Back to School 2021-2022 With COVID-19 October 21, 2021

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Medical Director
CMDHD/MMDHD/DHD#10

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!

Scheduling Immunizations

- Isabella County is having an adult flu and COVID/booster dose clinic on Thursday October 28th at the Soaring Eagle Casino in the entertainment hall from 9-12 and 1-3.
  - For this clinic and any *flu* vaccine clinic in **CMDHD**: https://www.cmdhd.org/seasonal-flu
  - For COVID Vaccines: https://b7415fe4-3f8d-4ed9-b594-7f18ad7f0403.filesusr.com/ugd/5d8ecc_df78de05b56740e8afebd404dddca303.pdf
  - For more information or to set up an immunization appointment please call:
    - Arenac County: 989-846-6541 ext. 1111.
    - Clare County: 989-539-6731 ext. 1211.
    - Gladwin County: 989-426-9431 ext. 1310.
    - Isabella County: 989-773-5921 ext. 1405.
    - Osceola County: 231-832-5532 ext. 1510.
    - Roscommon County: 989-366-9166 ext. 1612.
- **DHD10:**
  - Community based Flu and COVID clinic: https://www.dhd10.org/events/
  - To schedule flu and COVID vaccines online: https://www.dhd10.org/schedule/ . To schedule any vaccine: call 888-217-3904 to schedule
- **MMDHD:**
  - Clinic hours vary by county. For more information or to schedule an appointment, please call:
  - Clinton County: 989-224-2195, option 5 and then option 2
  - Gratiot County: 989-875-3681, option 5 and then option 2
  - Montcalm County: 989-831-5237, option 5 and then option 2

Follow up re: 3-month time period after illness

- *"We have not heard any recent talk about extending that exception longer than the 90 days. I don't think there is anything in the works to change it nationally at this time. If I do hear of anything I will let you know."*

Great resources from https://publichealthcollaborative.org/resources/

- COVID-19 Resources for School Administrators, Staff, and Educators https://publichealthcollaborative.org/resources/covid-19-resources-for-school-administrators-staff-and-educators/
- Toolkit: Halloween 2021 Safety Tips https://publichealthcollaborative.org/resources/toolkit-halloween-2021-safety-tips/
- Graphics: Children and COVID-19 Vaccination https://publichealthcollaborative.org/resources/graphics-children-and-covid-19-vaccination/

Recommendations for Indoor Sport

- Best overview of recommendations can be found at:
  - American Academy of Pediatrics“COVID-19 Interim Guidance: Return to Sports and Physical Activity”. September 2021. https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/
  - Also see Statement of Risk of COVID-19 During High School Sports. 2021. National Federation of State High School Associations (NFHS), Sports Medicine Advisory Committee (SMAC), https://www.nfhs.org/media/4295118/nfhs-smac-statement-on-risk-of-covid-19-during-high-school-sports-january-27-2021-final.pdf
  - Recommendations re: Testing from CDC, Guidance for COVID-19 Prevention in K-12 Schools https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html#screening-testing

Recommendations for Indoor Sport

- Key points from these sources:
  - COVID-19 rates in any given sport are usually proportional to community rates.
  - Participants in non-contact sports have lower rates of COVID-19 than contact sports.
  - Participants in outdoor sports have lower rates of COVID-19 than indoor sports.
  - Face mask use while participating in indoor sports results in COVID-19 rates comparable to the rates found in outdoor sports.
  - Most of the sports-related spread of COVID-19 does not appear to occur during the actual sports participation, but from other team interactions and social contact.
    - Maximizing efforts to prevent this type of spread in order to prevent disruptions to play: social distancing, mask use, staying home while ill and proper hygiene must continue to be emphasized in the locker room, on the sidelines, and while traveling, dining and interacting in the community.

Recommendations for Indoor Sport

- All people who are eligible (players/coaches/officials, etc.) should be encouraged to receive the COVID-19 vaccine.
- Consistent and appropriate face mask use, especially by people who are not fully vaccinated, is imperative between practice drills, on the sidelines, when arriving at or departing from the playing facility, while in a locker room, while not on the playing field, and during shared transportation to/from an event.
  - Proper use of a face mask for all indoor sports training, competition, and on the sidelines is strongly recommended for people who are not fully vaccinated and for all athletes (regardless of vaccination status) in counties with substantial or high transmission per CDC criteria.
  - Face masks should be worn by coaches, officials, spectators, and volunteers at all times.
  - If the face mask is removed for a break, the athlete should remain at least 3 feet away from all other people.
  - Any face mask that becomes saturated with sweat should be changed immediately.
- For outdoor sports, athletes should be encouraged to wear face masks on the sidelines and during all group training and competition in which there is sustained contact of 3 feet or less.

Recommendations for Indoor Sport

- Times when face masks should not be worn :
  - competitive cheerleading (tumbling/stunting/flying) and gymnastics (while on the different apparatuses) because of the theoretical risk that the mask may get caught on objects and become a choking hazard or accidently impair vision.
  - During wrestling contact, a face mask could become a choking hazard and is discouraged unless an adult coach or official is closely monitoring for safety purposes.
  - People who swim/dive/participate in water sports should not wear a face mask while they are in the water, because a wet face mask may be more difficult to breathe through.

Recommendations for Indoor Sport

- Reinforce appropriate hygiene and respiratory etiquette
- Student athletes, coaches, officials, etc. with any signs or symptoms of SARS-CoV-2 infection should not attend practices or competition.
- Maintaining practice groups in consistent pods of small sizes that do not mix may help limit team-wide outbreaks of SARS-CoV-2 infection.
- Prioritize noncontact activity, such as conditioning and drills where physical distance can be maintained
- Frequently touched surfaces on the field, court, or play surface (eg, drinking fountains) should be cleaned and/or disinfected at least daily or between uses as much as possible.
- Sharing of equipment and use of communal spaces, such as locker rooms, should be reduced.
- Athletes should not share food or drink.
- Participants should be encouraged to bring their own water bottles. (i.e., NO SHARED WATER BOTTLES)

Recommendations for Indoor Sport

- When possible, athletic areas with poor ventilation (ie, weight rooms) or small spaces where distancing cannot be maintained should be avoided, because they bear greater risk for transmission of SARS-CoV-2.
- Considerations should be made for increased ventilation via opening doors or windows when safe.
- All spectators, regardless of vaccine status, should wear a face mask during sporting events (with the potential exception of outdoor events, depending on crowding).
- No one should attend any sports function as a spectator if they are exhibiting signs or symptoms of COVID-19 or are currently in quarantine for an exposure.
- Parents and other spectators with high-risk health conditions should strongly consider not attending indoor events or events held outdoors where appropriate physical distancing cannot be maintained.

Recommendations for Indoor Sport

- Schools should consider implementing screening testing for participants who are not fully vaccinated.
  - Routine testing would include student athletes, participants, coaches, and trainers, and other people (such as adult volunteers) who are not fully vaccinated and could come into close contact with others during these activities.
  - Screening testing of participants who are not fully vaccinated could take place up to 24 hours before sporting events or competition and at least once a week
  - Schools can use different screening testing strategies for lower-risk sports.
  - High-risk sports and extracurricular activities should be virtual or canceled in areas of high community transmission unless all participants are fully vaccinated. (this is per the CDC)
- SEE TABLE BELOW next slide:

Recommendations for Indoor Sport per the CDC https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html#screening-testing

Table 1. Screening Testing Recommendations for K-12 Schools by Level of Community Transmission				
	Low Transmission[1] Blue	**Moderate Transmission Yellow**	**Substantial Transmission Orange**	**High Transmission Red**
Students	Do not need to screen students.	Offer screening testing for students who are not fully vaccinated at least once per week.		
Teachers and staff	Offer screening testing for teachers and staff who are not fully vaccinated at least once per week.			
High risk sports and activities	Recommend screening testing for high-risk sports[2] and extracurricular activities[3] at least once per week for participants who are not fully vaccinated.		Recommend screening testing for high-risk sports and extracurricular activities twice per week for participants who are not fully vaccinated.	Cancel or hold high-risk sports and extracurricular activities virtually to protect in-person learning, unless all participants are fully vaccinated.
Low- and intermediate-risk sports	Do not need to screen students participating in low- and intermediate-risk sports.[2]	Recommend screening testing for low- and intermediate-risk sports at least once per week for participants who are not fully vaccinated.		

1 Levels of community transmission defined as total new cases per 100,000 persons in the past 7 days (low, 0-9; moderate 10-49; substantial, 50-99, high, ≥100) and percentage of positive tests in the past 7 days (low, <5%; moderate, 5-7.9%; substantial, 8-9.9%; high, ≥10%.)

2 Examples of low-risk sports are diving and golf; intermediate-risk sport examples are baseball and cross country; high-risk sport examples are football and wrestling (ADDED more specific examples below)

3High-risk extracurricular activities are those in which increased exhalation occurs, such as activities that involve singing, shouting, band, or exercise, especially when conducted indoors. (**ADDED more specific examples next slide**)

More detailed examples of risk levels

High Risk Sport/Activity[1,2]	Intermediate Risk Sport[1]	Low Risk Sport[1]
• Football • Volleyball (if unmasked) • Basketball • Ice hockey • Rugby • Water polo • Wrestling • Acrobatics and Tumbling (indoors) • Band (indoors) • Choir (indoors) • Indoor activity with shouting, sing, yelling, exercise, close prolonged talking (unmasked)	• Soccer • Volleyball (if masked) • Rowing (sculls of two or more) • Softball • Lacrosse • Indoor track and field • Baseball • Field Hockey • Fencing (if unmasked) • Band (outdoors) • Choir (outdoors) • Indoor activity with shouting, sing, yelling, exercise, close prolonged talking (masked)	• Bowling • Cross Country • Outdoor track and field • Rifle • Rowing • Equestrian (outdoor) • Golf • Gymnastics • Swimming and Diving • Tennis • Skiing • Fencing (if masked) • Beach volleyball

1 The NCAA has developed a risk stratification for sports. See table to right and see https://ncaaorg.s3.amazonaws.com/ssi/COVID/SSI_ResocializationDevelopingStandardsSecondEdition.pdf for additional details.

2High-risk extracurricular activities are those in which increased exhalation occurs, such as activities that involve singing, shouting, band, or exercise, especially when conducted indoors.

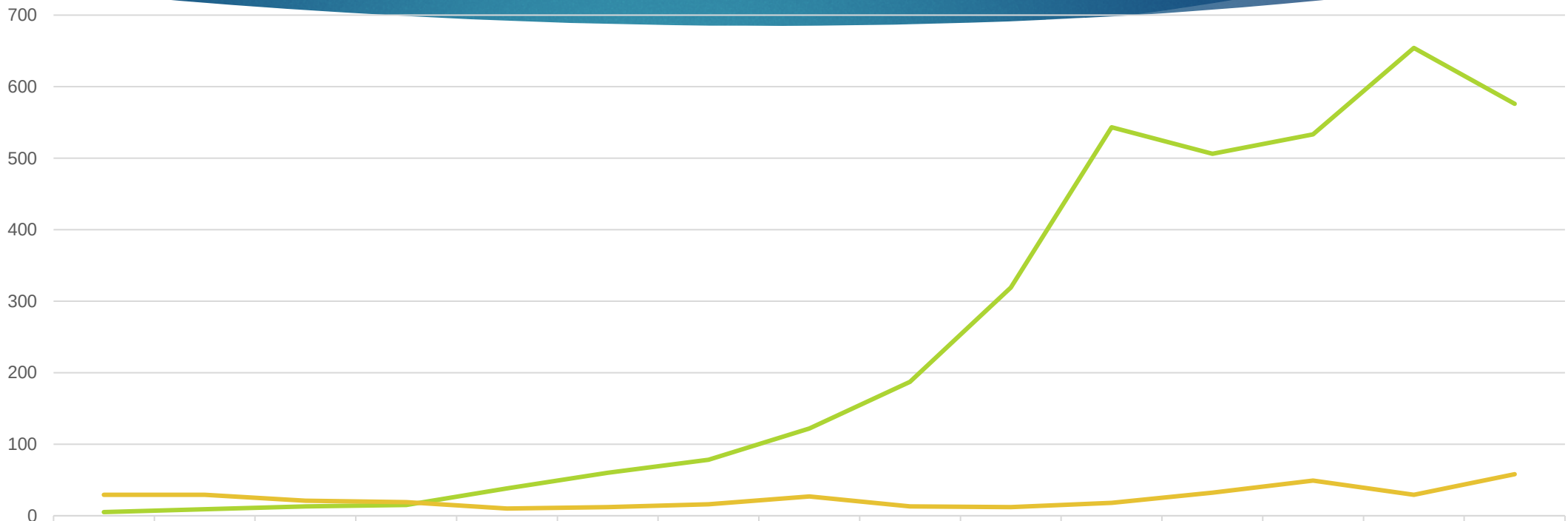
COVID-19 Pediatric Hospitalizations 10/6/2021
Updated Monday, Wednesday & Friday

HCC Region	Region 1	Region 3	Region 6	Region 7
Hospitalized Peds Confirmed/Suspected	3 (was 3)	3 (was 4)	4 (was 6)	0 (was 1)
Hospitalized Ped Confirmed-Positive	2 (was 3)	3 (was 4)	4 (was 6)	0 (was 1)

https://www.michigan.gov/coronavirus/0,9753,7-406-98159-523641--,00.html

See the most up to date data at https://www.mistartmap.info/

19 Counties of MMDHD/DHD#10/CMDHD COVID Cases 5-18 yrs. of age, weekly, 2020 compared to 2021



	July 7-13	July 14-20	July 21-27	July 28-Aug 3	Aug 4-10	Aug 11-17	Aug 18-24	Aug 25-31	Sept 1-7	Sept 8-14	Sept 15-21	Sept 22-28	Sept 29-Oct 5	Oct 6-Oct 12	Oct 13-Oct 19
Total 2021	5	9	13	15	38	60	78	122	187	319	543	506	533	654	576
Total 2020	29	29	21	19	10	12	16	27	13	12	18	32	49	29	58

Total 2021 Total 2020

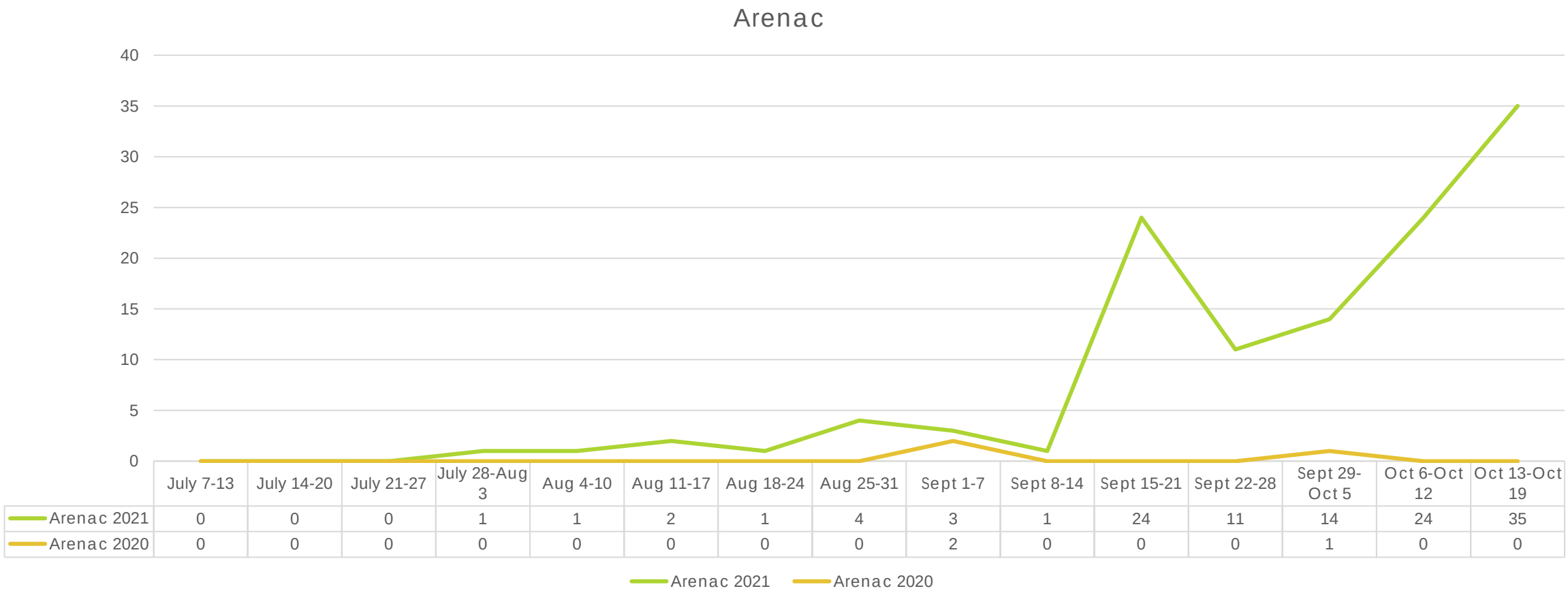
County by County Comparisons COVID Cases 5-18 yrs. of age, weekly, 2020 compared to 2021

NOTE: The values on the vertical (y) axis are different for each county due to different numbers of cases

— IS 2021

— IS 2020

COVID Cases 5-18 yrs. of age, weekly 2020 compared to 2021



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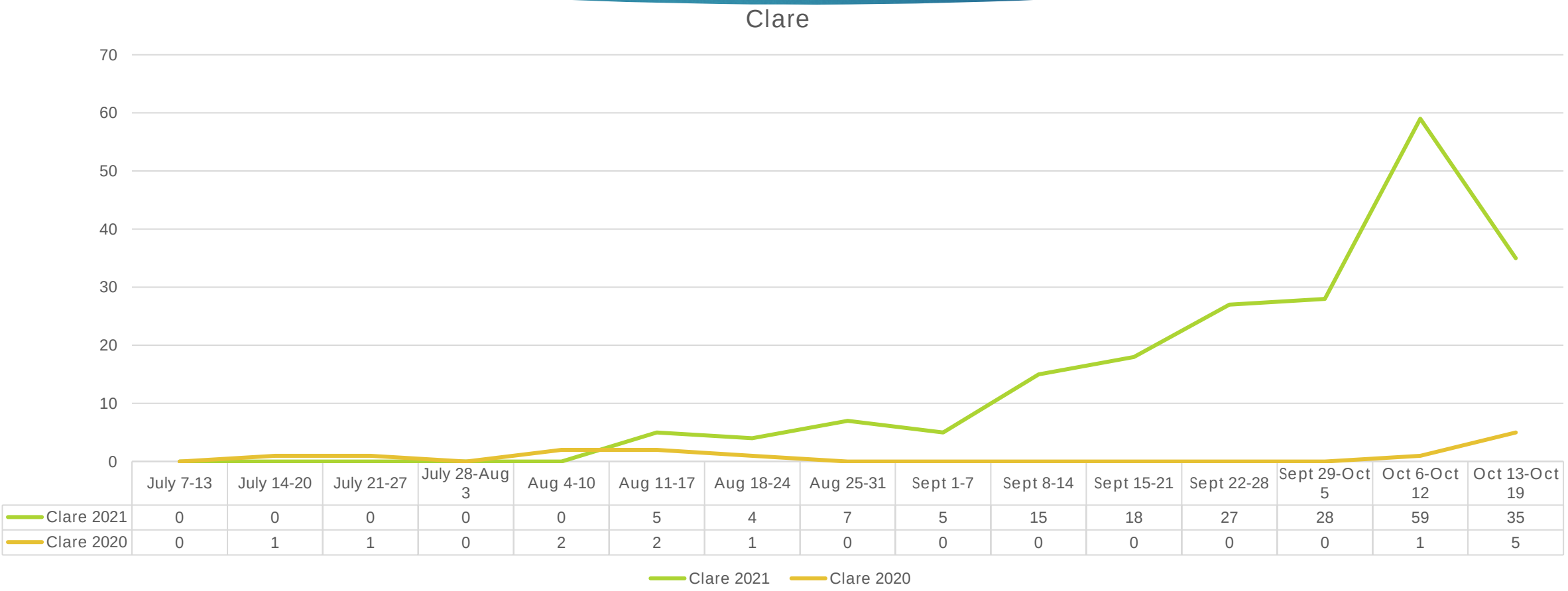
Arenac 2021	0	0	0	1	1	2	1	4	3	1	24	11	14	24	35
Arenac 2020	0	0	0	0	0	0	0	0	2	0	0	0	1	0	0

COVID Cases 5-18 yrs. of age, weekly 2020 compared to 2021



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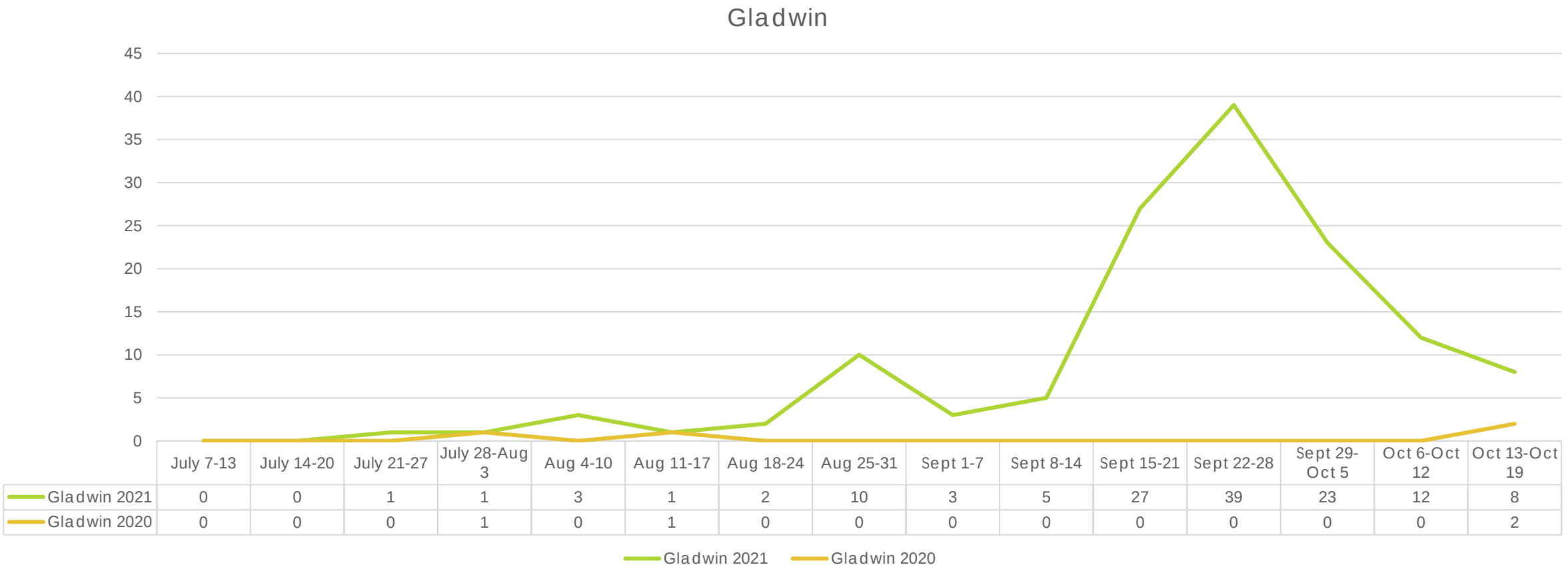
Clare 2021	0	0	0	0	0	5	4	7	5	15	18	27	28	59	35
Clare 2020	0	1	1	0	2	2	1	0	0	0	0	0	0	1	5

COVID Cases 5-18 yrs. of age, weekly 2020 compared to 2021



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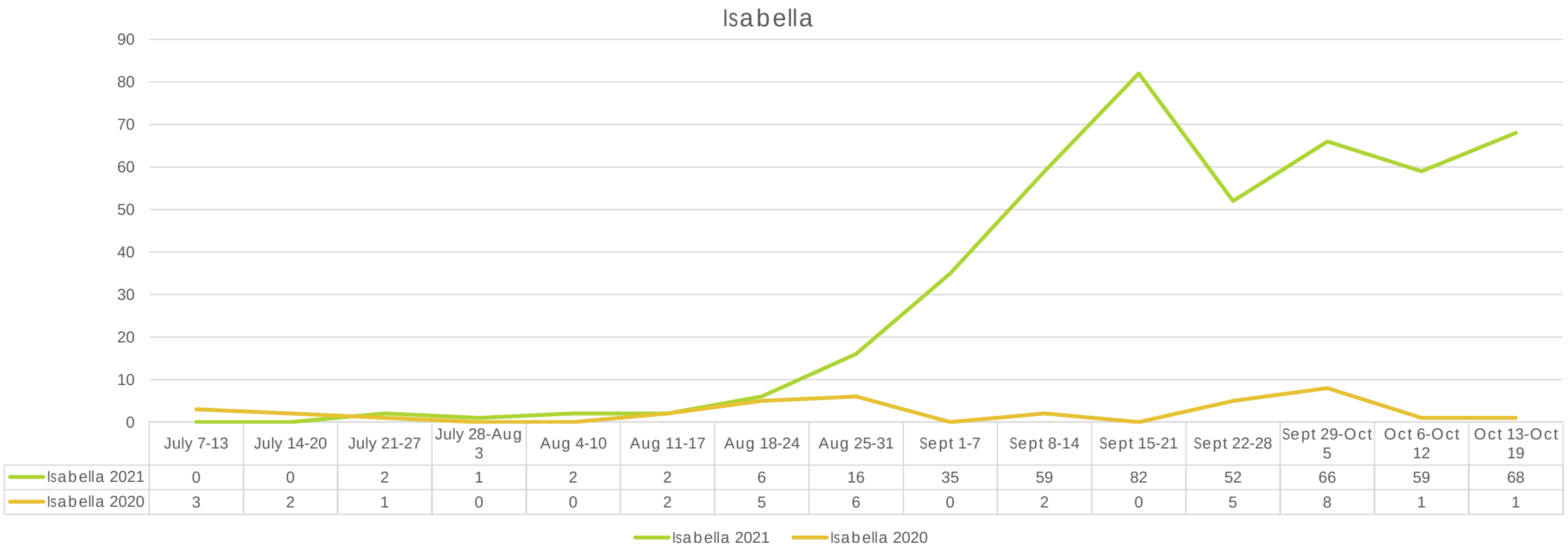
Gladwin 2021	0	0	1	1	3	1	2	10	3	5	27	39	23	12	8
Gladwin 2020	0	0	0	1	0	1	0	0	0	0	0	0	0	0	2

COVID Cases 5-18 yrs. of age, weekly 2020 compared to 2021



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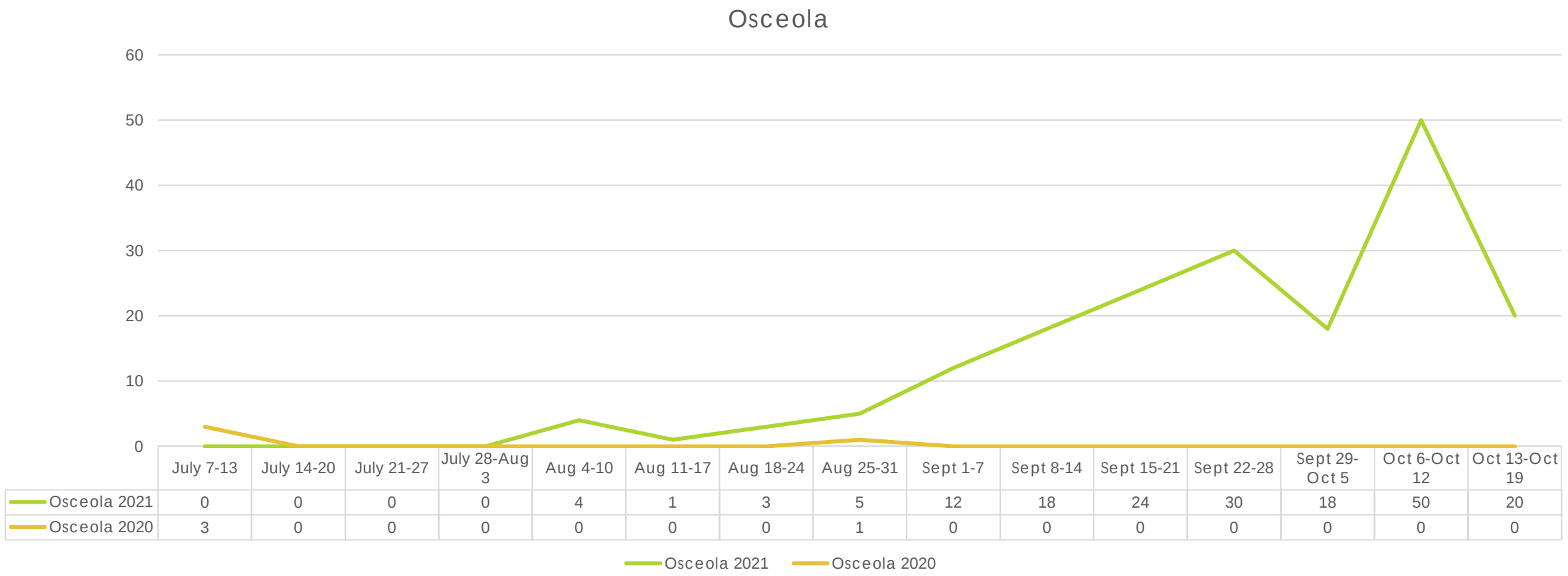
Isabella 2021	0	0	2	1	2	2	6	16	35	59	82	52	66	59	68
Isabella 2020	3	2	1	0	0	2	5	6	0	2	0	5	8	1	1

COVID Cases 5-18 yrs. of age, weekly 2020 compared to 2021



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Osceola 2021	0	0	0	0	4	1	3	5	12	18	24	30	18	50	20
Osceola 2020	3	0	0	0	0	0	0	1	0	0	0	0	0	0	0

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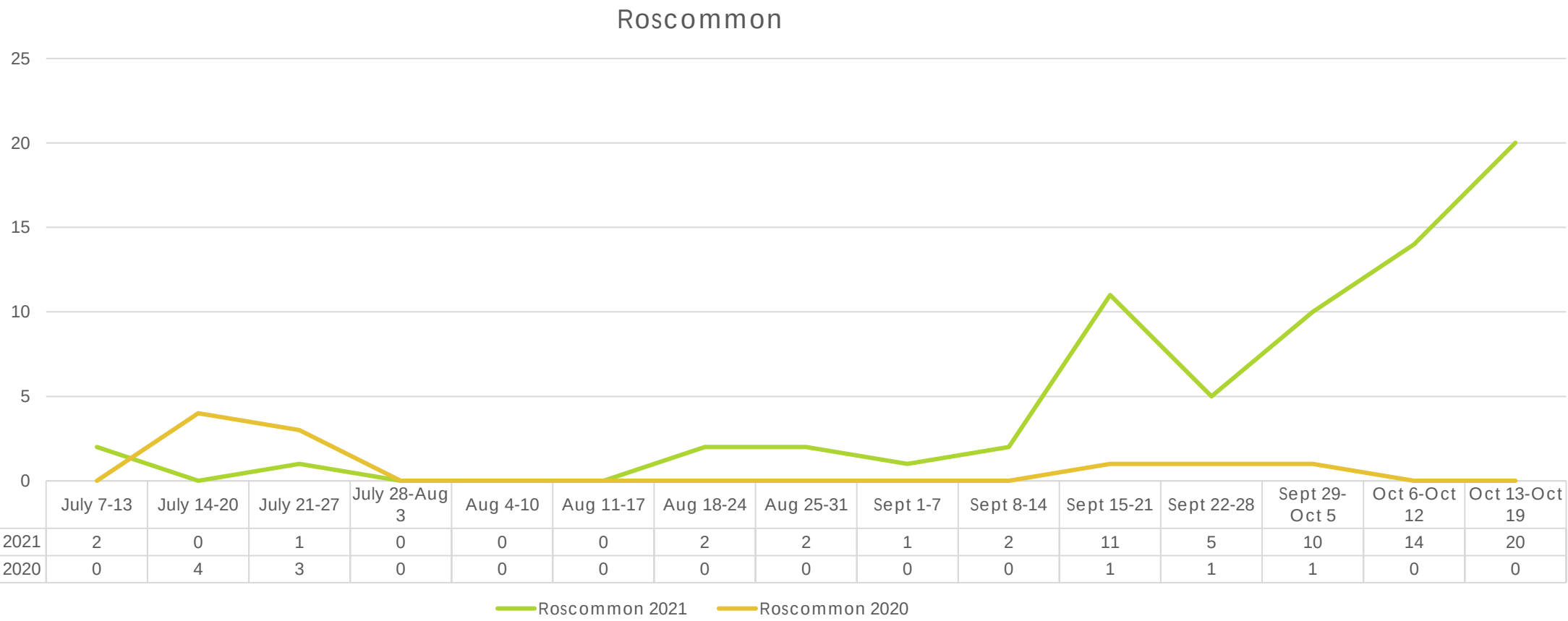

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Roscommon 2021	2	0	1	0	0	0	2	2	1	2	11	5	10	14	20
Roscommon 2020	0	4	3	0	0	0	0	0	0	0	1	1	1	0	0

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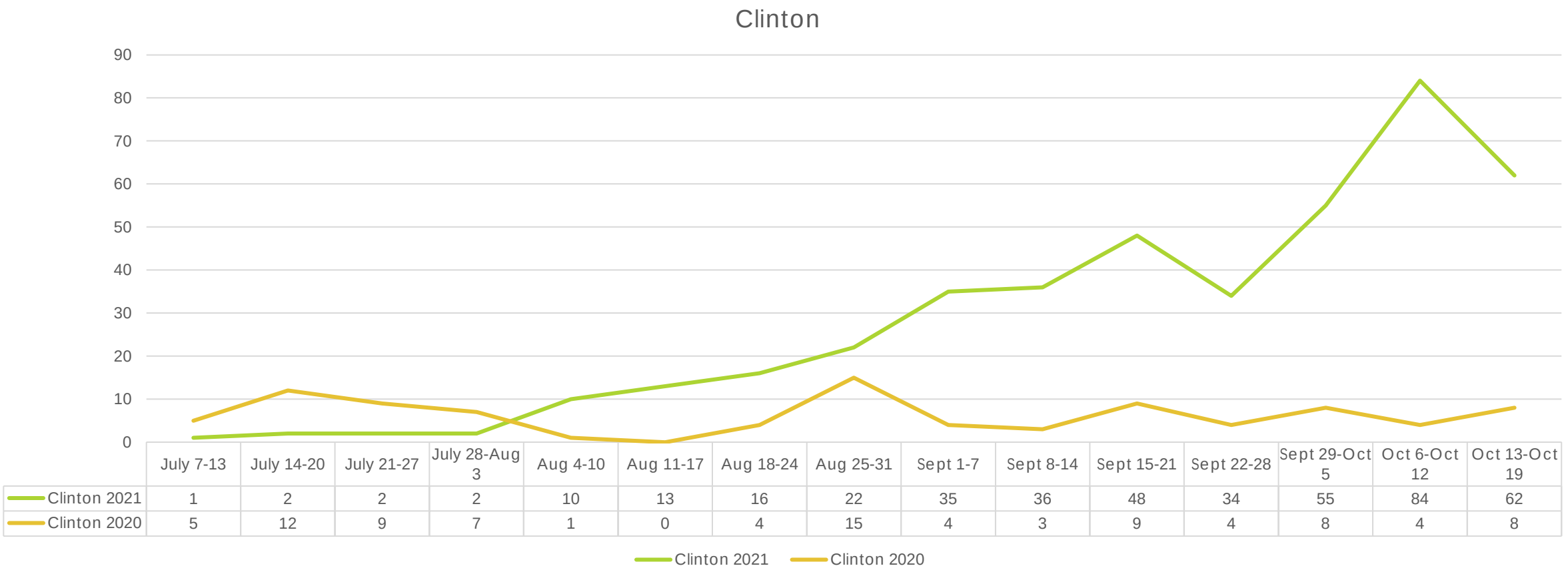

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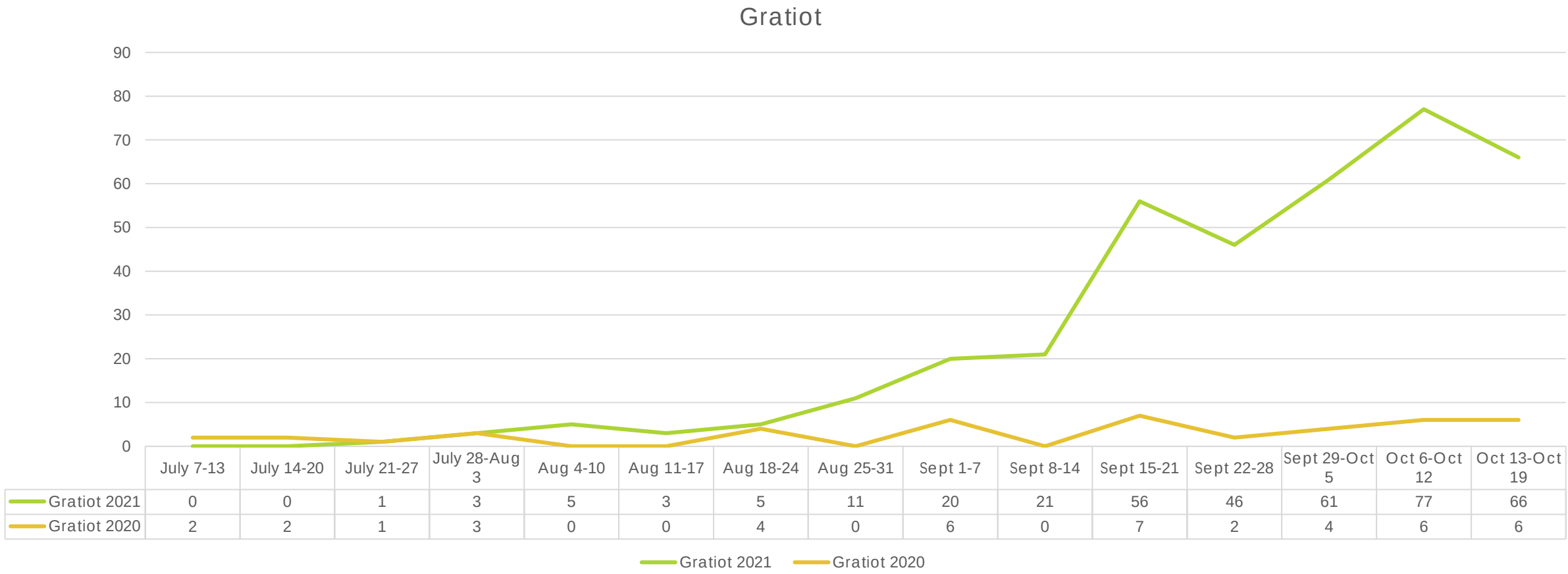
Clinton 2021	1	2	2	2	10	13	16	22	35	36	48	34	55	84	62
Clinton 2020	5	12	9	7	1	0	4	15	4	3	9	4	8	4	8

COVID Cases 5-18 yrs. of age, weekly 2020 compared to 2021



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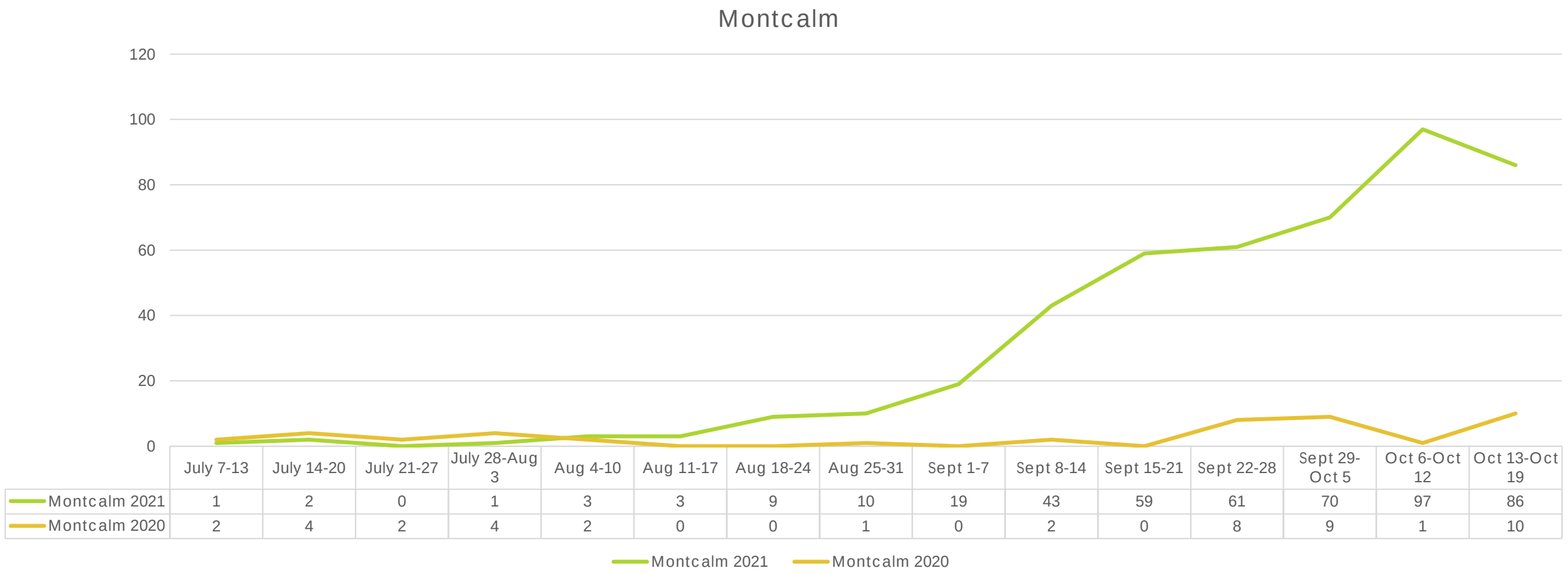
Gratiot 2021	0	0	1	3	5	3	5	11	20	21	56	46	61	77	66
Gratiot 2020	2	2	1	3	0	0	4	0	6	0	7	2	4	6	6

COVID Cases 5-18 yrs. of age, weekly 2020 compared to 2021



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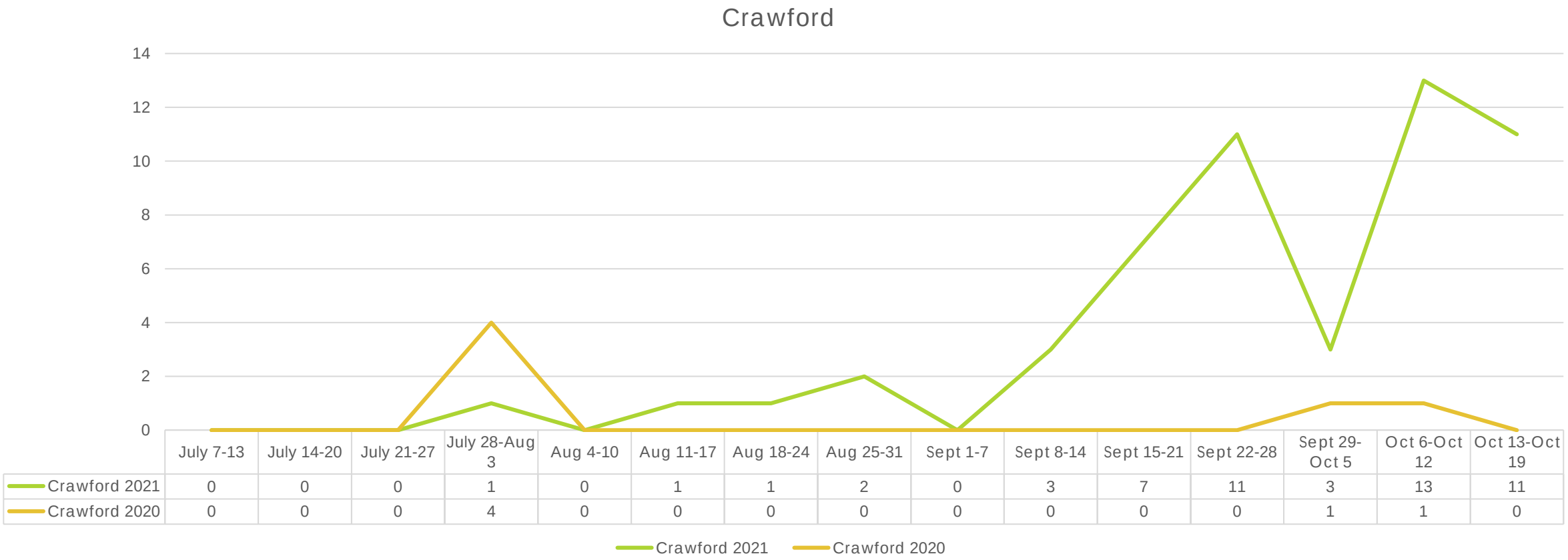
Montcalm 2021	1	2	0	1	3	3	9	10	19	43	59	61	70	97	86
Montcalm 2020	2	4	2	4	2	0	0	1	0	2	0	8	9	1	10

COVID Cases 5-18 yrs. of age, weekly 2020 compared to 2021



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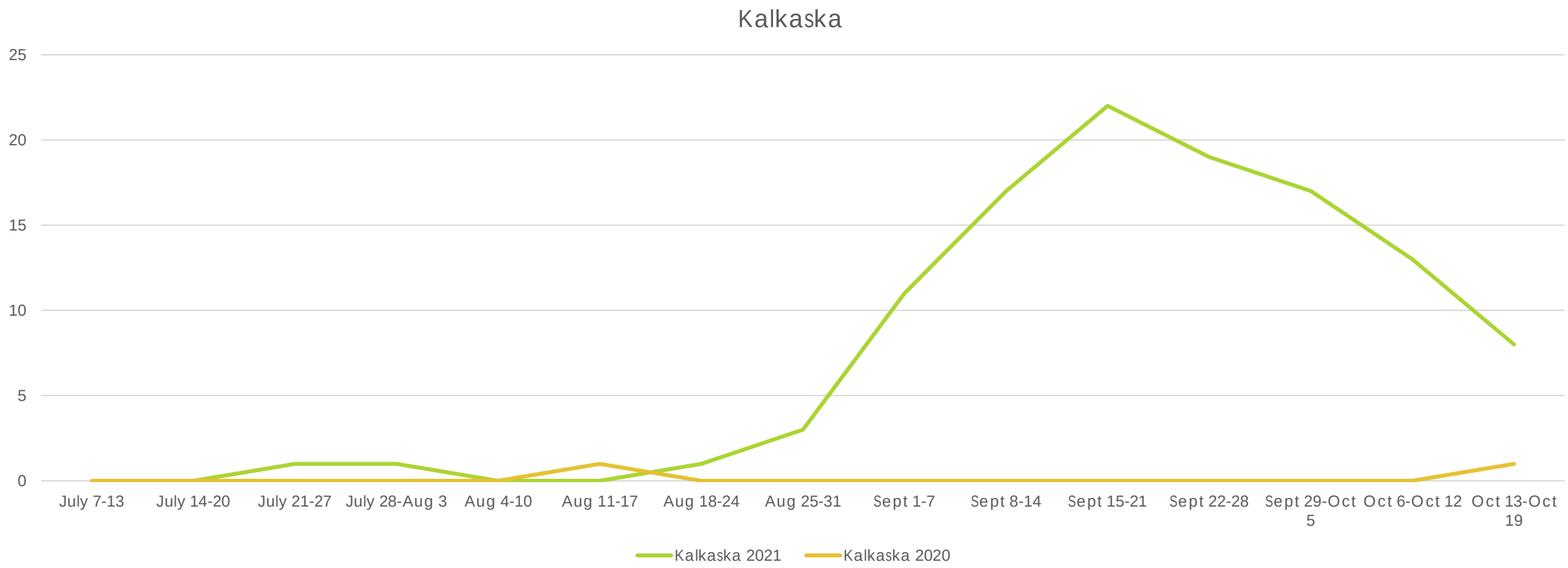
Crawford 2021	0	0	0	1	0	1	1	2	0	3	7	11	3	13	11
Crawford 2020	0	0	0	4	0	0	0	0	0	0	0	0	1	1	0

COVID Cases 5-18 yrs. of age, weekly 2020 compared to 2021



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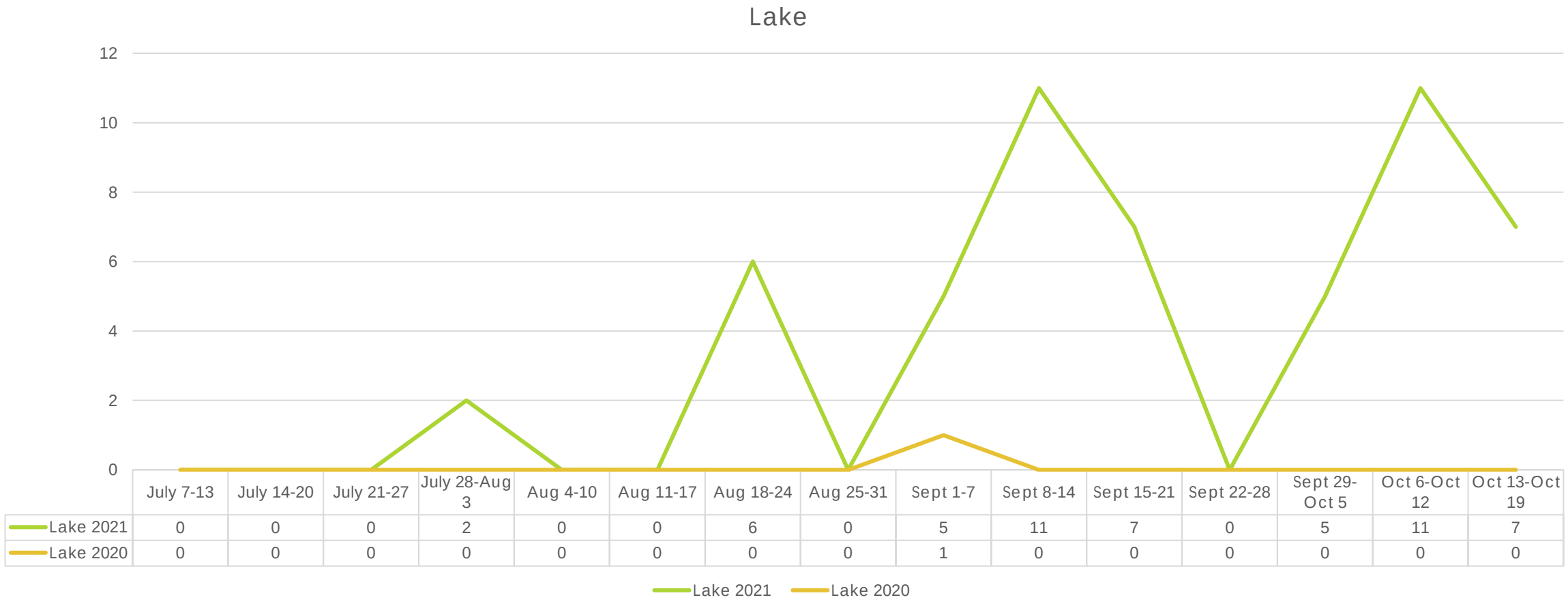

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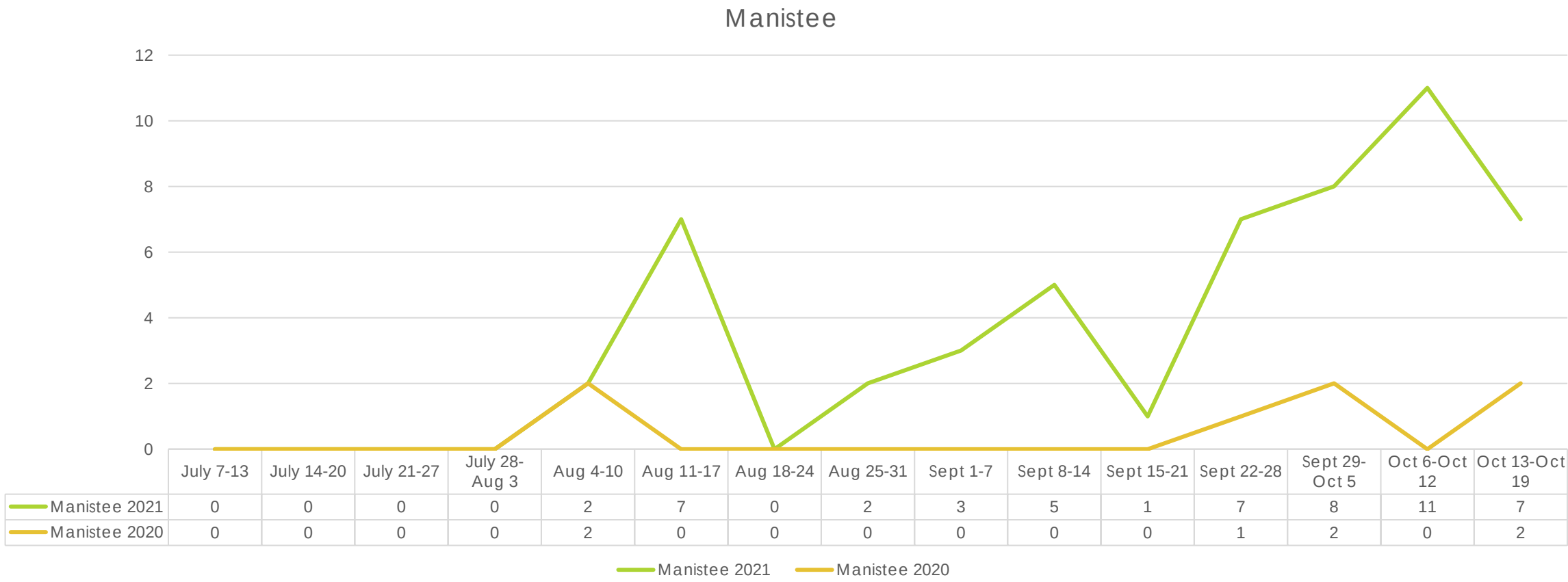
Lake 2021	0	0	0	2	0	0	6	0	5	11	7	0	5	11	7
Lake 2020	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0

COVID Cases 5-18 yrs. of age, weekly 2020 compared to 2021



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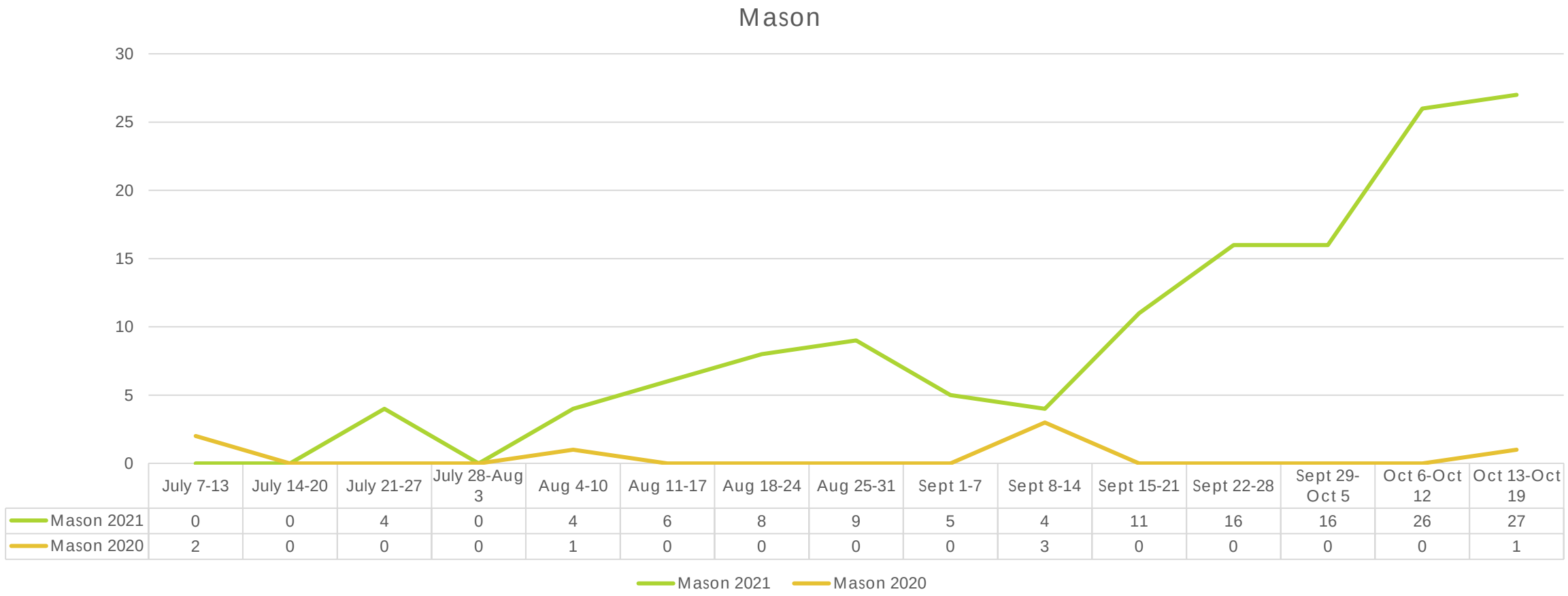
Manistee 2021	0	0	0	0	2	7	0	2	3	5	1	7	8	11	7
Manistee 2020	0	0	0	0	2	0	0	0	0	0	0	1	2	0	2

COVID Cases 5-18 yrs. of age, weekly 2020 compared to 2021



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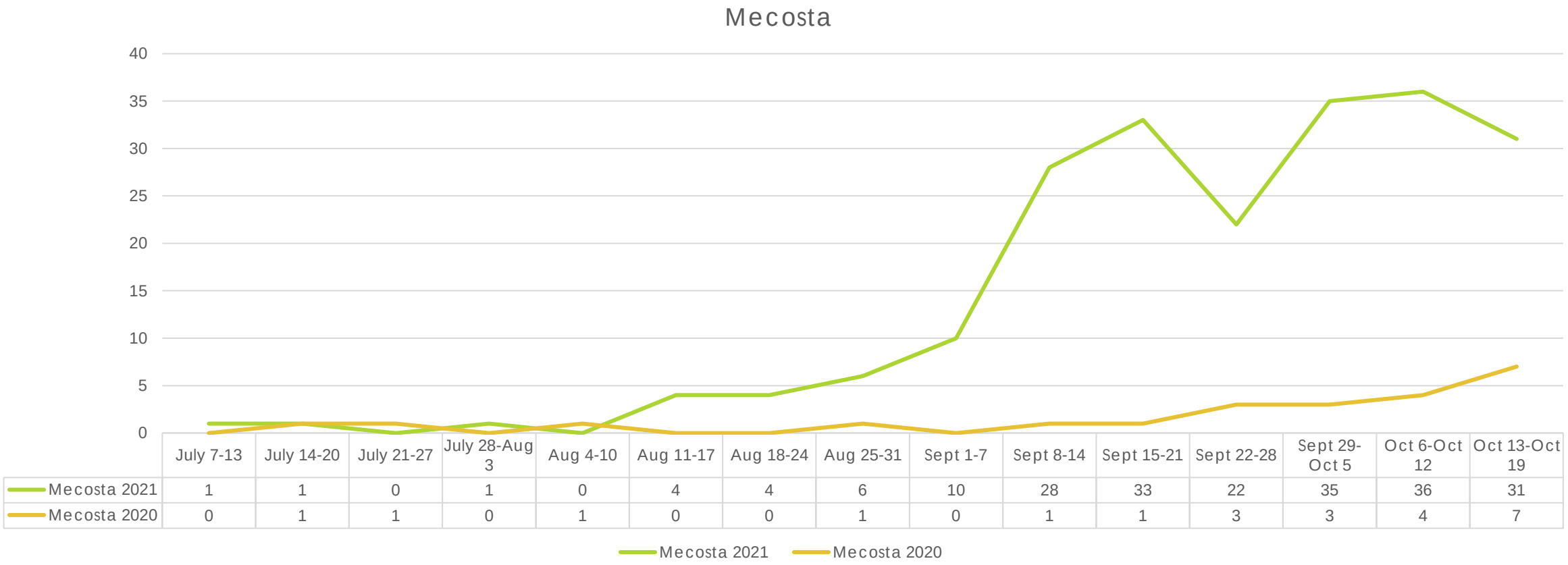
Mason 2021	0	0	4	0	4	6	8	9	5	4	11	16	16	26	27
Mason 2020	2	0	0	0	1	0	0	0	0	3	0	0	0	0	1

COVID Cases 5-18 yrs. of age, weekly 2020 compared to 2021



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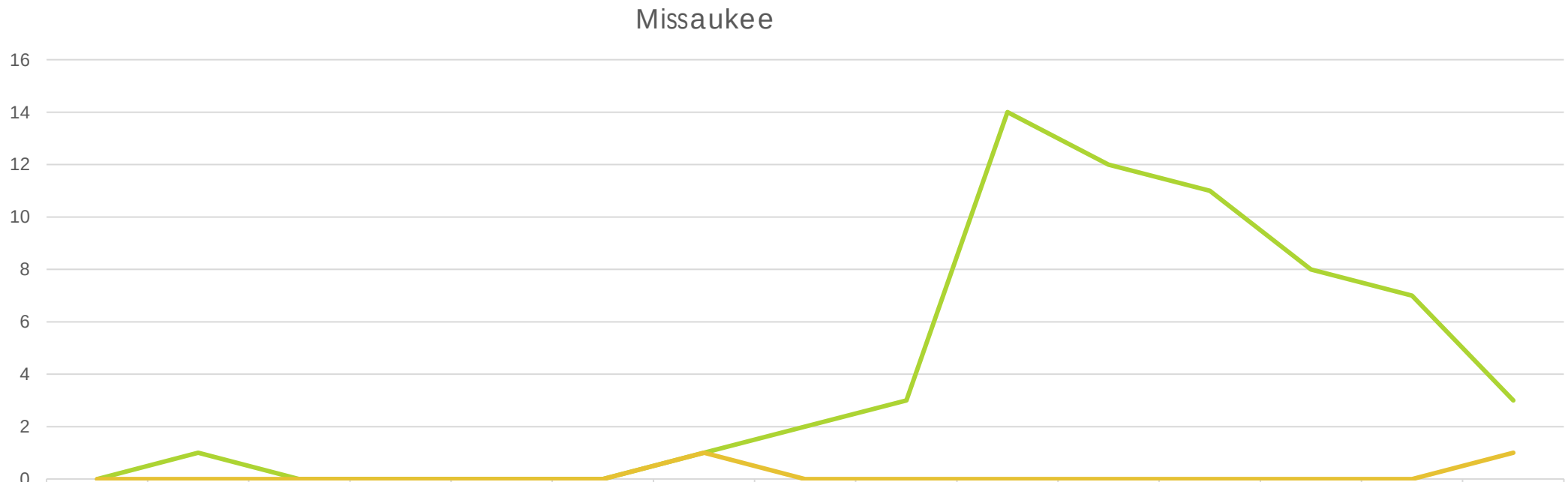
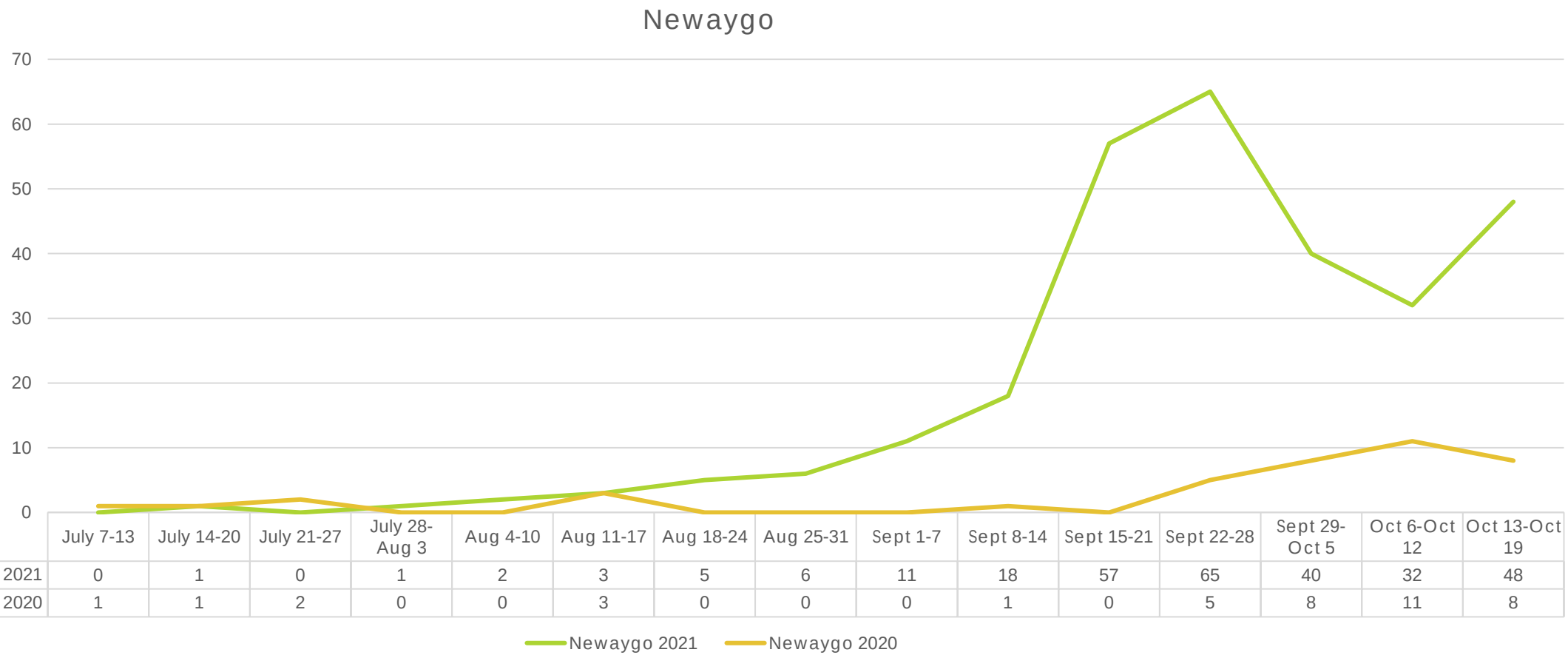
Mecosta 2021	1	1	0	1	0	4	4	6	10	28	33	22	35	36	31
Mecosta 2020	0	1	1	0	1	0	0	1	0	1	1	3	3	4	7

COVID Cases 5-18 yrs. of age, weekly 2020 compared to 2021



	July 7-13	July 14-20	July 21-27	July 28-Aug 3	Aug 4-10	Aug 11-17	Aug 18-24	Aug 25-31	Sept 1-7	Sept 8-14	Sept 15-21	Sept 22-28	Sept 29-Oct 5	Oct 6-Oct 12	Oct 13-Oct 19
Missaukee 2021	0	1	0	0	0	0	1	2	3	14	12	11	8	7	3
Missaukee 2020	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1

COVID Cases 5-18 yrs. of age, weekly 2020 compared to 2021



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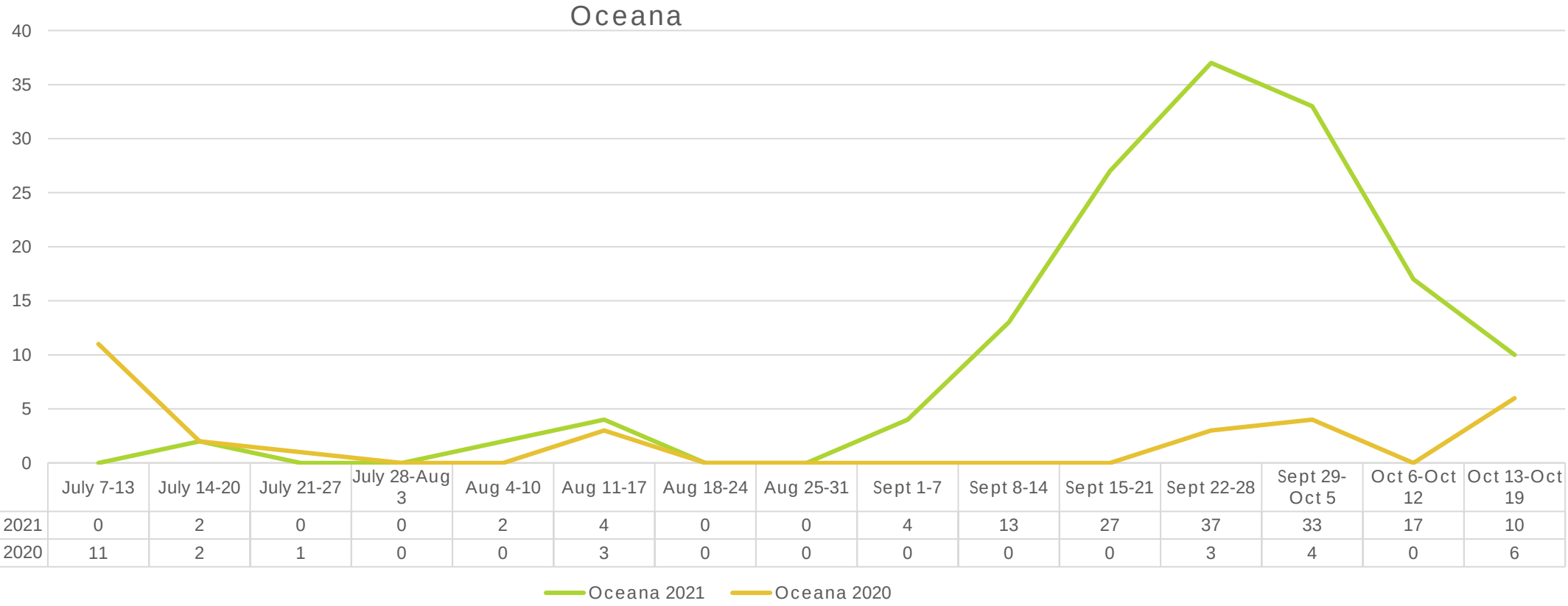
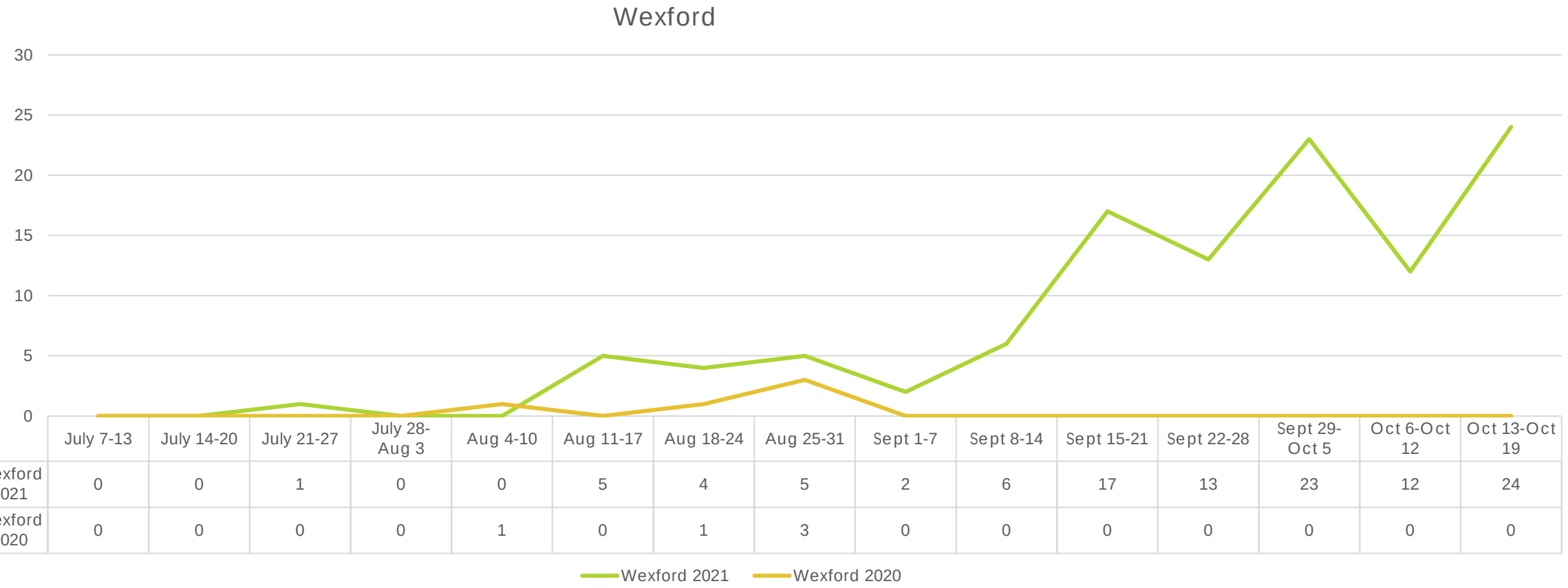
Newaygo 2021	0	1	0	1	2	3	5	6	11	18	57	65	40	32	48
Newaygo 2020	1	1	2	0	0	3	0	0	0	1	0	5	8	11	8

COVID Cases 5-18 yrs. of age, weekly 2020 compared to 2021



	July 7-13	July 14-20	July 21-27	July 28-Aug 3	Aug 4-10	Aug 11-17	Aug 18-24	Aug 25-31	Sept 1-7	Sept 8-14	Sept 15-21	Sept 22-28	Sept 29-Oct 5	Oct 6-Oct 12	Oct 13-Oct 19
Oceana 2021	0	2	0	0	2	4	0	0	4	13	27	37	33	17	10
Oceana 2020	11	2	1	0	0	3	0	0	0	0	0	3	4	0	6

COVID Cases 5-18 yrs. of age, weekly 2020 compared to 2021



	July 7-13	July 14-20	July 21-27	July 28-Aug 3	Aug 4-10	Aug 11-17	Aug 18-24	Aug 25-31	Sept 1-7	Sept 8-14	Sept 15-21	Sept 22-28	Sept 29-Oct 5	Oct 6-Oct 12	Oct 13-Oct 19
Wexford 2021	0	0	1	0	0	5	4	5	2	6	17	13	23	12	24
Wexford 2020	0	0	0	0	1	0	1	3	0	0	0	0	0	0	0

MI COVID Response Data and Modeling Update-October 19, 2021

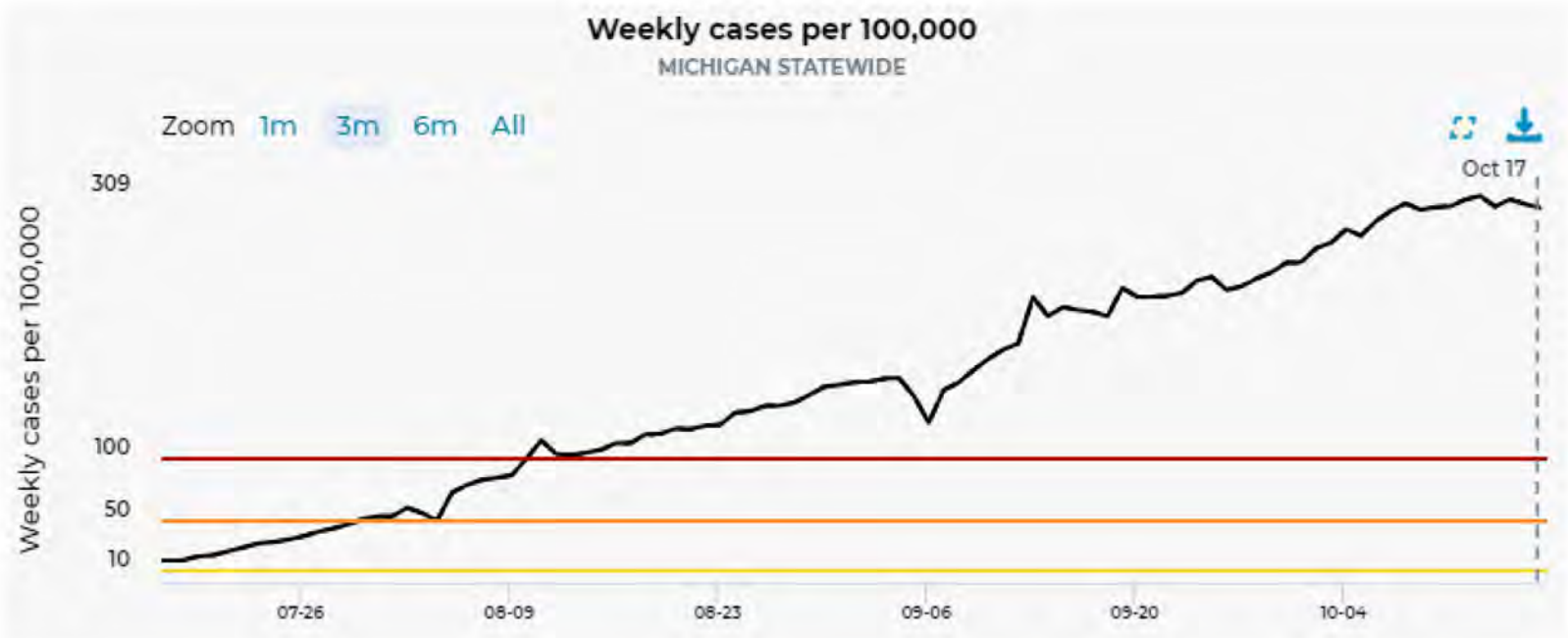
https://www.michigan.gov/coronavirus/0,9753,7-406-98163_98173_105123---,00.html

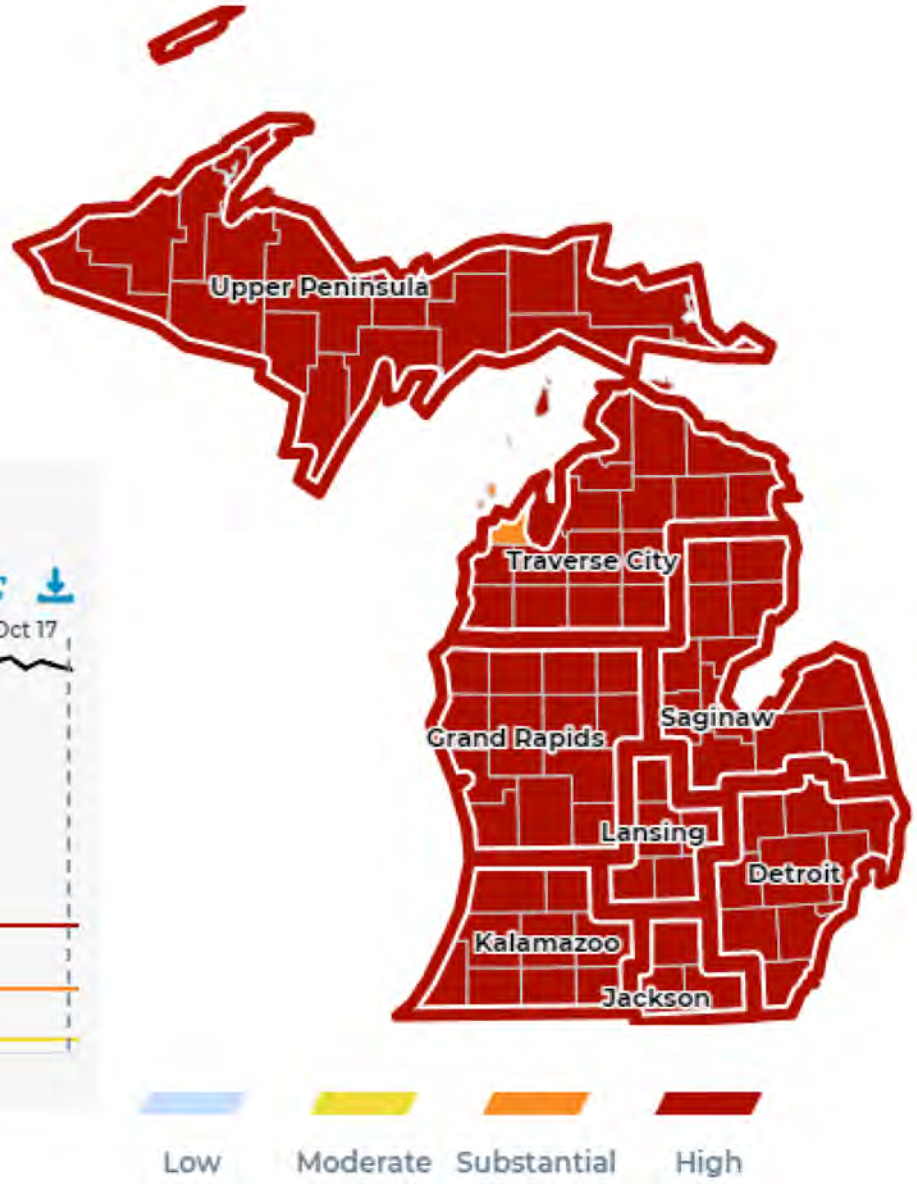
Overview of Michigan

- Statewide positivity increased 11.3% (last week: 11.2%)
- Case rate has increased to 315.7 cases/million (last week: 304.4 cases/million)
  - Increasing for three and a half months (June 26 low)
  - 10-19-years-olds are experiencing the greatest case burden (648 daily cases; 516.3 cases/mil)
- Michigan is at High Transmission level (***302*** *cases/100,000 in last 7 days at the time of this report*)
  - CDC recommends all individuals, regardless of vaccination status, should mask indoors
  - The U.S. is at high transmission level (**142.9** cases/100,000 in last 7 days) with 52 states/territories in substantial or high transmission
- Number of active outbreaks is up 3% from last week
  - 190 new outbreaks were identified in the past week
  - K-12 reported the most total outbreaks (308) and new outbreaks (100) this week

Michigan at High Transmission Level

[Dashboard | CDC | MI Start Map](#) for most recent data by reporting date



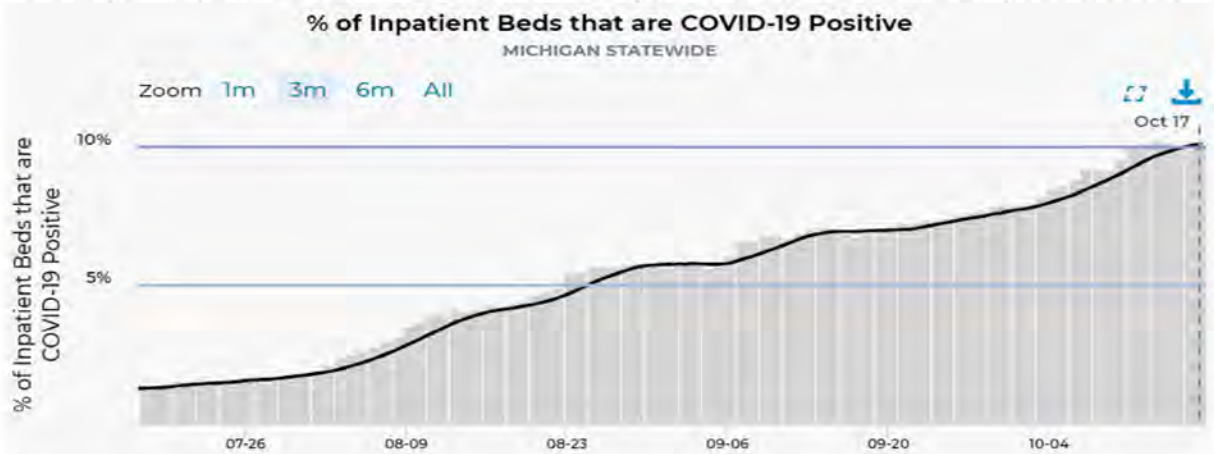


Time Trends – Positivity, Case Rates, Hospitalizations, Deaths

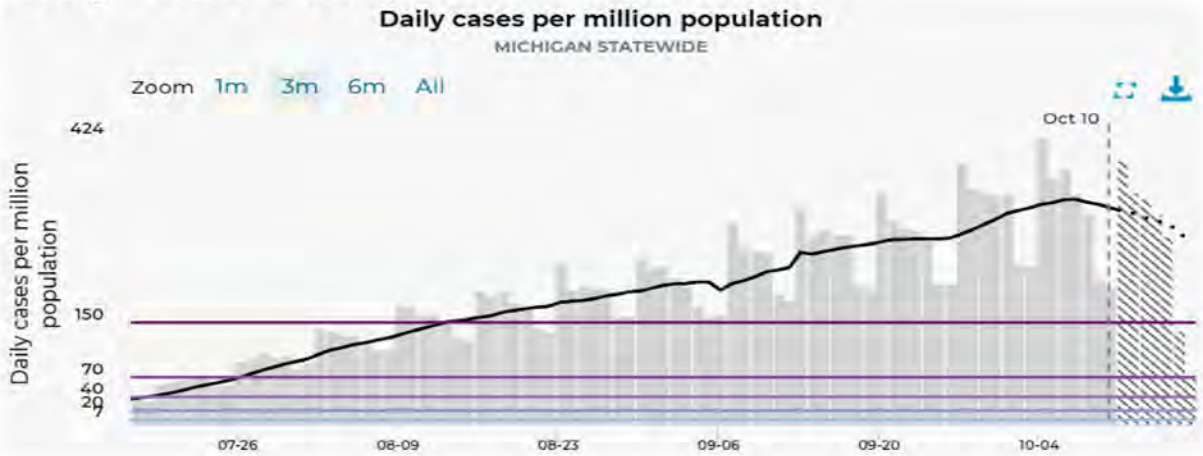
- COVID-19 transmission remains high, and several indicators continue to show increases

Daily Positive Test Rate

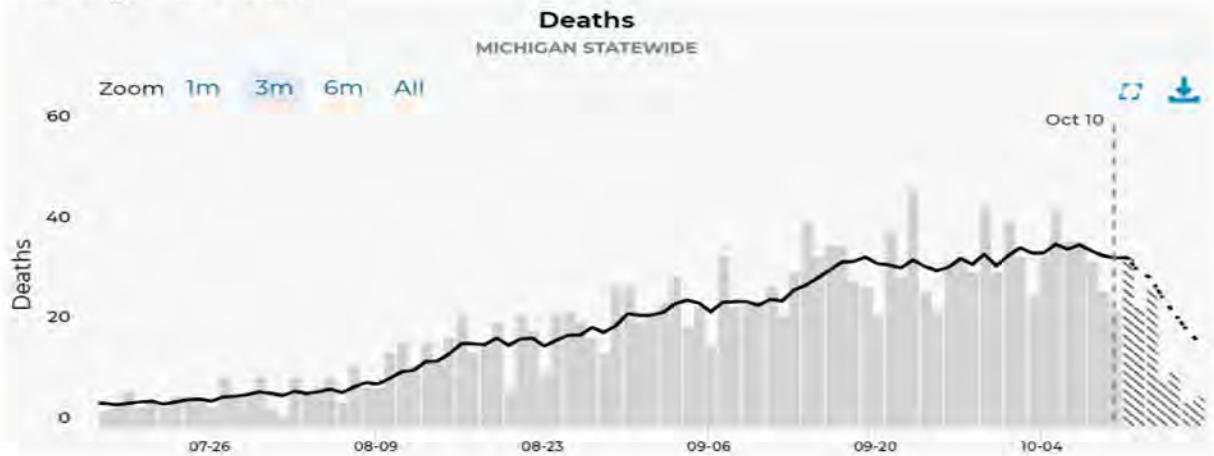
Daily Inpatient Beds Occupied by COVID patients



Daily Case Rate



Daily Deaths



Global and National Comparisons

Globally, 240,786,306 cases and 4,900,724 deaths (Data* through 10/18/21)

- Countries with the highest case count are U.S. (44,934,635), India (34,081,315), and Brazil (21,644,464)

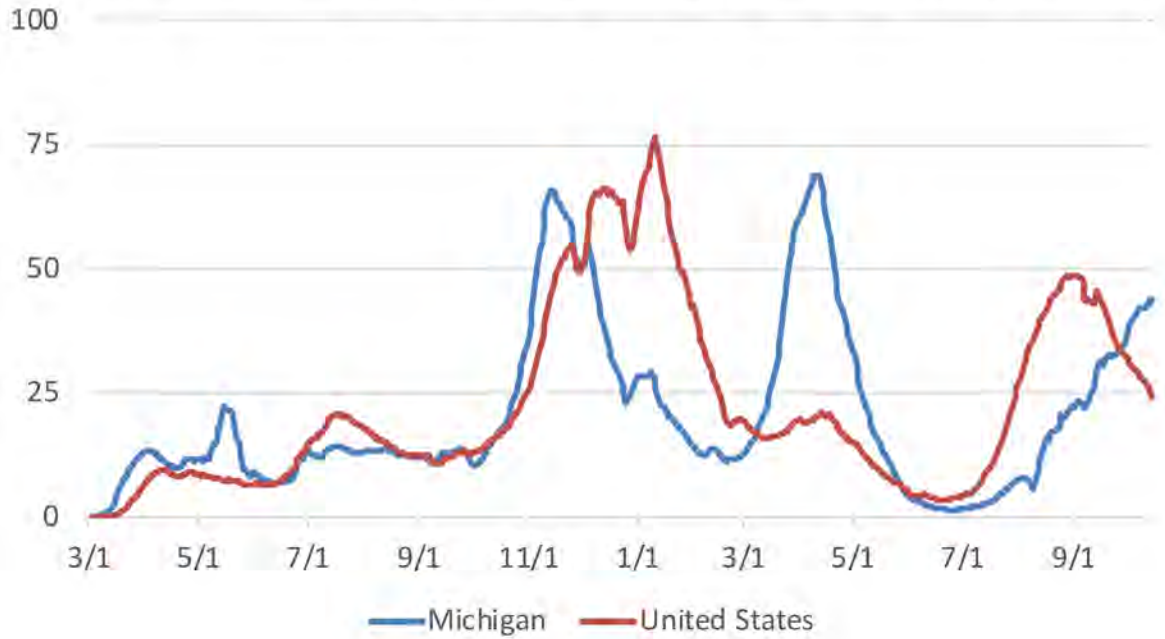
United States: Nearly all US jurisdictions have High community transmission¶

- Nationally, the 7-day moving average of daily new cases decreased 12.5% compared with previous 7-day moving average
- Percent positivity has decreased from the previous week, now at 5.7%. The number of PCR tests performed has decreased.
- ***While national case rates are decreasing, Michigan case rates continue to increase and are higher than U.S. rate***

Midwest states maintain High transmission levels†

- Overall decline in Region 5 but some states (MI, MN) are seeing increases

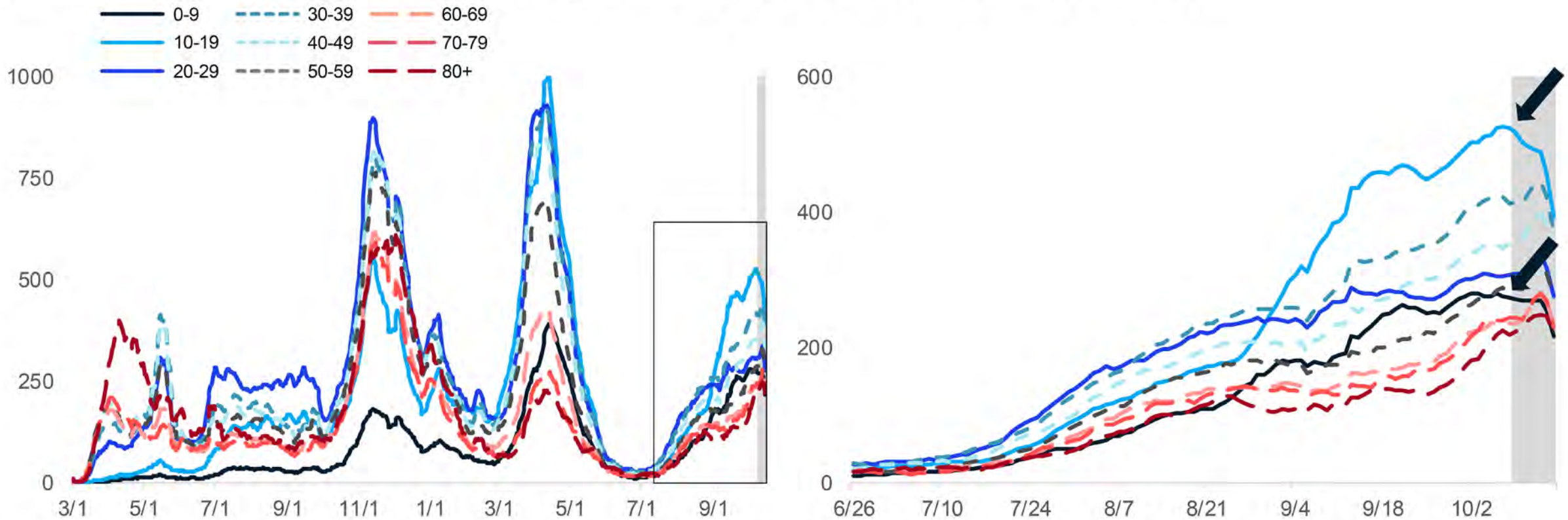
National and Michigan 7-day average New Cases per 100K†



Source: *Johns Hopkins Coronavirus Resource Center; ¶ CDC COVID Data Tracker Weekly Review; † CDC COVID Data Tracker

Case Rate Trends by Age Group

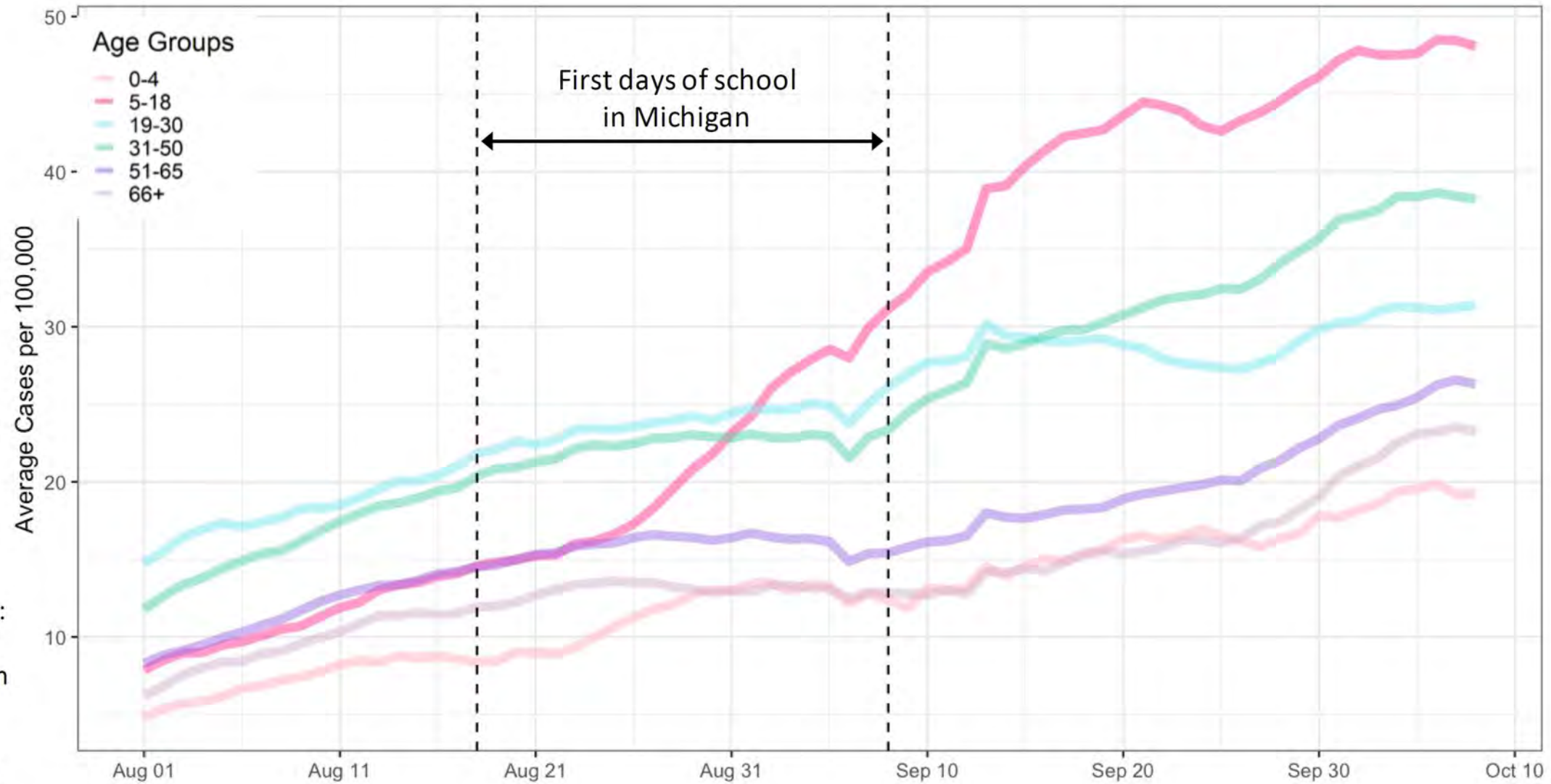
Daily new confirmed and probable cases per million by age group (7-day rolling average)



- Case rate trends for all age groups are plateaued or increasing
- Case rates for all age groups are between 223 and 516 cases per million (through 10/10)
- Case rates are highest for 10-19-year-olds; case rate are increasing fastest for 80+ (+21%)

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

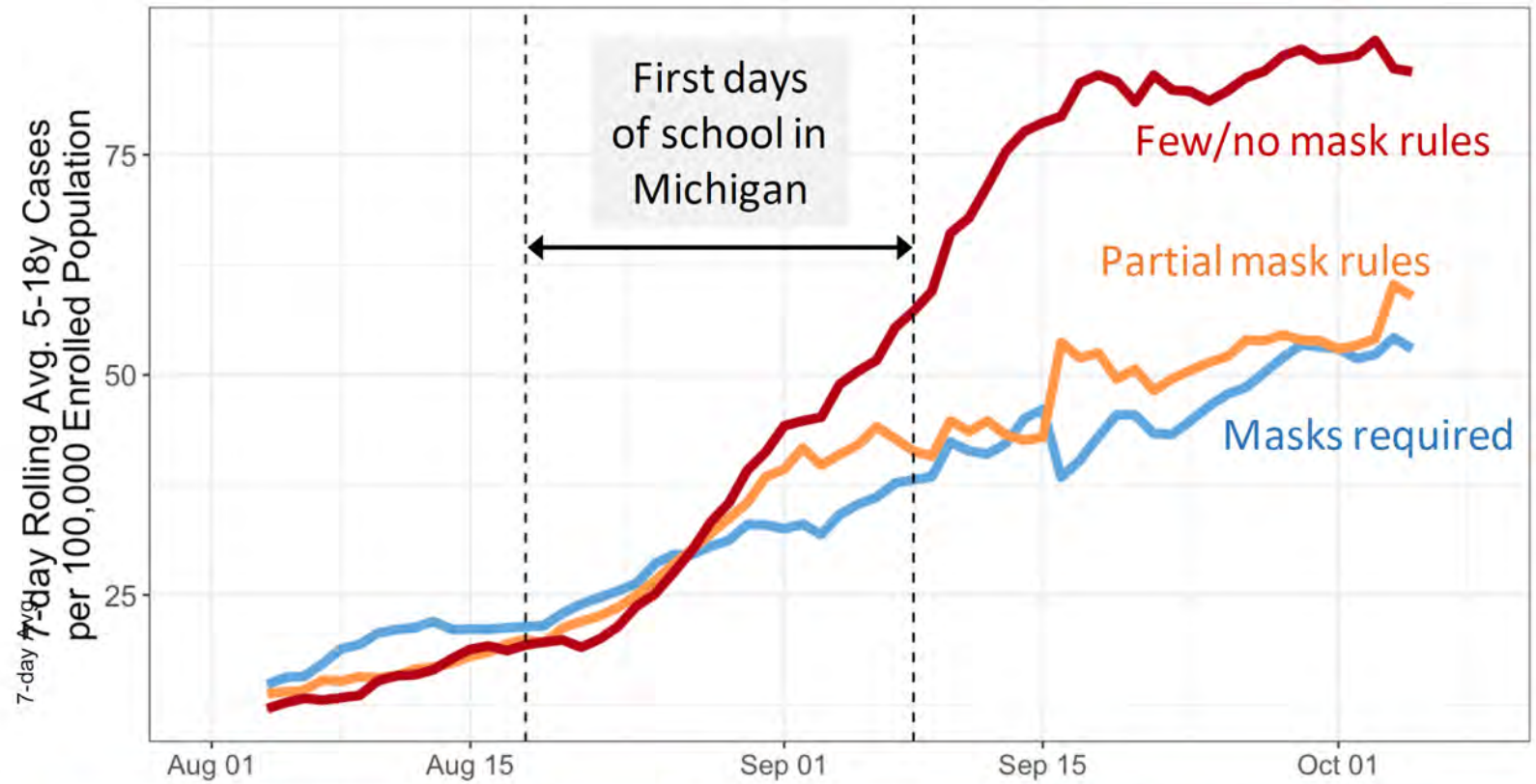
Case increases are largest in school aged children (5-18 year-olds), followed by 31-50 year-olds

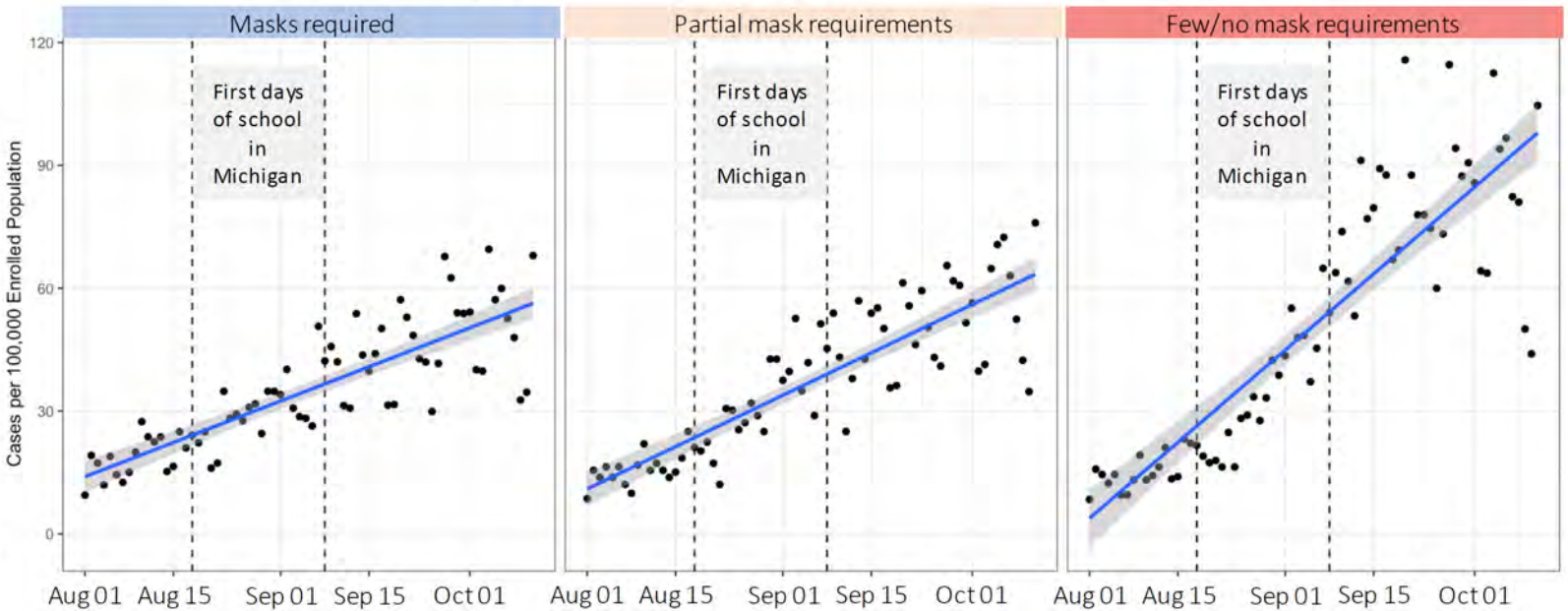


Data source: MDSS case data through 10/8/21, data as of 10/15/2021

Districts without mask requirements are experiencing higher case rates

- 5–18-year-old school population case rates are higher and rose faster in districts without mask requirements
- Districts with complete or partial mask requirements have seen lower case rates with slower increases
- Note districts may change categories as mask rules change
- Note that districts with mask rules may also have other prevention measures (vaccination, testing, etc.) that reduce transmission levels

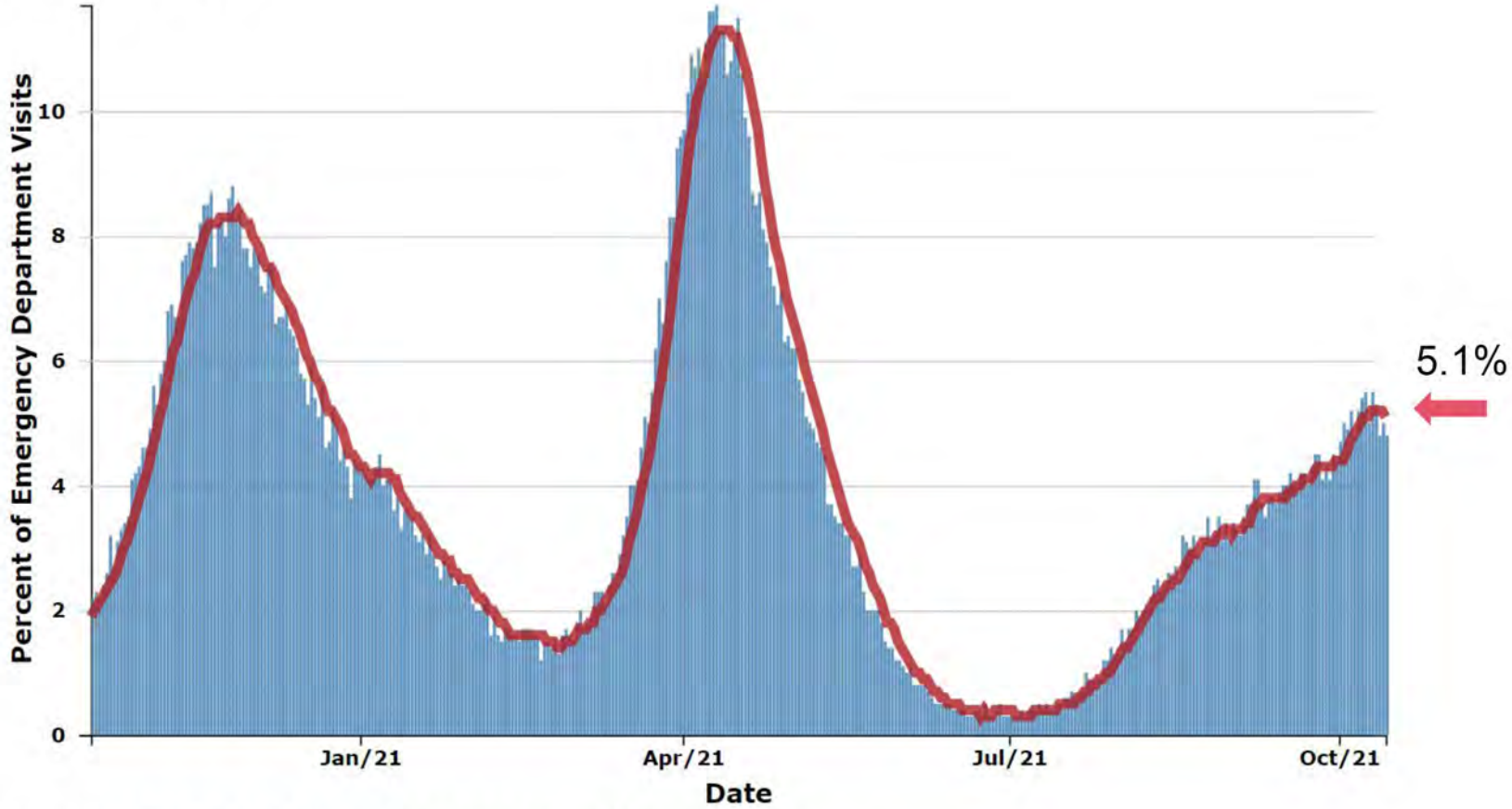




PUBLIC HEALTH

Masks required = mask required for all grades; Partial mask req. = tiered, some grades, based on vax status, staff only; Few/no req. = no req. or buses only. Blue line & shaded region is a linear trend fit. Data Sources: MDSS/MDHHS case data through as of 10/15/21 geocoded to school district, EOG School District Mask Policy Tracker data. Note: Cases are among all 5-18 year olds, population is the school-enrolled population.

Michigan Trends in Emergency Department (ED) Visits for Diagnosed COVID-19

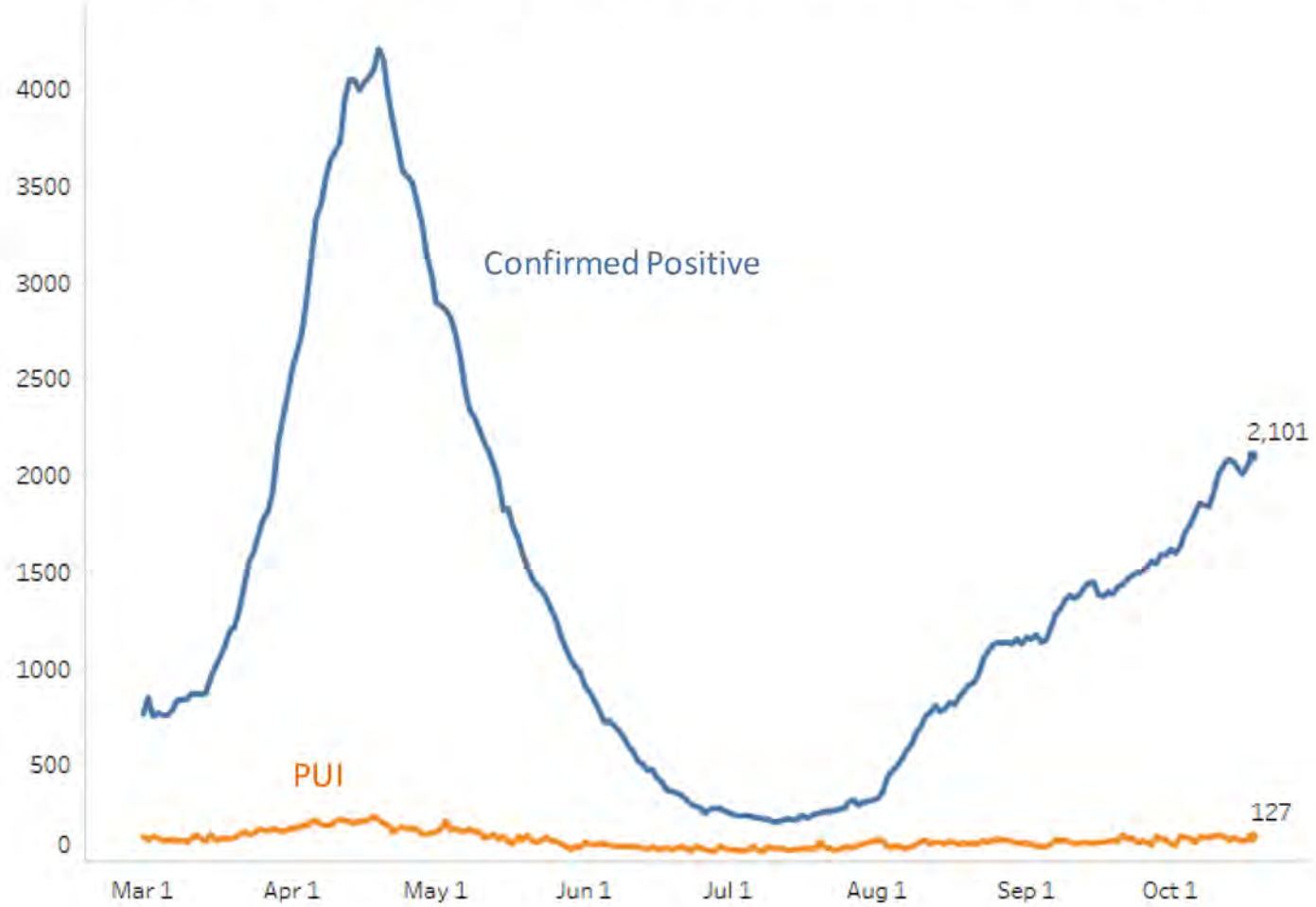


- Trends for ED visits have increased to 5.1% since last week (4.9% week prior)
- Trends vary by age groups with most age groups seeing an increase
- Over past week, those 65-74 years saw highest number of avg. daily ED CLI visits (7.0%), but those between 40+ all above state average

Source: https://covid.cdc.gov/covid-data-tracker/#ed-visits; data extracted on 10/18/2021

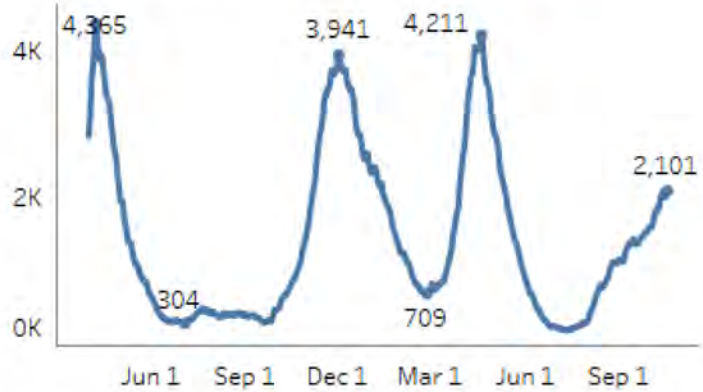
Statewide Hospitalization Trends: Total COVID+ Census

Hospitalization Trends 3/1/2021 – 10/18/2021
Confirmed Positive & Persons Under Investigation (PUI)



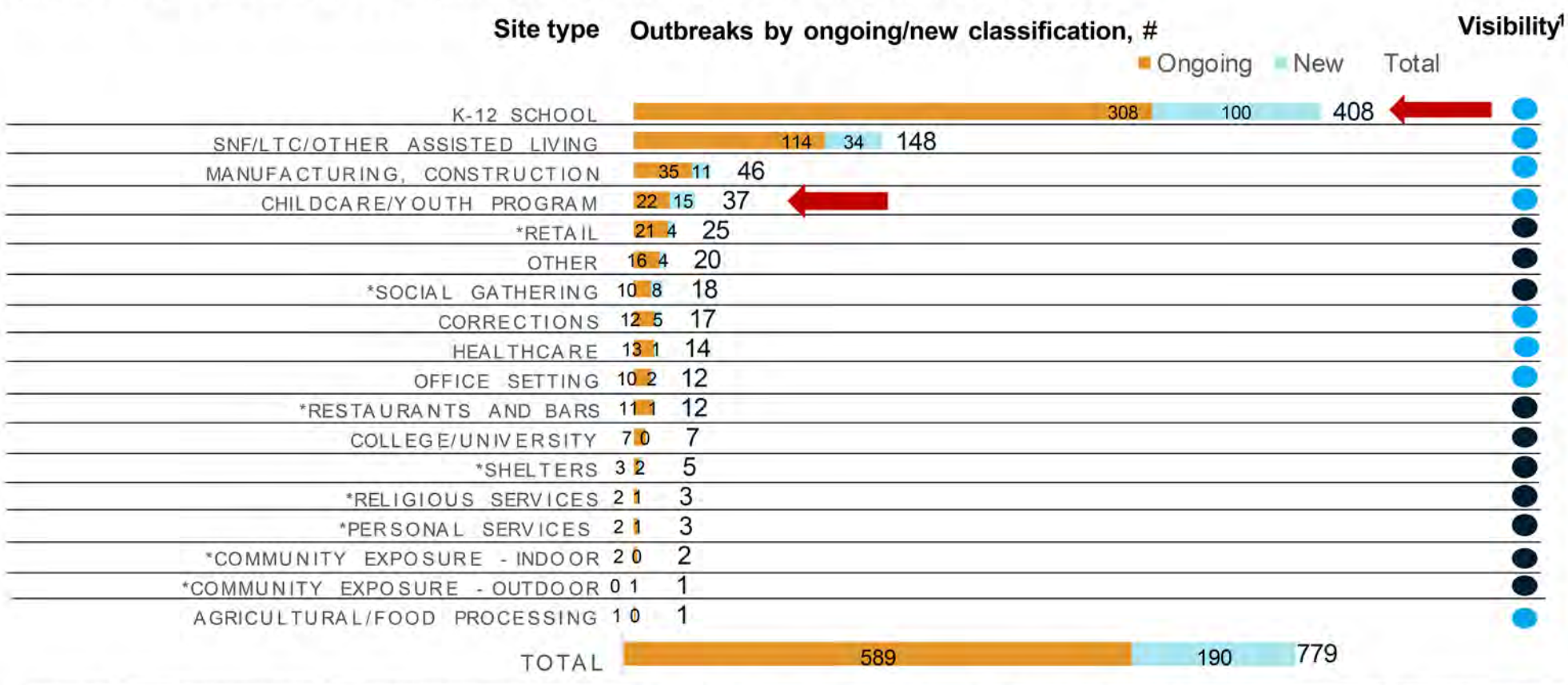
The COVID+ census in hospitals has increased 4% from the previous week (previous week's increase was 18%)

Hospitalized COVID Positive Long Term Trend (beginning March 2020)



Number of Weekly Reported Outbreaks

Number of outbreak investigations by site type, week ending Oct 14



1. Based on a setting's level of control and the extent of time patrons/residents spend in the particular setting, different settings have differing levels of ability to ascertain whether a case derived from that setting

NOTE: Many factors, including the lack of ability to conduct effective contact tracing in certain settings, may result in significant underreporting of outbreaks. This chart does not provide a complete picture of outbreaks in Michigan and the absence of identified outbreaks in a particular setting in no way provides evidence that, in fact, that setting is not having outbreaks.
NOTE (10/4): MDHHS adopted the new CSTE school cluster and outbreak definition which impacts how transmissions within school-sponsored settings are reported to the health department

Source: LHD Weekly Sitreps

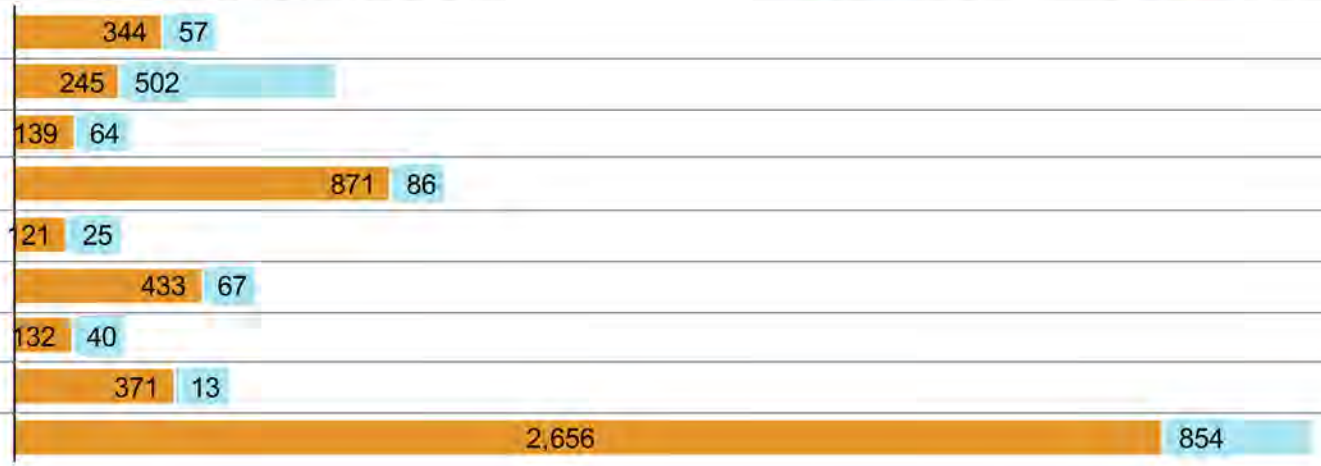
Total number of active outbreaks is **up 3%** from previous week, with 190 new outbreaks identified

K-12 schools reported the greatest number of new outbreaks and clusters (100) this week, and there were an additional 15 new outbreaks in childcare and youth programs for a total of 115 outbreaks in settings primarily with 0-19-year-olds. (61% of all known new outbreaks)

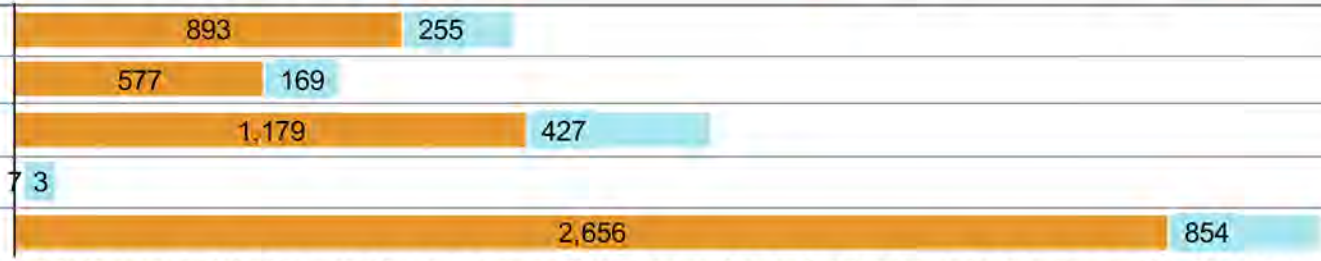
The next greatest number of new outbreaks was among SNF/LTC (34), followed by manufacturing/construction (11), social gathering (8), and 10 other settings with at least 1 new outbreak in the last week.

K-12 school clusters and outbreaks, recent and ongoing, week ending Oct 14

Number of reported outbreaks increased 4% since last week (393 to 408), including increases in High Schools (133 to 138), and Pre K-Elementary (164 to 182). Middle/Jr High (92 to 85), and Administration declined (4 to 3) since last week.



Region	Number of reported cases, #		Number of outbreaks	Range of cases per outbreak
Region 1	344	57	57	2-26
Region 2n	245	502	74	2-53
Region 2s	139	64	26	2-27
Region 3	871	86	90	2-48
Region 5	121	25	21	3-52
Region 6	433	67	74	2-61
Region 7	132	40	32	2-14
Region 8	371	13	34	3-46
Total	2,656	854	**408**	**2-61**

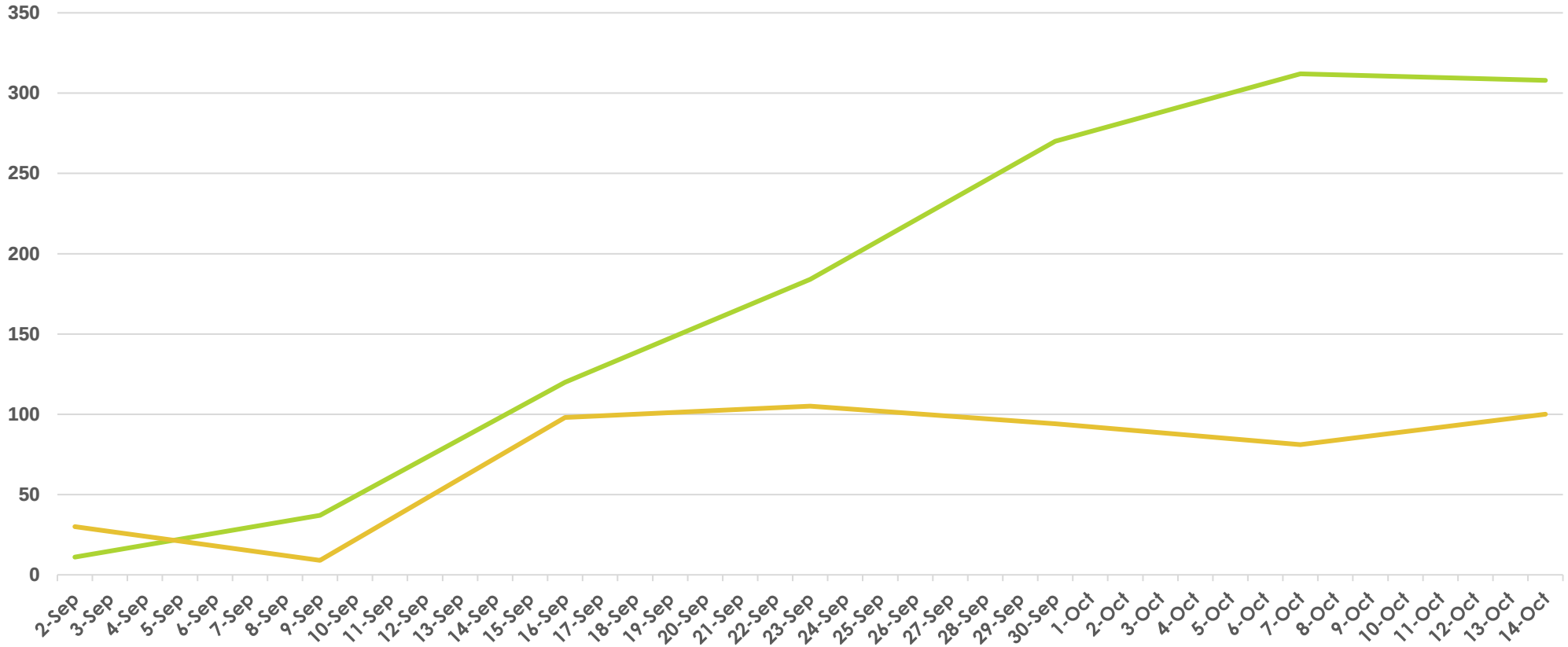


Grade level	Number of reported cases, #		Number of outbreaks	Range of cases per outbreak
Pre-school - elem.	893	255	182	2-42
Jr. high/middle school	577	169	85	2-48
High school	1,179	427	138	2-61
Administrative	7	3	3	2-5
Total	2,656	854	**408**	**2-61**

Many factors, including the lack of ability to conduct effective contact tracing in certain settings, may result in significant underreporting of outbreaks. This chart does not provide a complete picture of outbreaks in Michigan and the absence of identified outbreaks in a particular setting in no way provides evidence that, in fact, that setting is not having outbreaks.
NOTE (10/4): MDHHS adopted the new CSTE school cluster and outbreak definition which impacts how transmissions within school-sponsored settings are reported to the health department

Source: LHD Weekly Sitreps

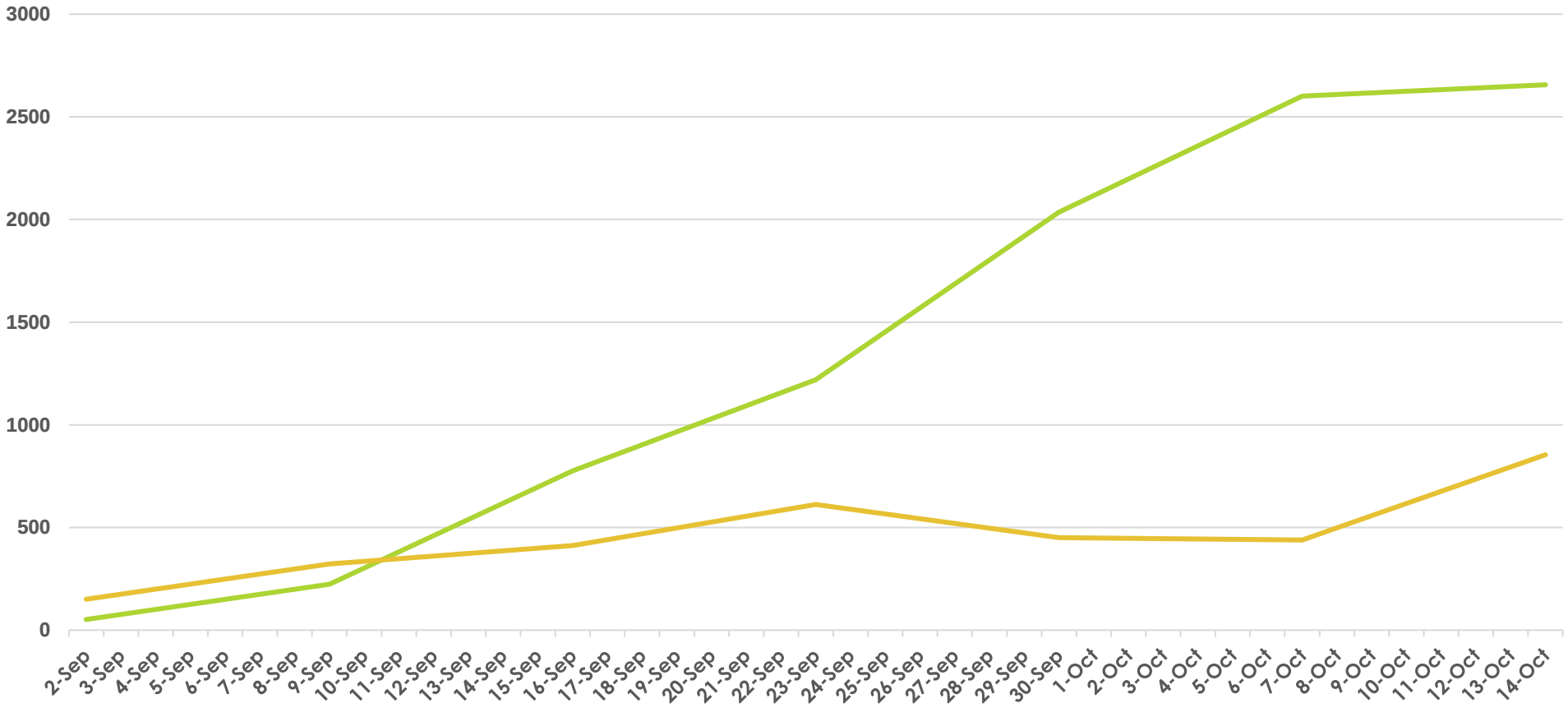
Number of K-12 Outbreaks



	2-Sep	9-Sep	16-Sep	23-Sep	30-Sep	7-Oct	14-Oct
K-12 Ongoing Outbreaks	11	37	120	184	270	312	308
K-12 New Outbreaks	30	9	98	105	94	81	100

Definition of Educational Outbreak can be found **here**.
Ongoing outbreaks are those that had already been identified in previous weeks but have had at least one new associated case reported to the local health department in the last 28 days.

Number of Cases in K-12 Outbreaks



	2-Sep	9-Sep	16-Sep	23-Sep	30-Sep	7-Oct	14-Oct
K-12 Cases from Ongoing Outbreaks	52	224	776	1219	2036	2600	2656
K-12 Cases from New Outbreaks	151	323	412	612	451	439	854

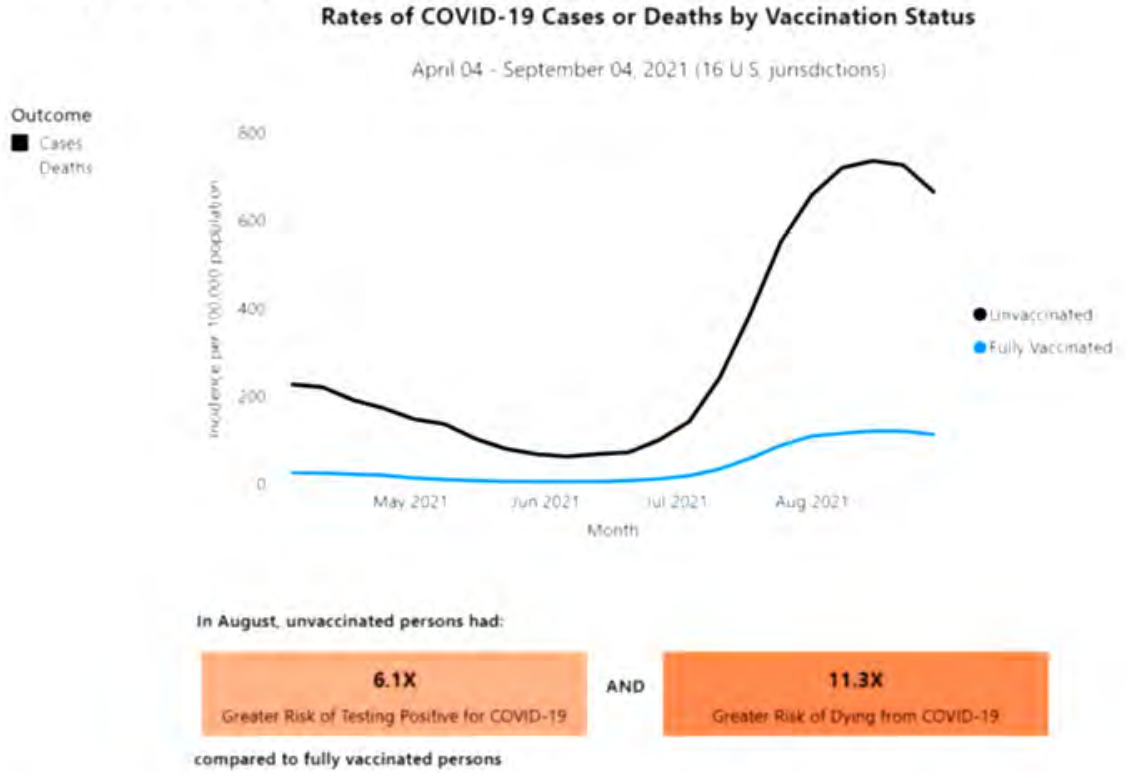
Definition of Educational Outbreak can be found **here**.
Ongoing outbreaks are those that had already been identified in previous weeks but have had at least one new associated case reported to the local health department in the last 28 days.

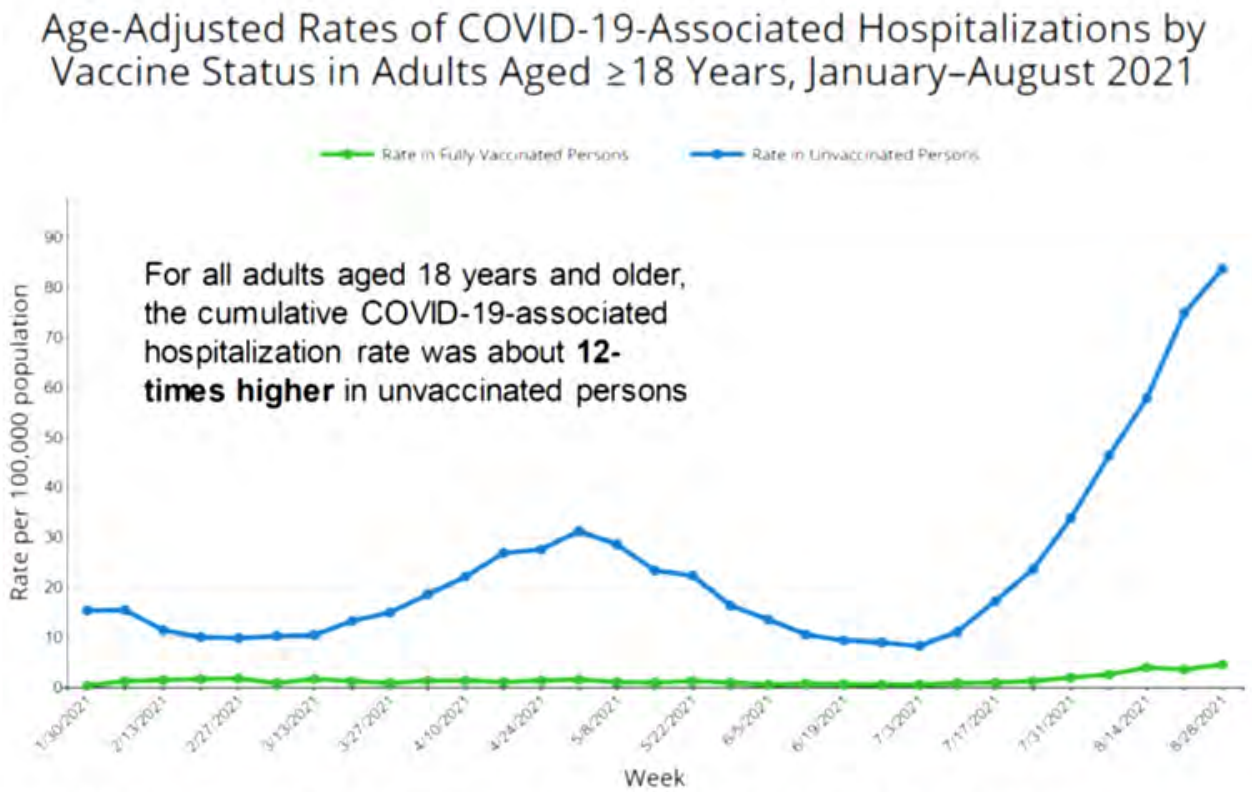
Cumulative COVID-19 Cases by Vaccination Status, Michigan, Jan 15 – Oct 12

Fully Vaccinated People (4,983,732)		
Cases	**Hospitalization**	**Deaths**
Percent of Cases In People Not Fully Vaccinated (534,171 /573,856) **93.1%**	Percent of Hospitalizations In People Not Fully Vaccinated (14,049 / 15,497) **90.7%**	Percent of Deaths In People Not Fully Vaccinated (5,924 / 6,549) **90.5%**
534,171 Total Cases Not Fully Vaccinated	**14,049** Total Hospitalized Not Fully Vaccinated	**5,924** Total Deaths Not Fully Vaccinated
Total Breakthrough Cases **39,685**	Total Breakthrough Hospitalizations **1,448**	Total Breakthrough Deaths **625**
0.796% Percent of Fully Vaccinated People who Developed COVID-19 (39,685 / 4,983,732)	**0.029%** Percent of Fully Vaccinated People Who Were Hospitalized for COVID-19 (1,448 / 4,983,732)	**0.013%** Percent of Fully Vaccinated People Who Died of COVID-19 (625 / 4,983,732)
6.9% Percent of Cases Who Were Fully Vaccinated (39,685 / 573,856)	**9.3%** Percent of Hospitalizations Who Were Fully Vaccinated (1,448 / 15,497)	**9.5%** Percent of Deaths Who Were Fully Vaccinated (625 / 6,549)
Total Cases: **573,856**	Total Hospitalizations: **15,497**	Total Deaths: **6,549**

Michigan Disease Surveillance System may underestimate the frequency of COVID-19 hospitalizations:
- Case investigation and follow-up is more difficult for individuals who get vaccinated (e.g., they are too ill to speak to investigators, don't answer their phone, or otherwise).
- These hospitalizations include individuals who are hospitalized for issues other than COVID19 (the same as breakthrough COVID-19).
- Individuals who get hospitalization will lag after infection and may occur after case investigation.

COVID-19 National Vaccination Breakthrough Cases, Hospitalizations and Deaths

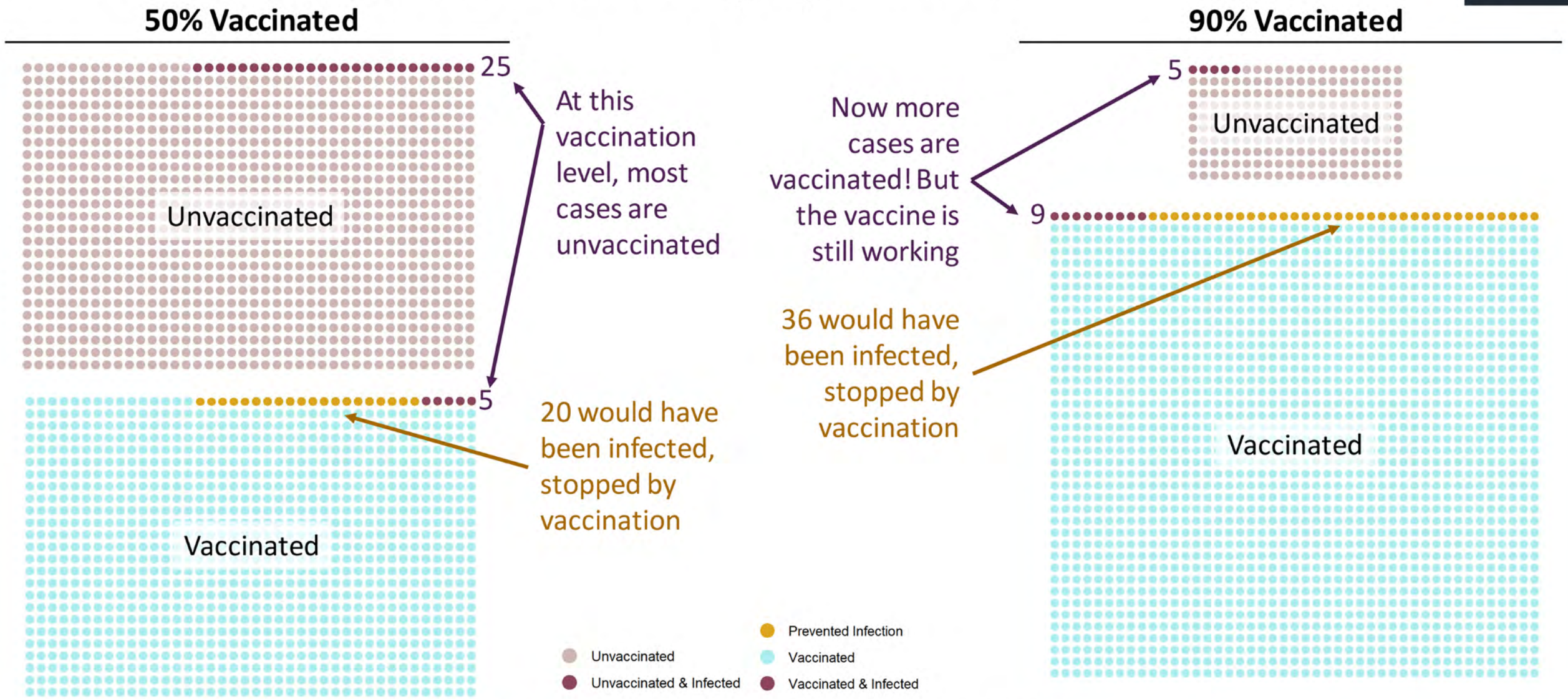




- These data compare risk of infection, hospitalization, and death for those who are unvaccinated to those fully vaccinated and excludes those partially vaccinated
- Breakthrough cases are those vaccinated persons who had SARS-CoV-2 RNA or antigen detected 14-days after completing their primary vaccine series
- COVID-19-associated deaths occurred among people with documented COVID-19 diagnosis & who died; verified by public health staff reviewing vital records & epi data
- COVID-19-associated hospitalizations are for those 18 and older from the COVIDNET database, a network of 250 acute care hospitals in 14 states, **including Michigan**
- 16 health departments, **including Michigan**, currently submit case, death, and immunization data to CDC and represent 30% of total U.S. population

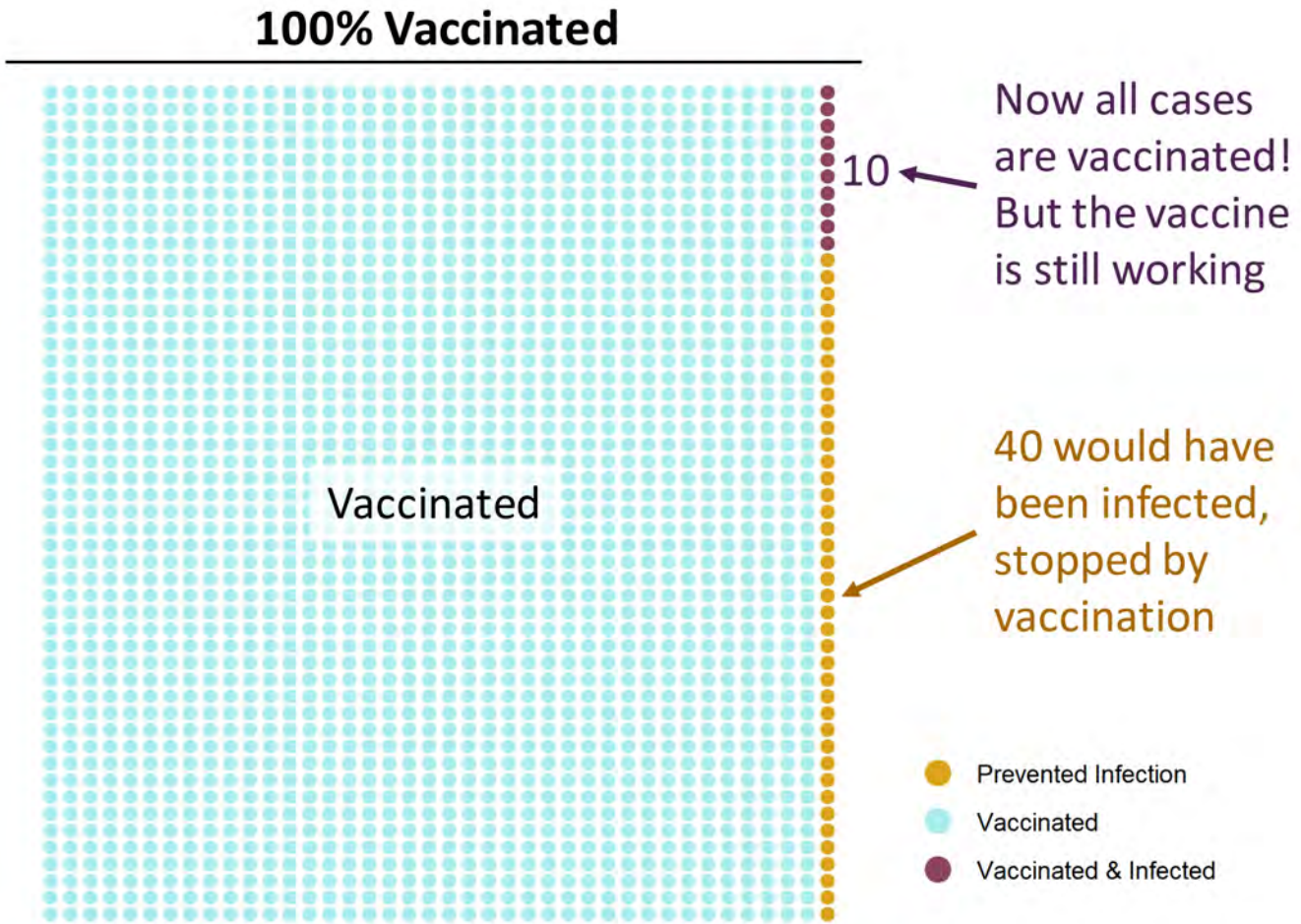
Source: CDC COVID Data Tracker > Rates of Cases and Deaths; CDC COVID Data Tracker > Hospitalizations by Vaccination Status

When more people are vaccinated, more cases will come from the vaccinated population



Both Scenarios: Vaccine reduces disease by 80%, 2.5% infection level, 2000 total people

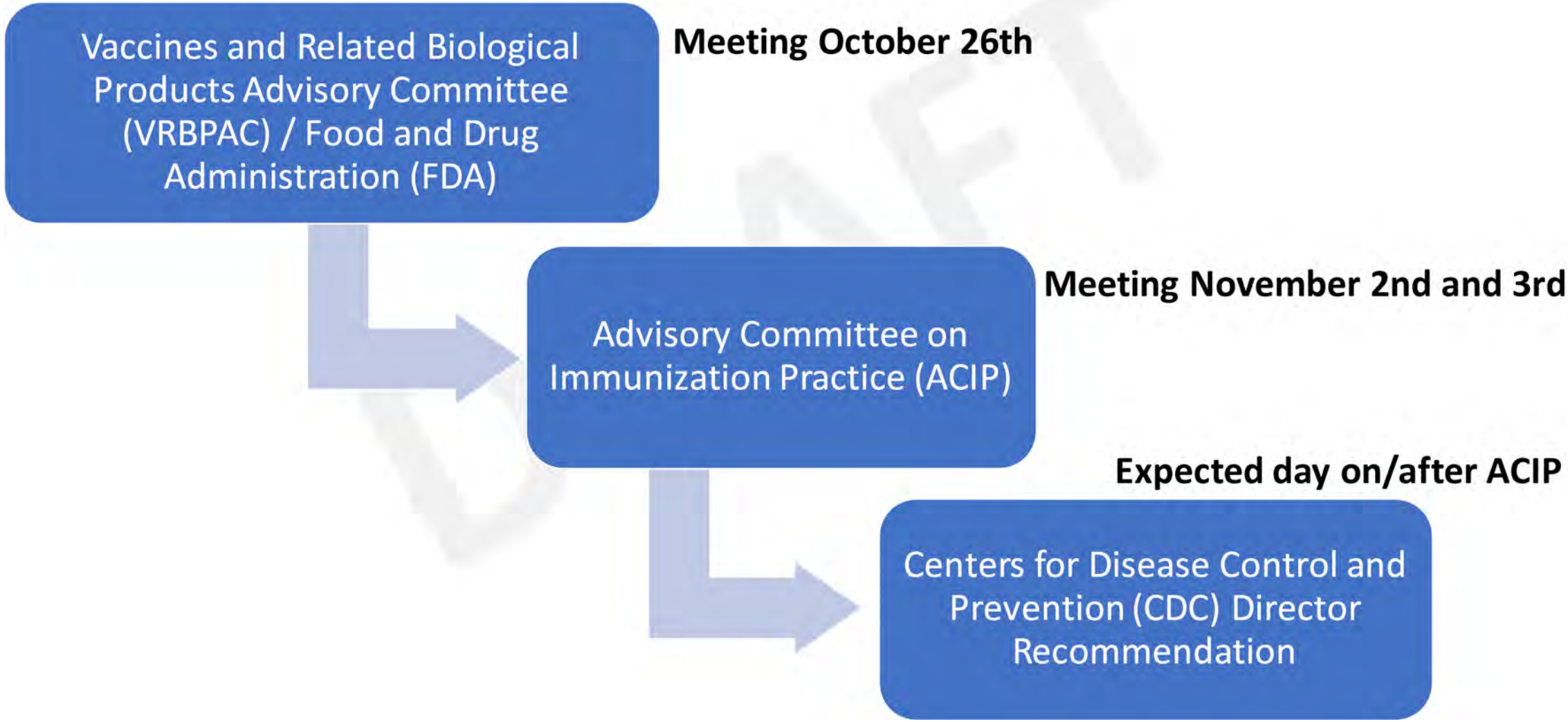
When more people are vaccinated, more cases will come from the vaccinated population



- As vaccine coverage increases, more cases will be vaccinated
- Until at 100% coverage, all cases are vaccinated
- However, the proportion of vaccinated people who get sick is much smaller than the proportion of unvaccinated people who get sick

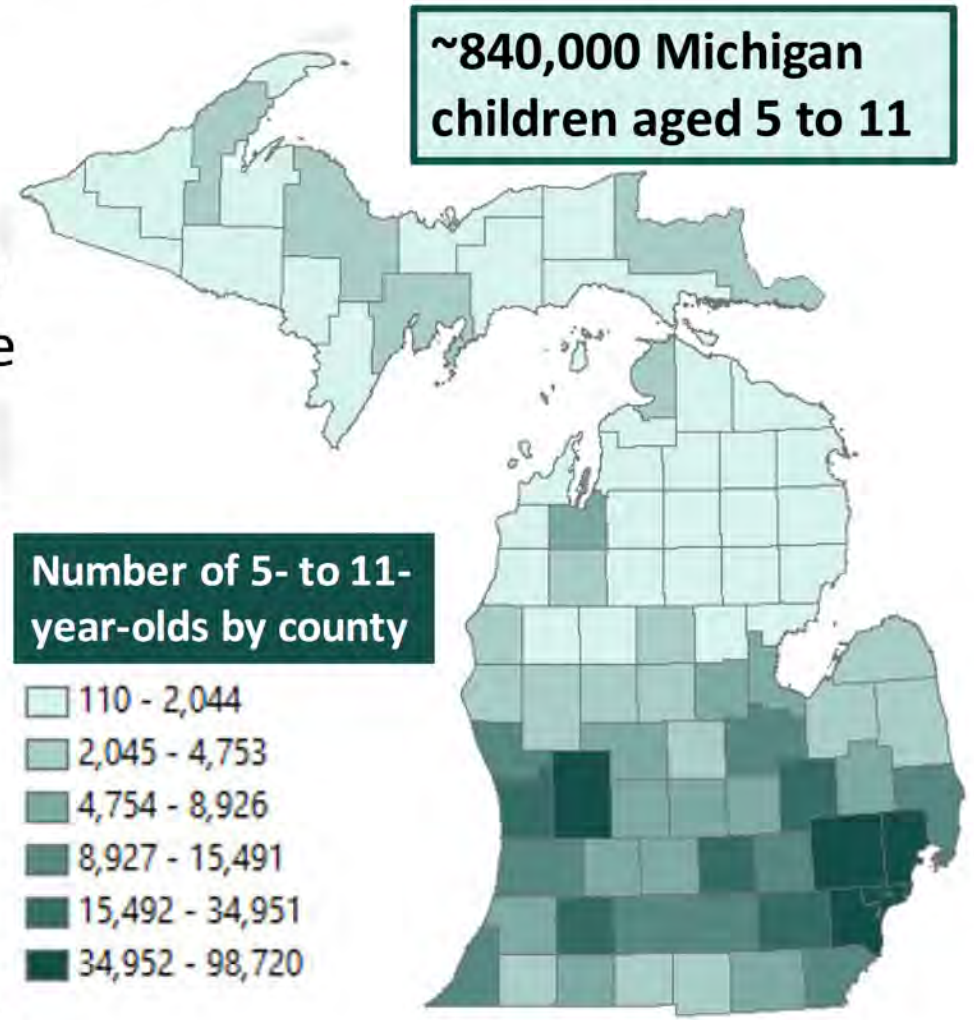
Scenario setup: Vaccine reduces disease by 80%, 2.5% infection level, 2000 total people

Preparing for Pfizer-BioNTech COVID-19 Vaccines Rollout for 5- to 11-year-olds



Preparing for Pfizer-BioNTech COVID-19 Vaccines Rollout for 5- to 11-year-olds

- Communication to providers
- Communication to the public
- Inclusive and equitable vaccine distribution
- Utilizing data to monitor progress and guide decision making
- Working to prepare key partners to make vaccine available to 5- to 11-year-olds:
  - Pediatric Provider Offices
  - School-based health programs
  - Pharmacies
  - Federally Qualified Health Centers
  - Local Health Departments
- **<u>Opportunity to co-administer on vaccines!</u>**



THANKS FOR JOINING US!

ANY QUESTIONS?

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