick with COVID-19.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html>

Possible Side Effects After Getting a COVID-19 Vaccine

Common side effects

On the arm where you got the shot:



- Pain
- Redness
- Swelling

Throughout the rest of your body:



- Tiredness
- Headache
- Muscle pain
- Chills
- Fever
- Nausea

Race between vaccine and variants

- Vaccines proven to be effective at preventing severe illness and death
- Saw significant decrease in deaths and hospitalizations among older Hoosiers as vaccine uptake increased in those age groups
- Variants emerging and are taking hold, which makes getting vaccines in arms in all age groups more important than ever
- Variants are more infectious, seeing uptick in cases in younger populations
- Know that even people in their 40s have a 10x greater risk of death if they contract COVID

Variant strains

% of Samples Positive for Variant

55.6

Total Variant Cases

3,853

Variant	Case Count
B.1.1.7 (originally identified in the UK)	3,122
P.1 (originally identified in Brazil)	418
B.1.427/B.1.429 (originally identified in California)	286
B.1.351 (originally identified in South Africa)	27



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<https://www.cdc.gov/coronavirus/2019-ncov/variants/index.html>



Impact on Schools

A year like no other

- The most challenging time for our schools in history
- Closed on short notice, shifted to virtual, had to build new ways of teaching
- Guidance has continued to change as the CDC learns more, which has made communication and credibility challenging
- Resources are different in every school district, so no one-size-fits all
- Increased burden on school nurses trying to navigate normal illnesses amid the uncertainty of “could this be COVID?”
- Quarantine, isolation, contact tracing, social distancing became part of daily vocabulary
- Throughout it all, you have pivoted, adapted, taken on new duties – thank you!

IDOH support

- Have worked with IDOE throughout the pandemic to assist with messaging, guidance
- IDOH hired a chief nurse consultant for schools
- Began providing weekly school nurse webinars
- Shipped out masks, other PPE to schools
- Distributed BinaxNOW cards for rapid testing in schools
- Offered school-specific vaccination opportunities for eligible students

School cases

New School COVID-19 Counts ⁱ

New Student Positive Cases ⁱ

34

02/17/2021 ... 06/11/2021

New Teacher Positive Cases ⁱ

2

05/03/2021 ... 05/17/2021

New Staff Positive Cases ⁱ

6

05/06/2021 ... 06/09/2021

Total School COVID-19 Counts ⁱ

Total Student Positive Cases

35,324

Total Teacher Positive Cases

6,307

Total Staff Positive Cases

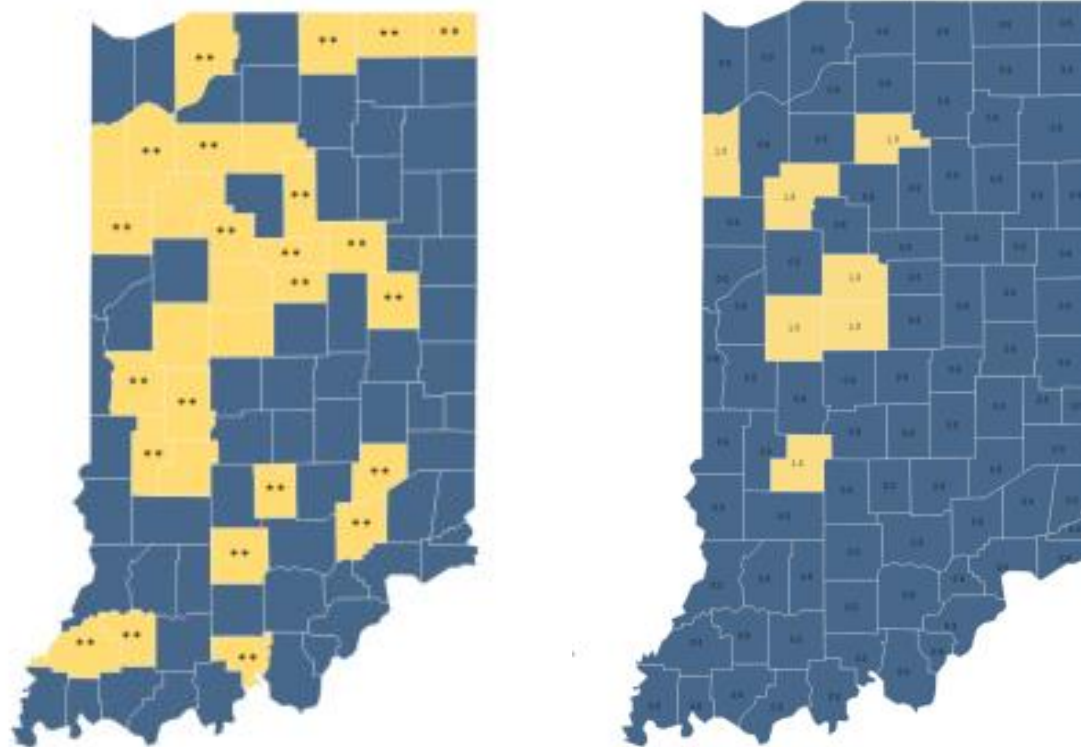
7,476

Preparing for 2021-22

- People age 12 and older can now get vaccinated!
- Hoping for ages 2-11 to become eligible this fall
- IDOH is providing guidance based on what we know now.
- Effective July 1, 2021, school corporations can make their policies
- We will continue to provide color-coded county maps, latest CDC guidance to help inform those decisions

Color-coded maps

- Updated weekly
- Includes county positivity rate, advisory levels based on positivity and cases per 100,000



Current guidance

Screening K-12 Students for Symptoms of COVID–19: Limits and Considerations

Based on the best available evidence at this time

- CDC does not currently recommend schools conduct symptom screening for students in grades PreK-12 on a routine (daily) basis
- Parents, caregivers, or guardians (“caregivers”) should be strongly encouraged to monitor their children for symptoms of infectious illness every day **before** they leave for school through home-based symptom screening
- Students who are sick should not attend school in-person

Cleaning

- **Follow a daily cleaning schedule for routine cleaning**
- **Clean high touch surfaces and objects more frequently**
- **Limit sharing of high touch objects that are difficult to regularly clean** and wash hands before and after using if sharing items
- **Sanitize** surfaces when food is involved, including before and after food prep and eating meals and snacks
- **Disinfect in areas** such as:
 - Nurse clinic and isolation room
 - In space occupied by people at increased risk for severe illness from COVID-19 (i.e., SPED classrooms)

Note: If there has been a sick person or someone who tested positive for COVID-19 in the facility within the last 24 hours, you should clean AND disinfect the space.

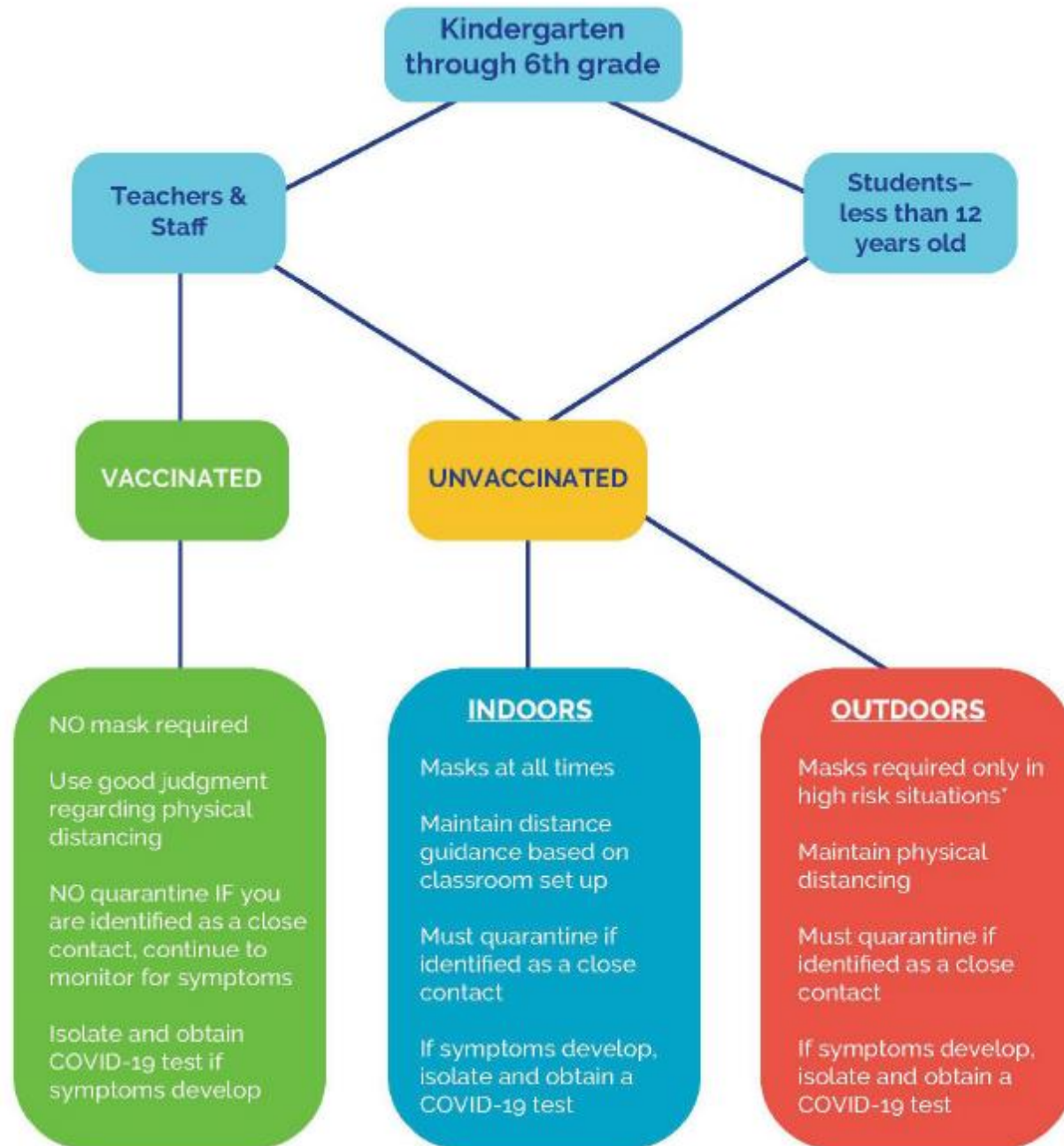
Hand Hygiene

- Wash hands with soap and water for at least 20 seconds whenever hands are visibly soiled and in the following situations:
 - Before and after meals and snacks
 - Before and after recess
 - Before and after sharing supplies or equipment
 - After going to the restroom
- Build time into daily routines to incorporate hand washing
- Consider making hand sanitizers with at least 60% alcohol available for everyone near frequently touched surfaces, doors, shared equipment, and where soap and water are not readily available
- Promote hand hygiene throughout the school by placing visual cues

Masking/Face Coverings (K-6)

- **In K-6 grade schools – we recommend masking indoors (except while eating) for:**
 - Students who are not yet eligible for vaccination (ages 0-11)
 - Other individuals who are not vaccinated
- **Outdoors when:**
 - Masks may not be necessary when you are outside by yourself away from others, or with people who live in your household.

K-6 guidance



*Masks required on the bus per current federal requirement



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Masking/Face Coverings (7-12)

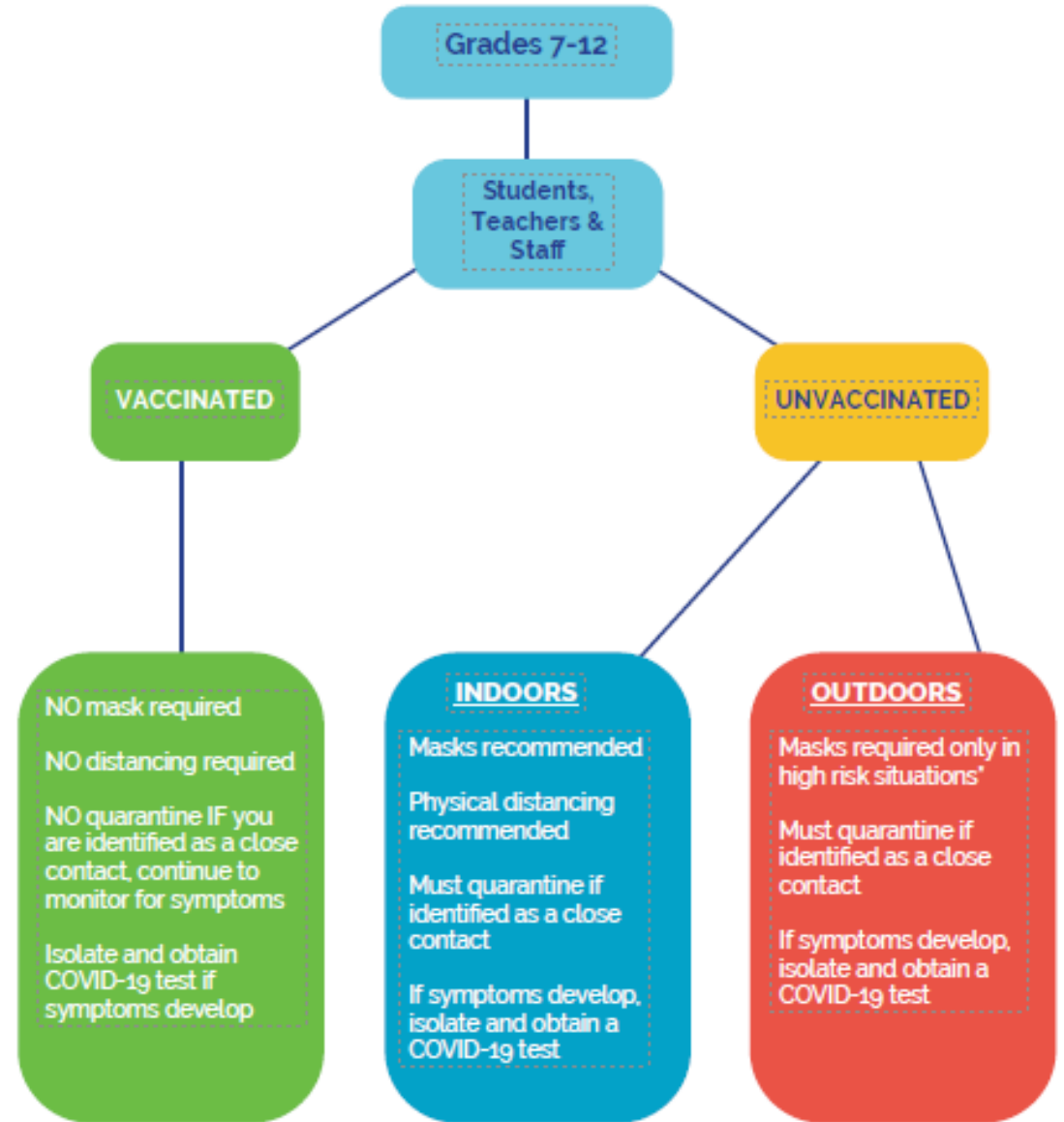
In schools with students 12 years and above, we recommend masking indoors for:

- All individuals who are not vaccinated
- Vulnerable individuals who may be at increased risk of illness
- Anyone who feels more comfortable wearing a mask

Masks are NOT necessary outdoors

Grades 7-12 Guidance

***Masks required on the bus
per current federal requirement**



Physical Distancing

K-6 and those who are unvaccinated

Physical distance recommendations:

- At least 3 feet between all students in a classroom (During educational school day and encourage cohorting)
- At least 6 feet of distance:
 - Between adults in the school building and between adults and students
 - In common areas, such as school lobbies and auditoriums
 - When masks can't be worn, such as when eating
 - During activities when increased exhalation occurs, such as singing, shouting, band practice, sports, or exercise. (These activities should be moved outdoors or to large, well-ventilated spaces whenever possible.)
 - In community settings outside of the classroom

Close Contact Definitions and Guidance

- An individual who was within 6 feet of a person diagnosed with COVID – 19 for a total of 15 minutes or more over a 24-hour period.
- The definition applies regardless of whether either person was wearing a mask except in the following situations:
 - If all students are masked and facing forward receiving education during the school day – 3 feet or more of distance can be used to begin contact tracing if a positive case is identified
 - In all other school day situations, use 6 feet as the threshold for contact tracing if a positive case is identified

NOTE: All close contacts should be entered into the Gateway portal (even if vaccinated). This provides consistent reporting in case of an outbreak.

Guidance for Testing and Quarantine Options

- All fully vaccinated individuals who remain asymptomatic (even if a close contact) do not need to quarantine but should monitor for symptoms throughout the 14 days following their exposure.
- Close contacts who are unvaccinated **MUST** quarantine
- Options for quarantine
 - Asymptomatic close contact may return after Day 10 with enhanced precautions in place Days 11-14
 - Asymptomatic close contact may return after Day 8 with negative PCR on day 5,6, or 7 or negative BinaxNOW in school on Day 8. Continue enhanced precautions Days 8-14
 - Asymptomatic close contact return on Day 15. May return to all prior activities without enhanced precautions or testing

Ventilation Recommendations

- Consider being outside as much as possible. If indoors, bring in as much fresh air into classrooms and buildings as possible. Bringing fresh, outdoor air indoors helps keep virus particles from concentrating inside.
- Open windows and doors, when possible, use fans to increase the effectiveness of open windows, and decrease occupancy in areas where outdoor ventilation cannot be increased.
- Ventilation, including opening windows, when possible, is also important on buses and other transport vehicles.
- Consider updates to HVAC systems to improve air exchanges and overall air quality
- For recommendations on improving ventilation/HVAC in schools see CDC guidance links:

<https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/ventilation.html>

Where we are headed...

- We will not have herd immunity and will still be dealing with COVID-19 for the next school year
- All of this guidance is subject to change as more information becomes available
- Will continue to have school-based webinars, likely resuming first of August
- Continue to encourage vaccination to all who are eligible and to remove barriers
- Consulting with schools and local health departments to provide access to vaccination

Recognizing great partners

- Indiana Department of Education
- Institutes of Higher Education
- FSSA and 211
- IHSAA
- Indiana AAP
- Local Health Departments
- CDC

Questions?

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