Back to School 2021-2022
With COVID-19
February 24, 2022

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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!

Draft, for discussion only

Guiding Principles

To prioritize **equity** in each of the following objectives

01

Prevent death and severe outcomes

Prioritize uptake of vaccinations and booster doses.

Protect the most vulnerable

- Mitigate risks in congregate settings using all available tools.

Maximize early access to testing and therapeutics.

02

Protect health care capacity (from hospitals to first responders to LTFS)

Reduce community spread during a surge through all available tools.

Reduce severity of cases, need for ICU/ventilators through vaccines and therapeutics.

03

Keep vital infrastructure (schools, corrections) functioning safely, while planning for recovery

Establish a new normal at every phase of the pandemic.

- Utilizing all available tools and the concept of "risk budget".

Provide tools to the public to protect themselves.

- Including OTC testing and instructions for isolation and contact tracing.

From: https://www.michigan.gov/documents/coronavirus/20220222_Data_and_modeling_update_vPRESENT_002_748652_7.pdf

MDHHS

Updated Mask Guidance for Michiganders

February 16, 2022

https://www.michigan.gov/documents/coronavirus/FINAL_MDHHS_Masking_Guidance_2.16.22_748315_7.pdf

Moving forward, the COVID-19 cycle can be broken down into three key phases:

- Response – Local and state public health implement rapid response to a surge. The public may be advised to increase masking, testing and social distancing.
- **Recovery – Post-surge. No immediate resurgence predicted. Local and state public health will monitor conditions that could lead to future surges.**
- Readiness – A surge in cases is expected, with implications on severity of illness and hospital capacity. Increased communication to the public regarding possible new risks.

MDHHS continues to recommend the use of layered mitigation strategies for Michiganders:

- **Get vaccinated against COVID-19.** Michiganders should get up to date on their COVID-19 vaccine. Learn more about vaccines and when you're up to date at www.Michigan.gov/COVIDVaccine
- **Therapeutics.** After testing positive for COVID-19, individuals are encouraged to talk to their doctors about whether they meet eligibility criteria and should get antibody or antiviral treatment to help with their recovery. Learn more about COVID-19 Therapeutics
- **Isolation and Quarantine.** Staying away from others when you are sick or were recently exposed to COVID-19 are important tools to preventing further spread of the virus. Learn more about what happens when you have or are exposed to COVID-19
- **Get tested if you are exposed or have symptoms.** Anyone with signs or symptoms of COVID-19 should get tested regardless of vaccination status or prior infection. If you get tested because you have symptoms or were potentially exposed to the virus, you should stay away from others while you wait for your test result. Testing before unmasked gatherings provides an additional layer of protection. Find a test site at www.Michigan.gov/CoronavirusTest
- **Take additional steps to protect yourself and others**. For additional guidance on mitigation strategies see How to Protect Yourself and Others.
  - *Wear a mask*
  - *Stay 6 feet away from others*
  - *Avoid poorly ventilated spaces and crowds*
  - *Wash your hands often*
  - *Cover coughs and sneezes*
  - *Clean and disinfect*
  - *Monitor your health daily*
  - *Take precautions when you travel*
- **Get a free mask.** Free KN95 masks ae being distributed by community organizations, including MDHHS offices, local health departments, Area Agency on Aging offices, Community Action Agencies and Federally Qualified Health Centers. Residents who need masks can obtain masks from partner agencies across the state. Michiganders are asked to refer to partner websites or social media sites to find out about mask availability as opposed to calling sites.

Masking Recommendations for Schools

- **MDHHS stated:**
  - *"School districts and organizations should consider local conditions and work with their local health department to determine mask policies for school districts, public meetings and large events"*
  - *"All individuals, regardless of vaccination status, should also wear a mask during isolation and quarantine periods to stop further community spread of COVID-19"*
    - Isolation includes days 1 through 10 (day 0 is day symptoms started, or date of test if never had symptoms)
      - **So: staff/students should still be masking when back to school days 6-10 as they can still be contagious**
    - Quarantine includes days 1 through 10 (day 0 is last day exposed to contagious person with COVID)
      - **So: staff/students still be masking when back to school days 6-10 as they can still be contagious**

MDHHS updates mask guidance as state enters a post-surge recovery phase in the COVID-19 pandemic https://www.michigan.gov/coronavirus/0,9753,7-406-98163-577554--,00.html

Do you have COVID-19?

Visit Michigan.gov/Coronavirus for more information.

MDHHS
Michigan Department of Health & Human Services

When you are sick or when you have been infected with the virus, even if you do not have symptoms.

	Regardless of Vaccination Status
Day 0	First day of symptoms or test collection day
Day 1 ↓ Day 5	 Stay home for 5 days. Wear a well-fitting mask around others.
Day 6 ↓ Day 10	May leave your house on days 6–10 if you have no symptoms or symptoms have improved.*  Continue to wear a well-fitting mask around others and take precautions.**

* Symptoms have improved means that a person no longer feels ill, they can keep up and do their daily routine just as they did before they were ill, and any remaining symptoms are very mild, intermittent, or infrequent and do not interfere with daily living.

** Precautions include avoiding travel and avoiding being around people who are at high risk.

Have you been exposed to COVID-19?

MDHHS Michigan Department of Health & Human Services

Follow these guidelines if you have been a close contact of someone who has COVID-19.

Not Up-To-Date on COVID Vaccinations

Last day of exposure[2]

Day 0

Day 1

- Stay home for 5 days.[3]
- Monitor for symptoms.
- Wear a well-fitting mask around others and take precautions.[4]

Test on day 5, if possible.

Day 5

Day 6

- Monitor for symptoms.
- Wear a well-fitting mask around others and take precautions.[4]

Day 10

Up-To-Date[1] on Vaccination

(Up To Date on Vaccination and/or COVID-19+ in the previous 90 days)

Last day of exposure[2]

Day 1

- You do not need to stay home unless you develop symptoms.
- Monitor for symptoms.
- Wear a well-fitting mask around others and take precautions.[4]

Test on day 5, if possible.

Day 5

Day 6

- Monitor for symptoms.
- Wear a well-fitting mask around others and take precautions.[4]

Day 10

1. Up to date means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible (bit.ly/CDCStayUptoDate).
2. Household Contacts: If you can completely separate from the person in your home with COVID, then Day 0 is the last day of contact. If you are unable to separate, then your quarantine begins when they complete their isolation period.
3. Some schools may allow exemptions to quarantine under Test-to-Stay bit.ly/K-12Guidance).
4. Precautions include avoiding travel and avoiding being around people who are at high risk.

Primary series: COVID-19 Vaccination Schedule

Vaccine	0 month	1 month	2 month	3 month	4 month	5 month	6 month	7 month
Pfizer-BioNTech (ages 5–11 years)	1st dose	2nd dose (3 weeks after 1st dose						
Pfizer-BioNTech (ages 12 years and older)	1st dose	2nd dose† (3-8 weeks after 1st dose)					Booster dose‡ (at least 5 months after 2nd dose)	
Moderna (ages 18 years and older)	1st dose	2nd dose† (4-8 weeks after 1st dose)					Booster dose‡ (at least 5 months after 2nd dose)	
Janssen (ages 18 years and older)	1st dose		Booster dose‡ (at least 2 months after 1st dose)					

*See Guidance for COVID-19 vaccination for people who are moderately or severely immunocompromised for schedule for people who are moderately or severely immunocompromised.

†An 8-week interval may be optimal for some people ages 12 years and older, especially for males ages 12 to 39 years. A shorter interval (3 weeks for Pfizer-BioNTech; 4 weeks for Moderna) between the first and second doses remains the recommended interval for: people who are moderately or severely immunocompromised; adults ages 65 years and older; and others who need rapid protection due to increased concern about community transmission or risk of severe disease.

‡An mRNA COVID-19 vaccine is preferred over the Janssen COVID-19 Vaccine for booster vaccination of people ages 18 years and older. For people ages 12–17 years, only Pfizer-BioNTech can be used. People ages 5–11 years should not receive a booster dose.

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?utm_campaign=&utm_medium=email&utm_source=govdelivery#vaccination-people-immunocompromised

COVID-19 Vaccination Schedule for People Who Are Moderately or Severely Immunocompromised

Vaccine	0 month	1 month	2 month	3 month	4 month	5 month
Pfizer-BioNTech (ages 5–11 years)	1st dose	2nd dose (3 weeks after 1st dose)	3rd dose (at least 4 weeks after 2nd dose)			
Pfizer-BioNTech (ages 12 years and older)	1st dose	2nd dose (3 weeks after 1st dose)	3rd dose (at least 4 weeks after 2nd dose)		Booster dose* (at least 3 months after 3rd dose)	
Moderna (ages 18 years and older)	1st dose	2nd dose (4 weeks after 1st dose)	3rd dose (at least 4 weeks after 2nd dose)			Booster dose* (at least 3 months after 3rd dose)
Janssen (ages 18 years and older)	1st dose	2nd (additional) dose† using an mRNA COVID-19 vaccine (at least 4 weeks after 1st dose)		Booster dose* (at least 2 months after additional dose)		

Note: Timeline is approximate. Intervals of 3 months or fewer are converted into weeks per the formula “1 month = 4 weeks”. Intervals of 4 months or more are converted into calendar months.

*An mRNA COVID-19 vaccine is preferred over the Janssen COVID-19 Vaccine for booster vaccination of people ages 18 years and older. For people ages 12–17 years, only Pfizer-BioNTech can be used. People ages 5–11 years should not receive a booster dose.

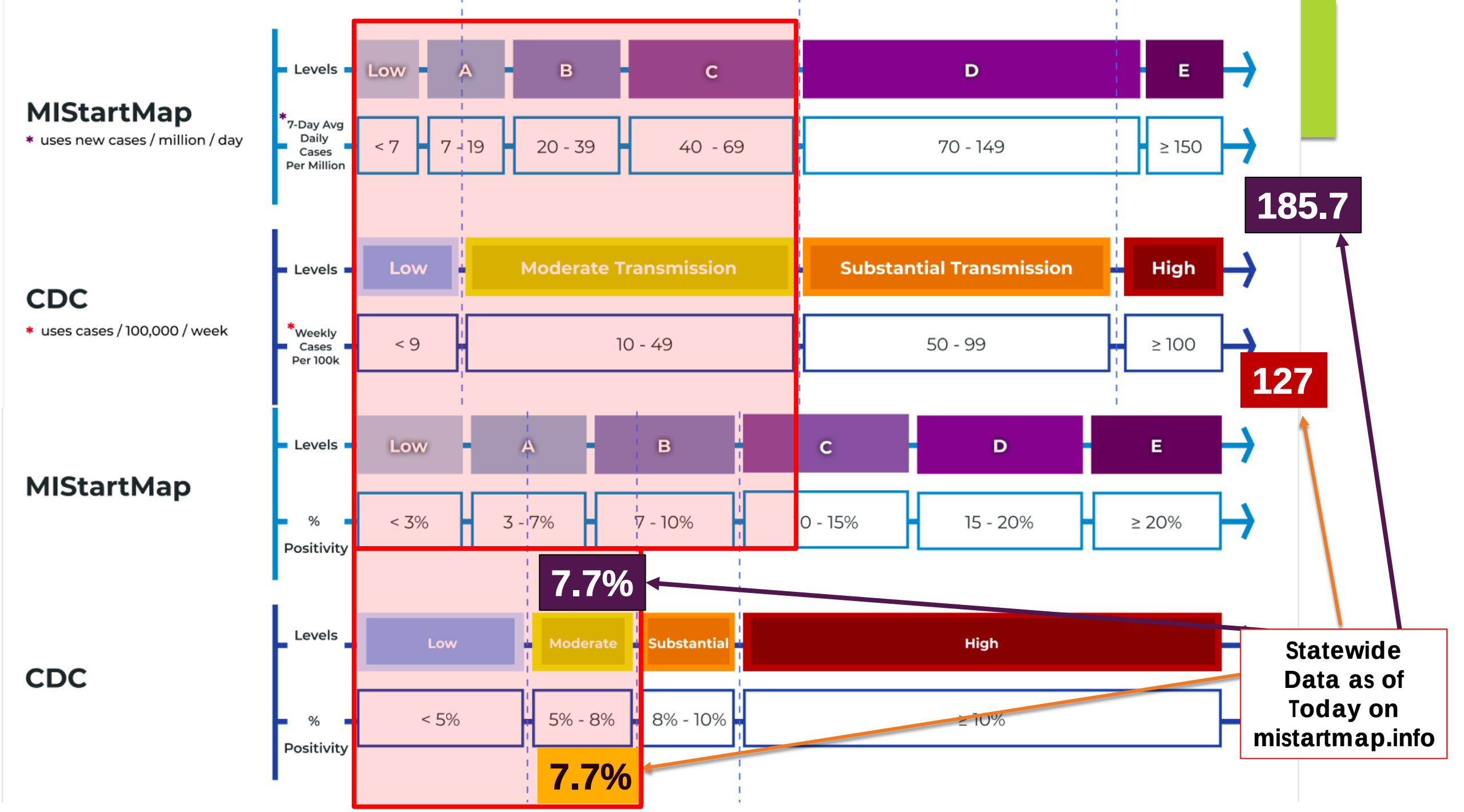
†Only Pfizer-BioNTech or Moderna COVID-19 Vaccine should be used. See Appendix B for more information on vaccinating people who are moderately or severely immunocompromised and who received Janssen COVID-19 Vaccine for the primary series.

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?utm_campaign=&utm_medium=email&utm_source=govdelivery#vaccination-people-immunocompromised

Masking Recommendations for Schools

- **CDC** https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html#mask-use
  - Recommends universal indoor masking by all students (ages 2 years and older), staff, teachers, and visitors to K-12 schools, regardless of vaccination status.
  - General Public: recommend that everyone ages 2 years and older should properly wear a well-fitting mask indoors in public in areas of substantial or high community transmission, regardless of vaccination status.
    - You might choose to wear a mask regardless of the level of community transmission, if you or someone in your household is at increased risk for severe disease or has a weakened immune system, or if someone in your household is not up to date on their COVID-19 vaccines or not eligible to receive COVID-19 vaccines.

(There may be changes to these recommendations soon??)


MIStartMap
* uses new cases / million / day
Levels
Low
A
B
C
D
E
*7-Day Avg Daily Cases Per Million
< 7
7 - 19
20 - 39
40 - 69
70 - 149
≥ 150
185.7
CDC
* uses cases / 100,000 / week
Levels
Low
Moderate Transmission
Substantial Transmission
High
*Weekly Cases Per 100k
< 9
10 - 49
50 - 99
≥ 100
127
MIStartMap
Levels
Low
A
B
C
D
E
% Positivity
< 3%
3 - 7%
7 - 10%
10 - 15%
15 - 20%
≥ 20%
7.7%
CDC
Levels
Low
Moderate
Substantial
High
% Positivity
< 5%
5% - 8%
8% - 10%
≥ 10%
7.7%
Statewide Data as of Today on mistartmap.info

Our View

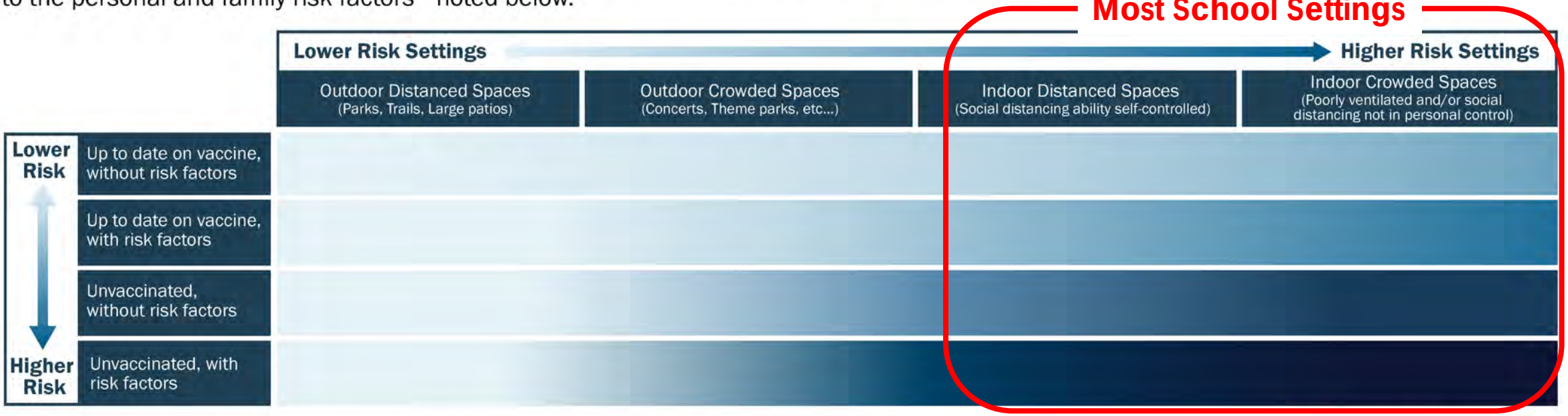
- At this time, masking is still a public health recommendation in all school settings (see CDC https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html#mask-use)
  - This will continue to be recommendation pending further guidance/until the amount of COVID-19 in our areas decreases further
  - However, we do now have additional "slices of Swiss cheese" protecting use from COVID, such as
    - FDA-approved vaccinations for age 5 and up (so…the K-12 setting)
    - Availability of high-quality masks shown to prevent infection in those using them
    - Widely available testing (both for screening and diagnosis), and
    - Medication to treat infection
  - Therefore: we can look at removing the less desirable "slices of Swiss cheese" as people feel comfortable
    - Schools with mandates can consider ending those, however, should continue to recommend masking, and advise families that masking mandates may need to return if another surge occurs or short-term during outbreaks as an alternative to school closure
  - Parents and staff that wish to be fully protected from COVID-19 illness and its complications can continue to mask in public/at school and stay UTD on their COVID vaccinates
    - Schools should support both measures and act against any bullying/discrimination against them
  - Recommendations regarding masking may change as conditions evolve – such changes could include the presence of a new variant that increases the risk to the public, or an increased number of cases that strains the healthcare system.

Understanding Personal and Household Risk

Protect yourself from COVID-19 by understanding levels of risk, practicing good hygiene and hand washing, staying home when sick, and staying up to date with vaccinations. Masking is a personal and local community choice. Know your risk; know that others may have a risk different from yours. Respect the choice.

Masking is a proven way to reduce your risk of COVID-19.

When making decisions about risk, consider the setting, your vaccination status and current level of community transmission in addition to the personal and family risk factors* noted below.



Up to Date on vaccine includes any booster doses as defined by the CDC. Additionally, individuals who have tested positive for COVID-19 in the past 90 days would fall into similar risk categories as those who are up to date on vaccination.

*__Risk factors__ include older adults (60+) and those who have serious chronic medical conditions like heart disease, diabetes or lung disease (at any age), and those who live in high-risk congregate settings (like nursing homes, corrections facilities and shelters). If you live with others who have risk factors, consider their health in addition to your personal health.

MDHHS
Michigan Department of Health & Human Services

Visit Michigan.gov/Coronavirus for current COVID-19 information.

https://www.michigan.gov/documents/coronavirus/Understanding_Risk_v9_748388_7.pdf

Underlying Medical Conditions

- **Higher risk for severe COVID-19 outcomes**
  - Cancer
  - Cerebrovascular disease
  - Chronic kidney disease
  - Chronic lung diseases limited to:
    - Interstitial lung disease
    - Pulmonary embolism
    - Pulmonary hypertension
    - Bronchiectasis
    - COPD (chronic obstructive pulmonary disease)
  - Chronic liver diseases limited to:
    - Cirrhosis
    - Non-alcoholic fatty liver disease
    - Alcoholic liver disease
    - Autoimmune hepatitis
  - Cystic fibrosis
  - Diabetes mellitus, type 1 and type 2*
  - Disabilities
    - Attention-Deficit/Hyperactivity Disorder (ADHD)
    - Cerebral Palsy
    - Congenital Malformations (Birth Defects)
    - Limitations with self-care or activities of daily living
    - Intellectual and Developmental Disabilities
    - Learning Disabilities
    - Spinal Cord Injuries
  - Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies)
  - HIV (human immunodeficiency virus)
  - Mental health disorders limited to:
    - Mood disorders, including depression
    - Schizophrenia spectrum disorders
  - Neurologic conditions limited to dementia
  - Obesity (BMI ≥30 kg/m2)*
  - Primary Immunodeficiencies
  - Pregnancy and recent pregnancy
  - Physical inactivity
  - Smoking, current and former
  - Solid organ or hematopoietic cell transplantation
  - Tuberculosis
  - Use of corticosteroids or other immunosuppressive medications
- **Suggestive higher risk for severe COVID-19 outcomes**
  - Children with certain underlying conditions
  - Overweight (BMI ≥25 kg/m2, but <30 kg/m2)
  - Sickle cell disease
  - Substance use disorders
  - Thalassemia
- **Mixed evidence for higher risk for severe COVID-19 outcomes**
  - Alpha 1 antitrypsin deficiency
  - Asthma
  - Bronchopulmonary dysplasia
  - Hepatitis B
  - Hepatitis C
  - Hypertension

https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html

Considerations for Navigating the COVID-19 Pandemic in Schools: Spring 2022

THE ABC SCIENCE™ COLLABORATIVE

Learning | Informed Decision-Making | Research

February 14, 2022

30 min video of presentation, as well as slides and review of information available at: https://abcsciencecollaborative.org/considerations-for-navigating-the-covid-19-pandemic-in-schools-spring-2022/

Hospitalization Following Infection

Age	[1]COVID-19/100,000 ***vaccinated***	[1]COVID-19/100,000 ***unvaccinated***	RSV /100,000 (unvaccinated)	[2]Influenza/100,000 (mostly unvaccinated)
<1 year	--	89	2381	181
1-4 years	--	88	357	59
5-11 years	<5	32	48	29
12-17 years	<5	66	39	17
[1]COVID-19 hospitalization in children reduced 90-99% by vaccination compared to unvaccinated see clinical trial data and 2021 and MMWR publication December 2021				
[2]Influenza and RSV risks averaged over 7 seasons prior to pandemic and across year of life; vaccination effectiveness is variable for flu				

- Impact of vaccines: substantially reduce infection; reduce morbidity (or illness) by >90%
- Prior infection: prior infection provides short term protection (several months) but greater variability
- Impact of antiviral medicines: reduce hospitalization 50% and perhaps up to 90%

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COVID-19 as Leading Cause of Death in 2021

Ages	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	All Ages
January	7	6	4	2	2	1	1	1	1	1	1
February	13	7	5	4	4	2	2	2	1	2	1
March	15	8	6	6	5	4	3	3	3	5	3
April	7	7	6	6	5	4	3	3	3	5	3
May	11	8	5	6	5	4	3	3	5	6	3
June	13	11	7	6	5	4	4	6	7	8	6
July	13	8	5	6	5	4	3	4	6	7	7
August	7	6	4	2	1	1	1	2	3	3	3
September	7	5	4	2	1	1	1	1	3	2	2
October	7	6	4	2	2	1	2	3	3	3	3

Peterson-KFF
Health System Tracker

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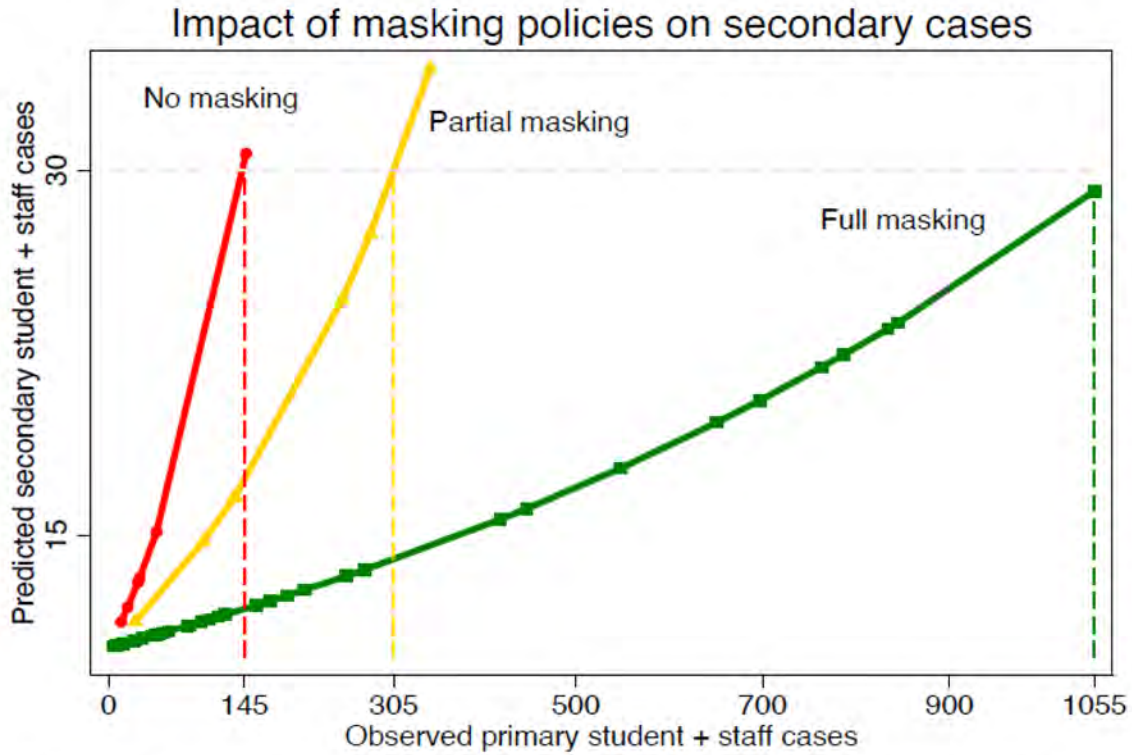
Impact of Masking on Within School Transmission (Secondary Cases)

- Masking works
- Reduces secondary transmission ~70-80%
  - "No masking": districts that had voluntary masking for the entire study
  - "Partial masking": districts that had universal masking for part of the study
  - "Full masking": districts that had universal masking for the entire study
- How can a district use these data to inform their own decisions?
  - Start with your primary cases (x-axis) and follow the curve for masking policy (red=voluntary masking; green = universal masking) and predict the number of secondary cases for your district (the y-axis)
  - Each secondary infection is, of course, going to go back into the community to infect more people



This is the unadjusted comparison of masking vs. not masking. In the adjusted (quasi-poisson regression) analysis, the differences between masking and not masking were more substantial and the adjusted analysis is used as the basis for the table that follows on the next slide

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Hypothetical Case Counts Based on ABC Data Under Different Amounts of Community Spread

Assumes a hypothetical school district with 10,000 attendees with a universal masking approach vs. a voluntary masking approach

[1]Universally masking district: a hypothetical district with 10,000 attendees face to face

[2]Infections in the community (cases/ 100,000 pop /7 days)	[3]Time Frame	[4]Primary cases per week in the school system	[5]Secondary cases per week in the school system	[6]Cases per week, back into the community from the school system, via household transmission	[7]Infections in the community per week caused by in person schooling
2000	Jan. 2022	200	12	3	15
1000	Feb, 2022	100	6	2	8
500	Feb, 2022	50	3	1	4
250	Sep. 2021	25	1	0	2
100	[8]Spring 2021	10	1	0	1
50	Summer 2020	5	0	0	0

Voluntarily masking district: a hypothetical district with 10,000 attendees face to face

Infections in the community (cases/ 100,000 pop /7 days)	Time Frame	Primary cases per week in the school system	Secondary cases per week in the school system	Cases per week, back into the community from the school system, via household transmission	Infections in the community per week caused by in-person schooling
2000	Jan. 2022	200	87	26	113
1000	Feb., 2022	100	44	13	57
500	Feb, 2022	50	22	7	29
250	Sep. 2021	25	11	3	14
100	Spring 2021	10	4	1	6
50	Summer 2020	5	2	1	3

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Masking Rationale has Changed with Vaccines

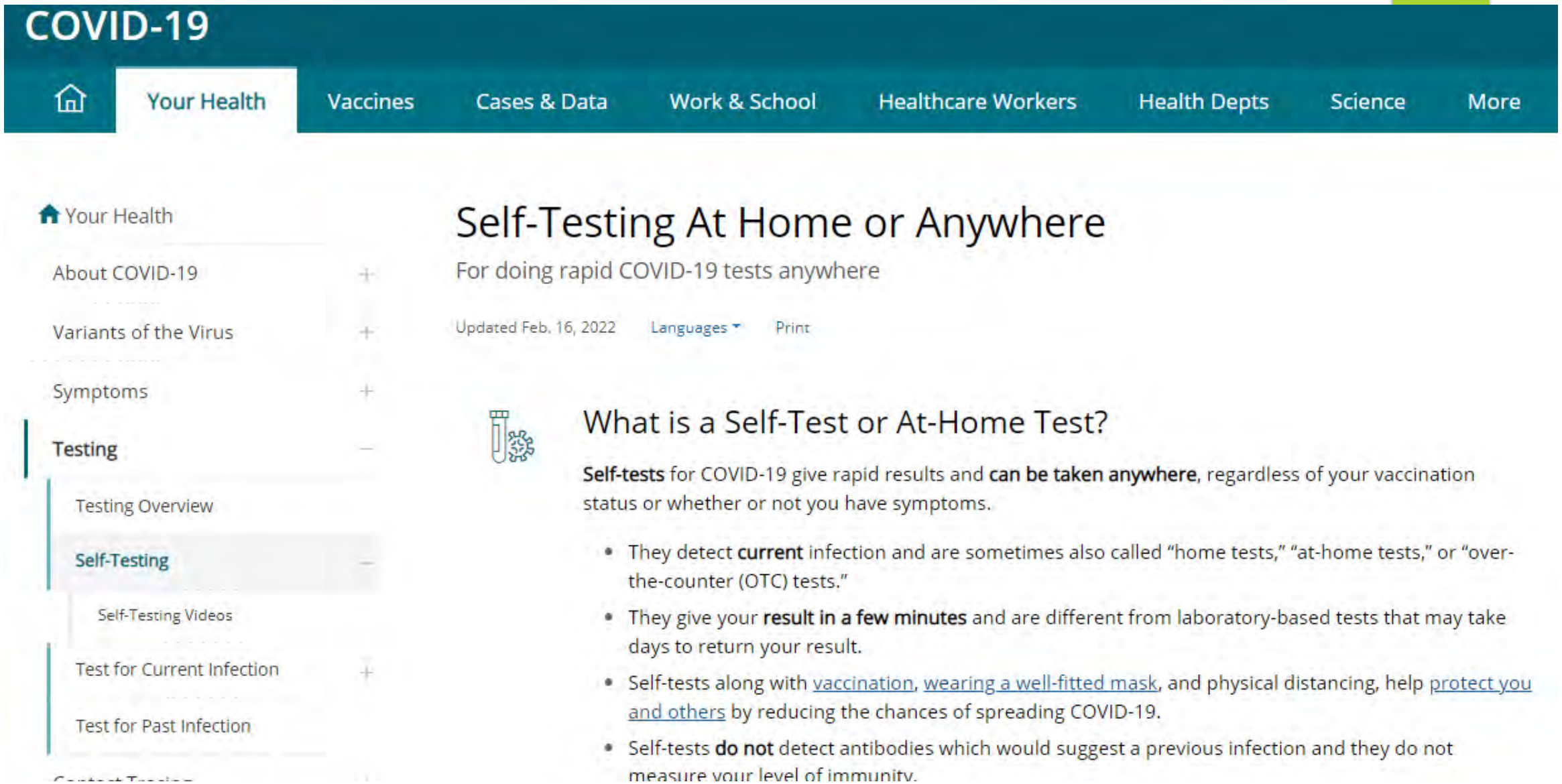
- Masking rationale 2021 vs. 2022
  - Individual protection: in contrast to 2020-2021, we now have vaccines
    - The impact of COVID on morbidity and mortality in children is very low; pediatric COVID morbidity/mortality is ~equal or less than RSV or influenza
    - Vaccines protect children even further so COVID much less dangerous for children
    - Vaccines also protect adults
  - Protection of school attendee family members and other vulnerable people
    - Older adults, immune compromised
    - Children <5 years are not eligible to vaccinate as of February 2022
  - Community protection:
    - Hospitalizations (stopped elective procedures in January 2022, but this is easing)
- Masking has kept schools open (and staffed) and children in school (out of quarantine) during the Omicron surge
- Therefore, community rates of infection should NOT be used as a decision to close schools (SB 654), but infections ***should be used*** to help guide mitigation policies

Conclusions

- Masking reduces the spread of infection of COVID-19
  - This is why you still wear a mask if you are a visitor or patient in a major hospital in the United States—including Duke, Children's Mercy, Emory, UNC, Stanford, University of Washington, UT Houston, UCLA, Washington University, University of Wisconsin, Emory, Vanderbilt, etc.
- Masking reduces the spread of infection of COVID-19 in schools
  - The data are imperfect, but the best available data support (and are consistent with), data from hospitals and major medical centers
- However, as the pandemic recedes in early 2022, schools and school districts can use our data to determine for themselves what is the right set of circumstances for the school to require masks
- We now have vaccines available to most children (and ideally all children in mid-2022), and antiviral medicines that work. Schools can use declining case counts to make an informed decision

Another Resource...

www.urgencyofequity.org

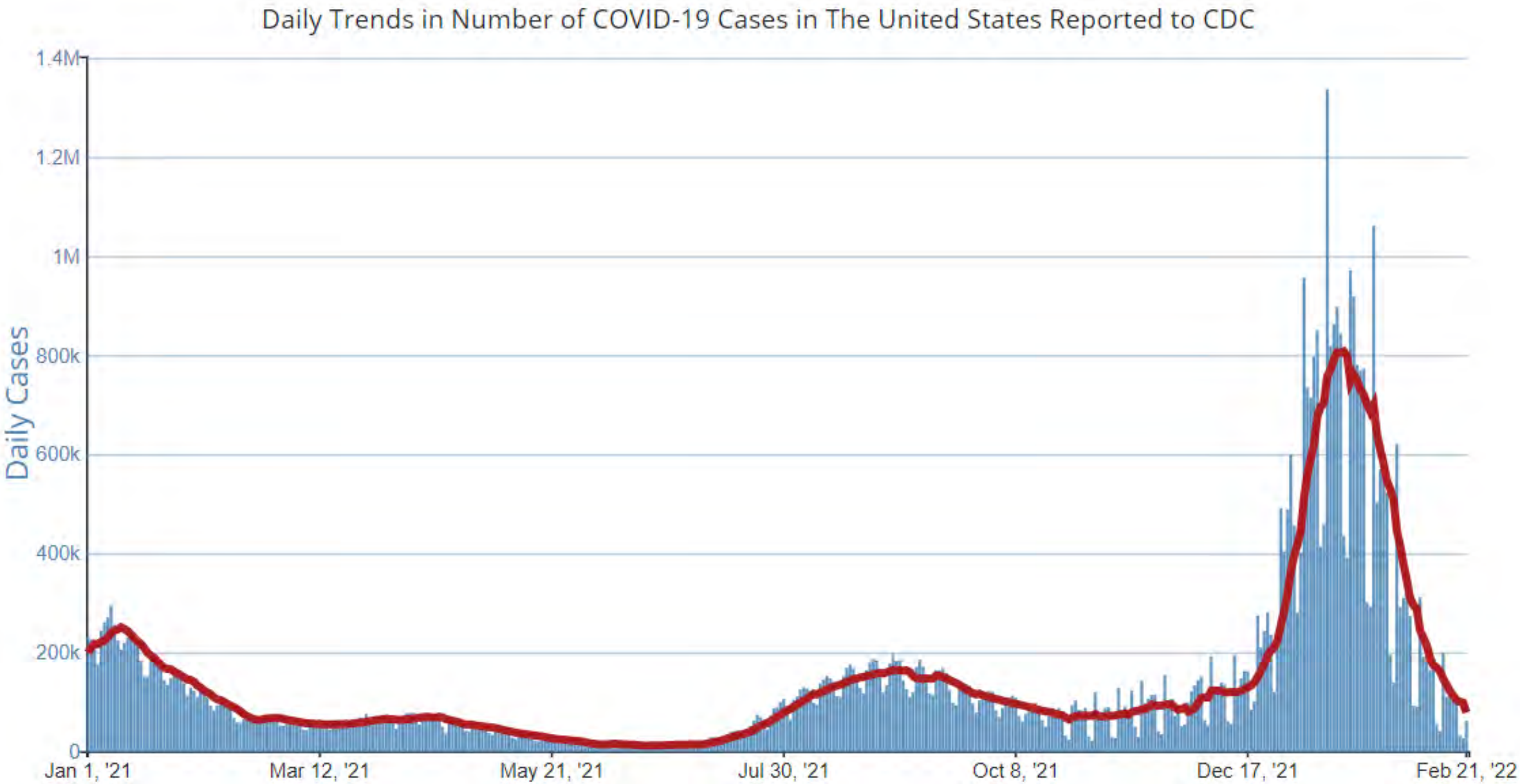


https://www.cdc.gov/coronavirus/2019-ncov/testing/self-testing.html

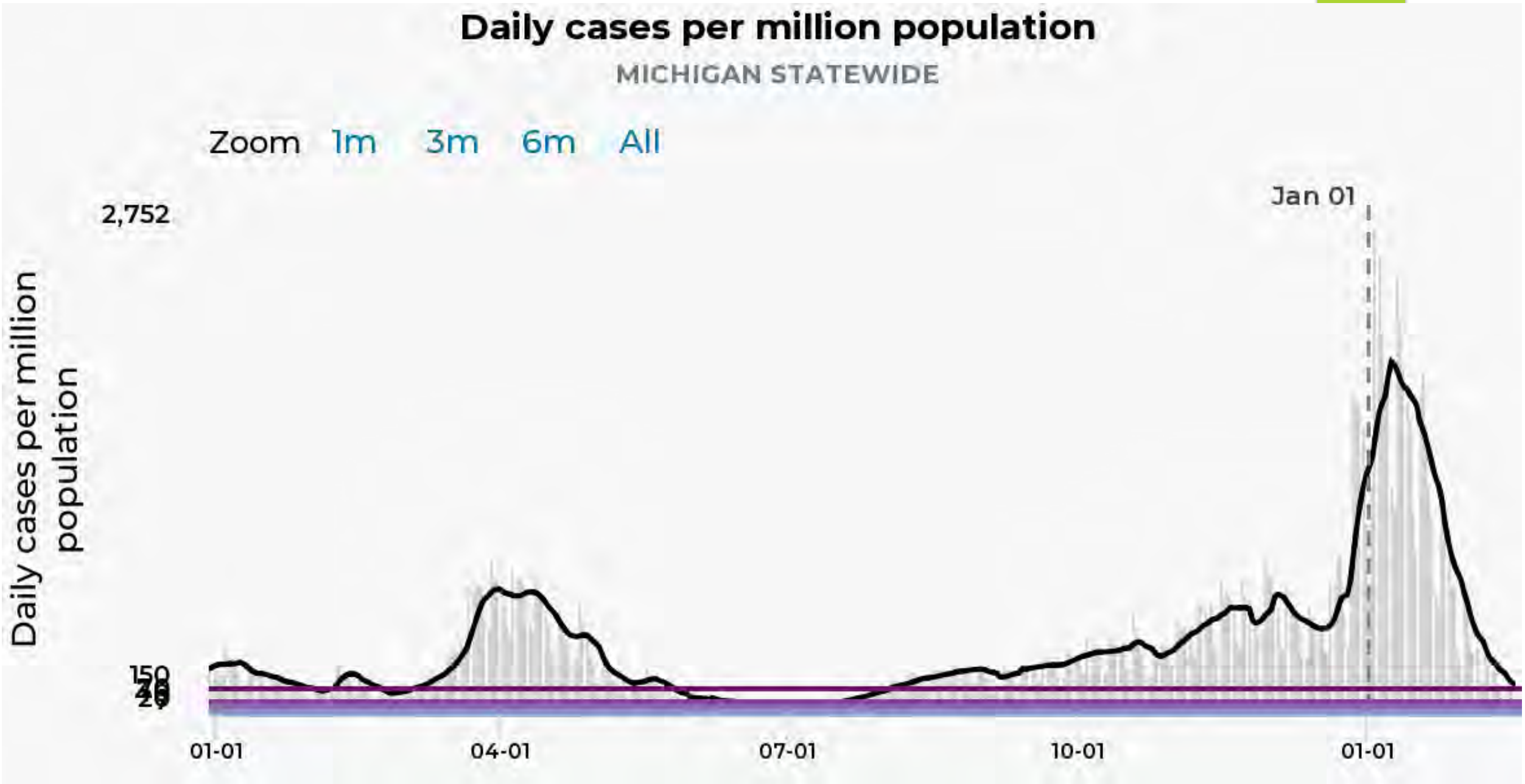
See the most up to date data at https://www.mistartmap.info/

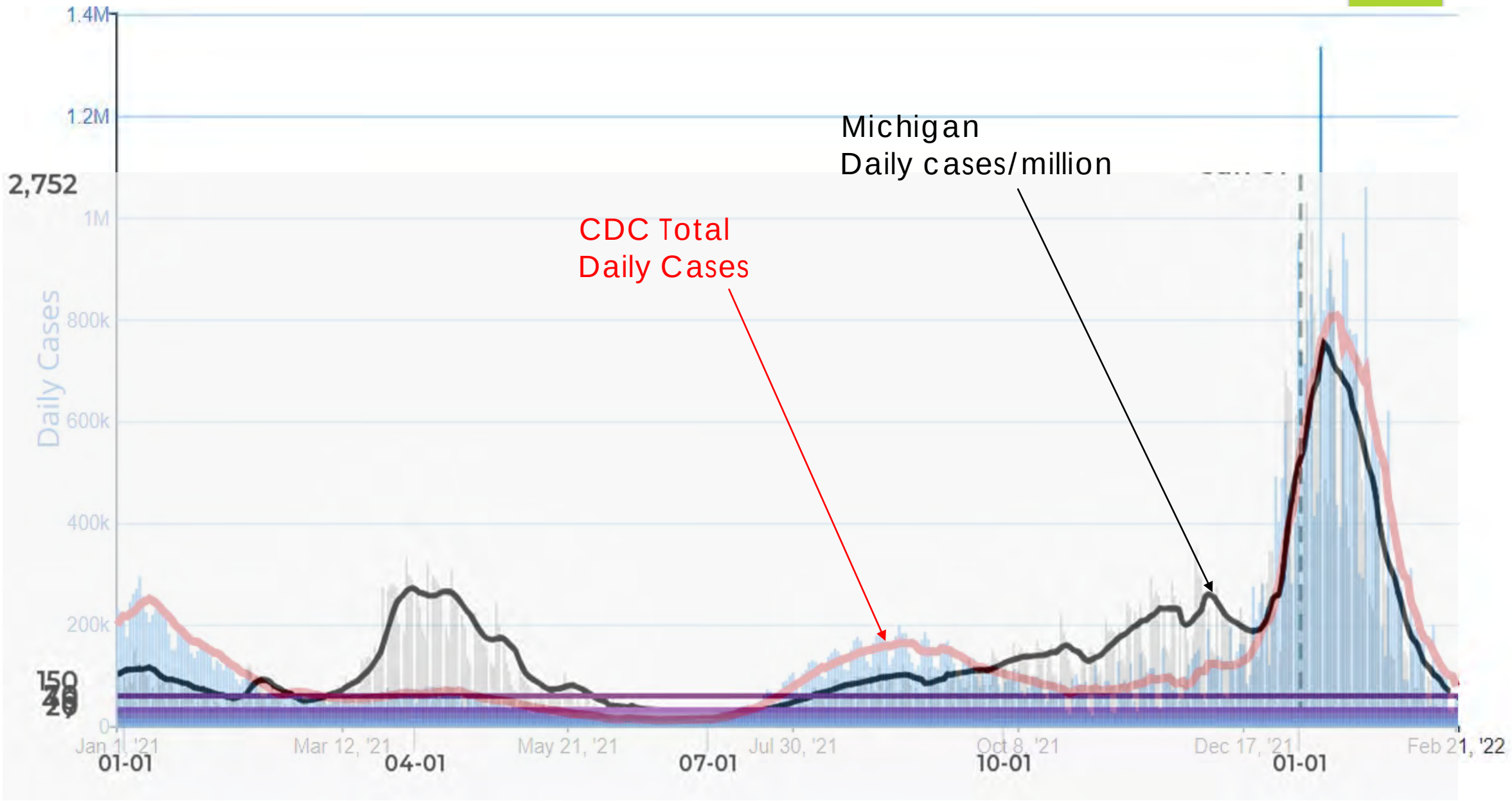
MI COVID Response Data and Modeling Update-February 22th

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



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


Daily cases per million population
MICHIGAN STATEWIDE
Zoom 1m 3m 6m All
2,752
Jan 01
Daily cases per million population
150
01-01
04-01
07-01
10-01
01-01


1.4M
1.2M
2,752
1M
800k
600k
400k
200k
0
Daily Cases
Michigan
Daily cases/million
CDC Total
Daily Cases
Jan 1, '21
Mar 12, '21
May 21, '21
Jul 30, '21
Oct 8, '21
Dec 17, '21
Feb 21, '22
01-01
04-01
07-01
10-01
01-01

Recent statewide trends

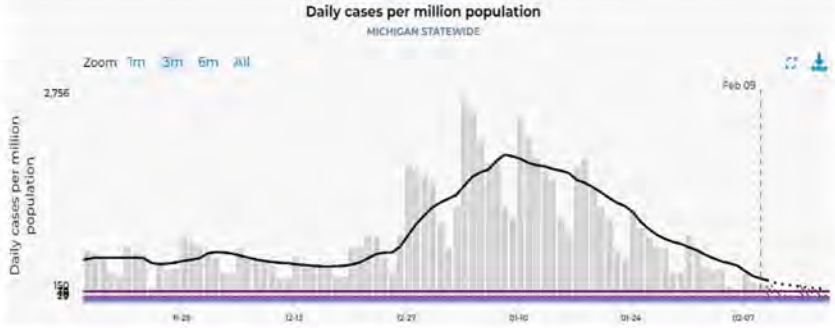
Statewide trends

7-day average Daily values

Positivity, %

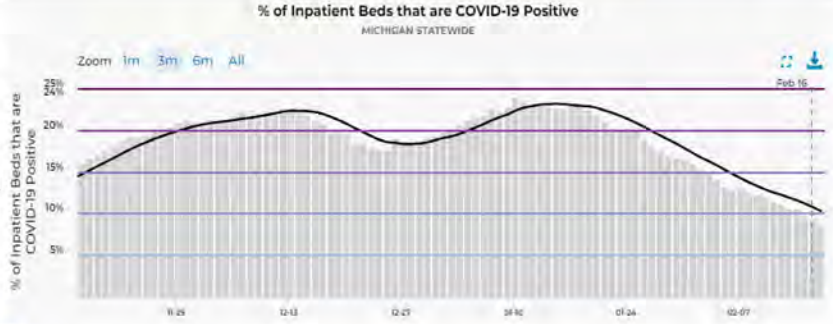
Current: 9.1%

Daily cases per million



Current: 292

Daily hospitalization rate, %

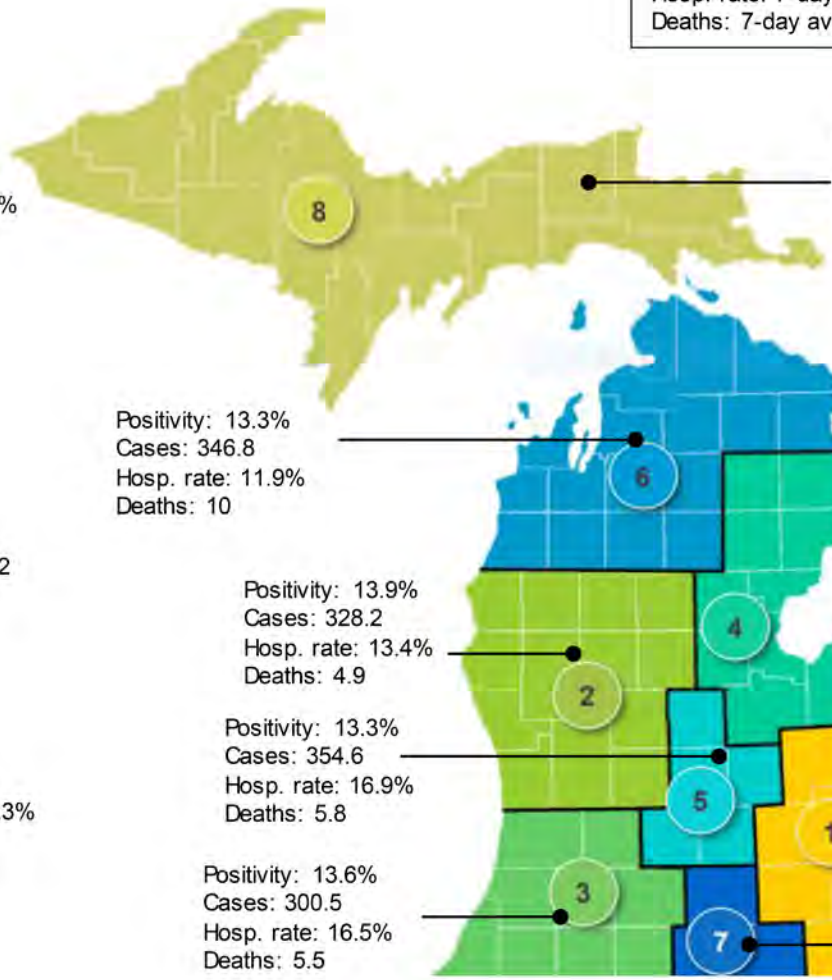


Current: 10.3%

Source: https://mistartmap.info/

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



Positivity: 11.9%
Cases: 399.7
Hosp. rate: 8.2%
Deaths: 3.8

Positivity: 13.3%
Cases: 346.8
Hosp. rate: 11.9%
Deaths: 10

Positivity: 13.9%
Cases: 328.2
Hosp. rate: 13.4%
Deaths: 4.9

Positivity: 14.3%
Cases: 407.8
Hosp. rate: 10.2%
Deaths: 7.2

Positivity: 13.3%
Cases: 354.6
Hosp. rate: 16.9%
Deaths: 5.8

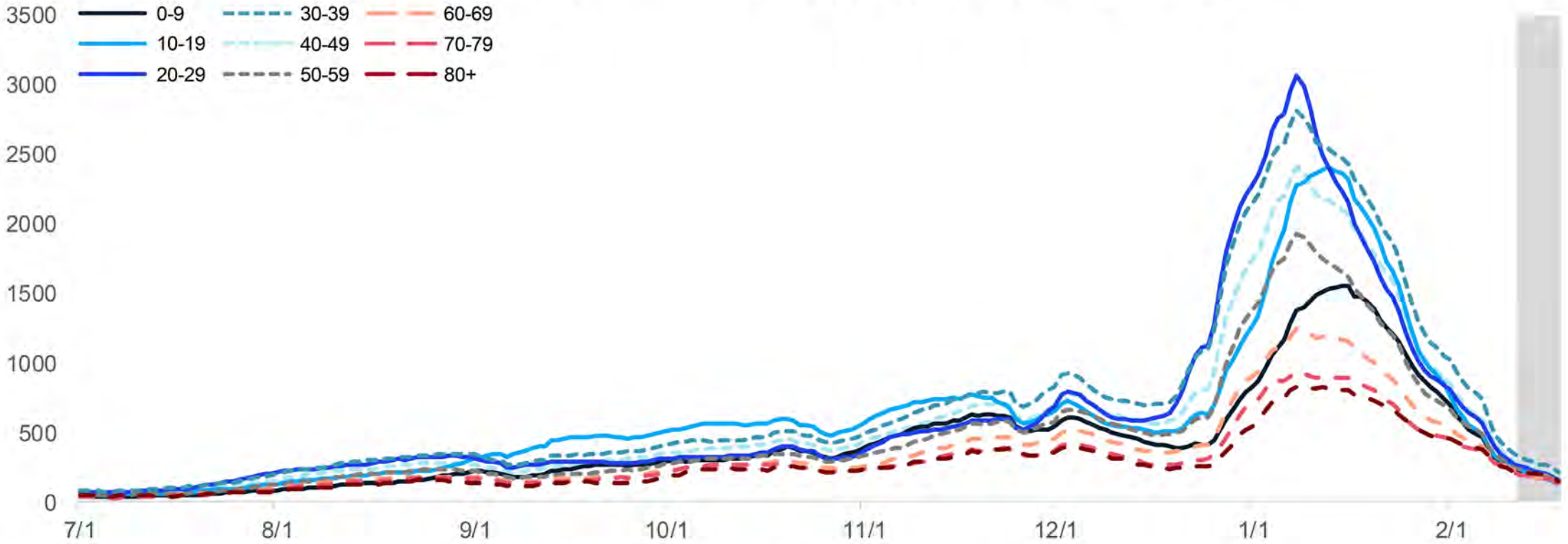
Positivity: 6.7%
Cases: 247.3
Hosp. rate: 8.5%
Deaths: 5.2

Positivity: 13.6%
Cases: 300.5
Hosp. rate: 16.5%
Deaths: 5.5

Positivity: 12.5%
Cases: 315.2
Hosp. rate: 13.6%
Deaths: 7.1

Case Rate Trends by Age Group

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

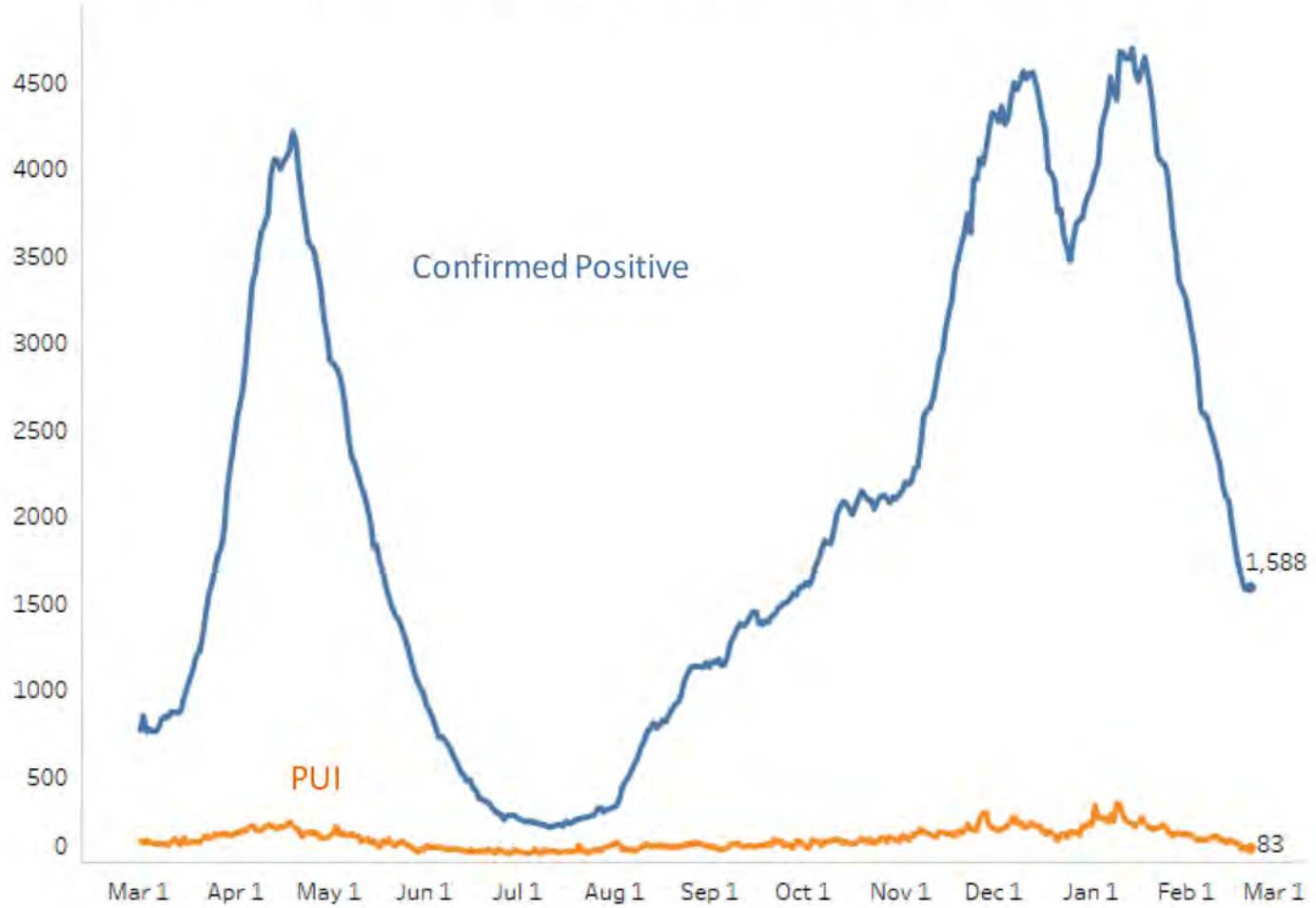


- Case rate trends for all age groups saw decreases over the past week
- Case rates by onset date for all age groups are between 207 and 343 cases per million (through 2/11)
- Case counts and case rates are highest for 30-39-year-olds this week, followed by 40-49, and 20-29

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 – 2/21/2022
Confirmed Positive & Persons Under Investigation (PUI)



The COVID+ census in hospitals continues to decrease and is down 24% from last week (previous week was down 23%)

Hospitalized COVID Positive Long Term Trend (beginning March 2020)

Statewide Hospitalization Trends: ICU COVID+ Census

Hospitalization Trends 3/1/2021 – 2/21/2022
Confirmed Positive in ICUs

Overall, the census of COVID+ patients in ICUs has decreased by 21% from last week (previous week was down by 31%). All regions show decreasing trends in ICU census.

All regions have ICU occupancy below 85%. All regions have less than 20% of ICU beds filled with COVID+ patients.

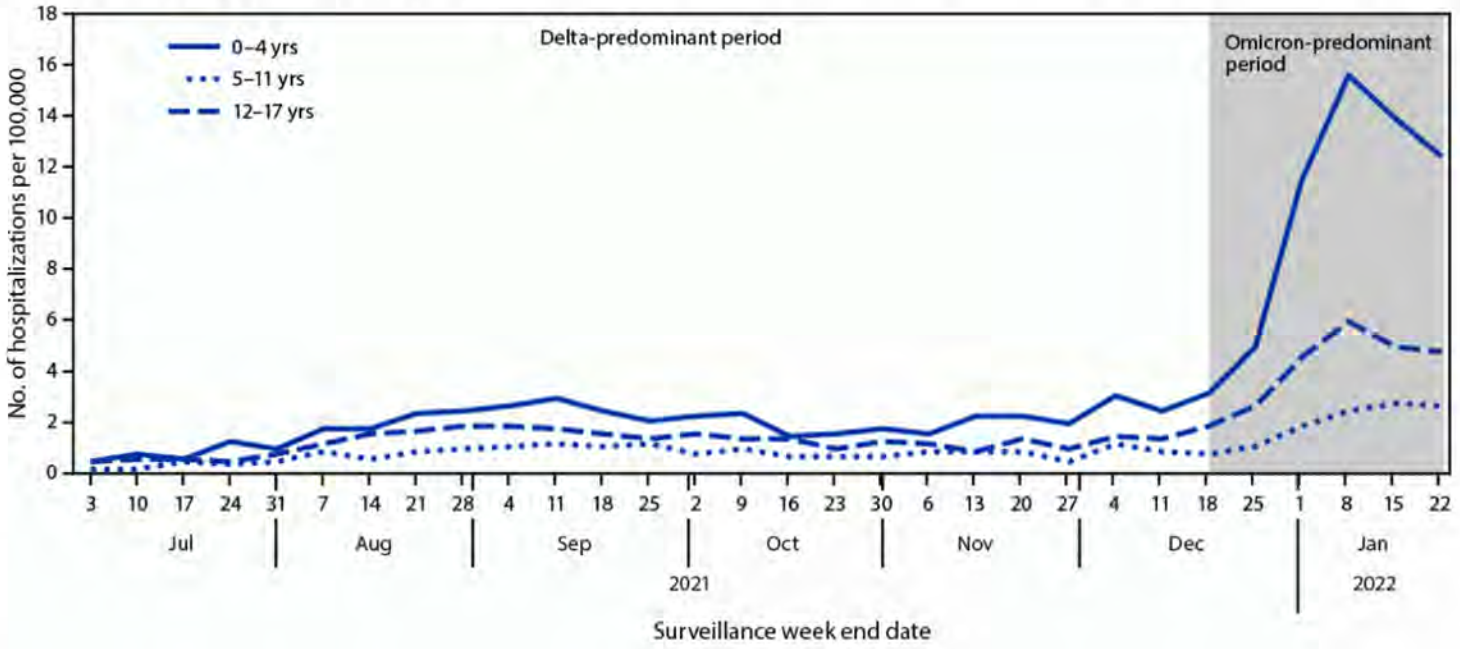
Region	Adult COVID+ in ICU (% Δ from last week)	ICU Occupancy	% of ICU beds COVID+
Region 1	24 (-27%)	72%	13%
Region 2N	44 (-29%)	73%	8%
Region 2S	85 (-12%)	79%	12%
Region 3	44 (-27%)	84%	14%
Region 5	22 (-15%)	70%	12%
Region 6	41 (-20%)	79%	17%
Region 7	17 (-19%)	81%	13%
Region 8	6 (-14%)	57%	10%

Statewide Hospitalization Trends: Pediatric COVID+ Census

COVID-19 Hospitalization of Children and Adolescents during the Omicron Surge

- COVID-19 can cause severe illness in children and adolescents.
- The Omicron peak (7.1 per 100,000 children) was four times that of the Delta peak (1.8), with the largest increase observed in children aged 0-4 years.
- Hospitalizations remained lower for vaccinated adolescents aged 12-17 than among unvaccinated adolescents.

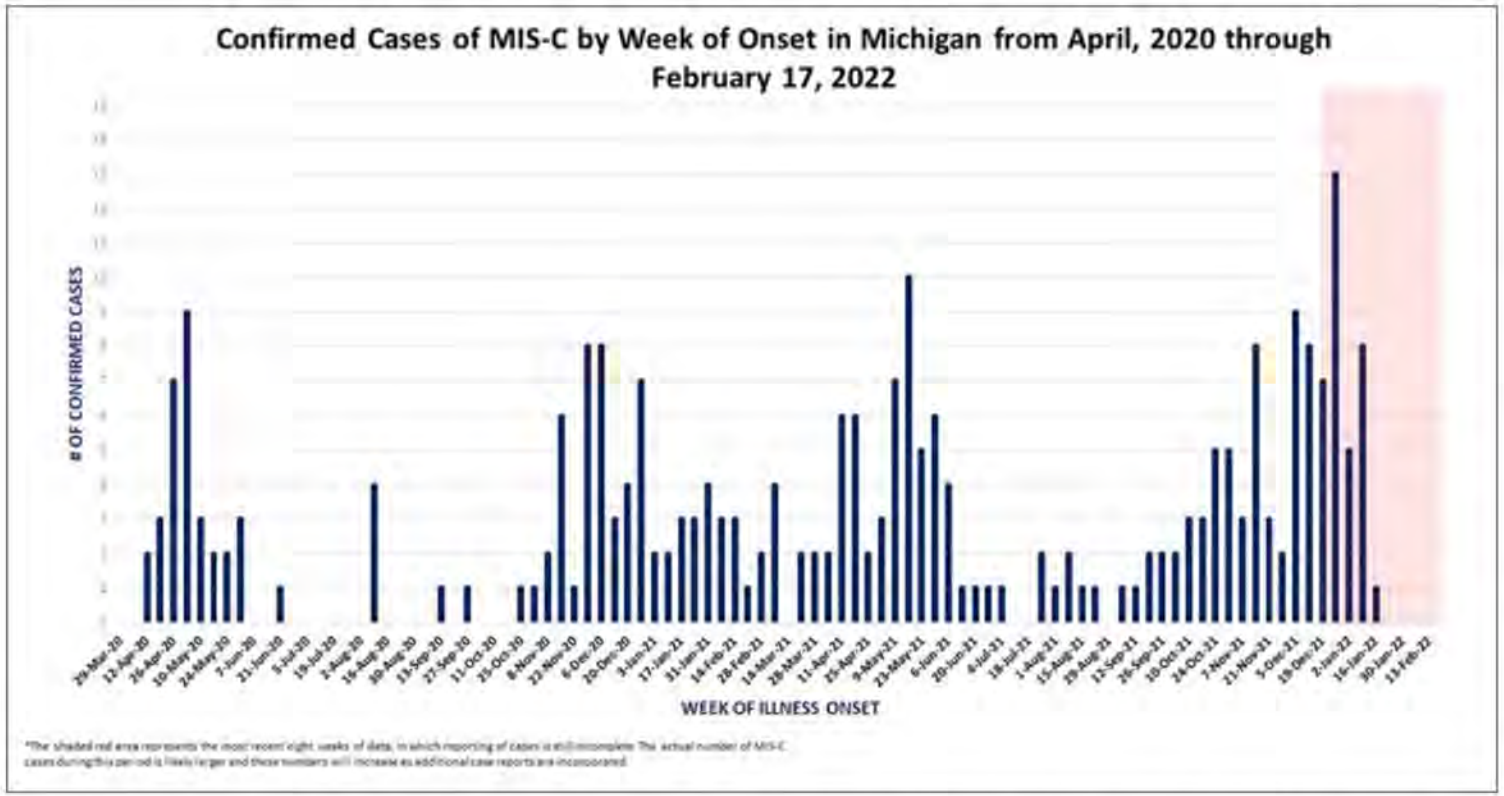
FIGURE. Weekly COVID-19–associated hospitalization rates* among children and adolescents aged 0–17 years, by age group — COVID-NET, 14 states,† July 3, 2021–January 22, 2022



During the Omicron dominate surge, hospitalizations among children and adolescents aged 0-17 years increased rapidly, especially among children aged 0-4.

MMWR February 18, 2022/ 71(7);271-278

Multisystem Inflammatory Syndrome in Children (MIS-C)



Red shading indicates the expected reporting lag for new cases. Cases with onset dates in this time period may not have been detected or reported yet.

MIS-C is a condition in children and adolescents under 21 years of age where multiple organ systems become inflamed or dysfunctional which occurs in association with an illness.

- 263 children and adolescents under 21 years have had MIS-C in Michigan
- 67.3% of MIS-C cases admitted to the ICU
- Majority of cases are under the age of 11 years
- Black/African American children are overrepresented among cases (37%)

Source: MDHHS and MIS-C Data and Reporting

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)

USA

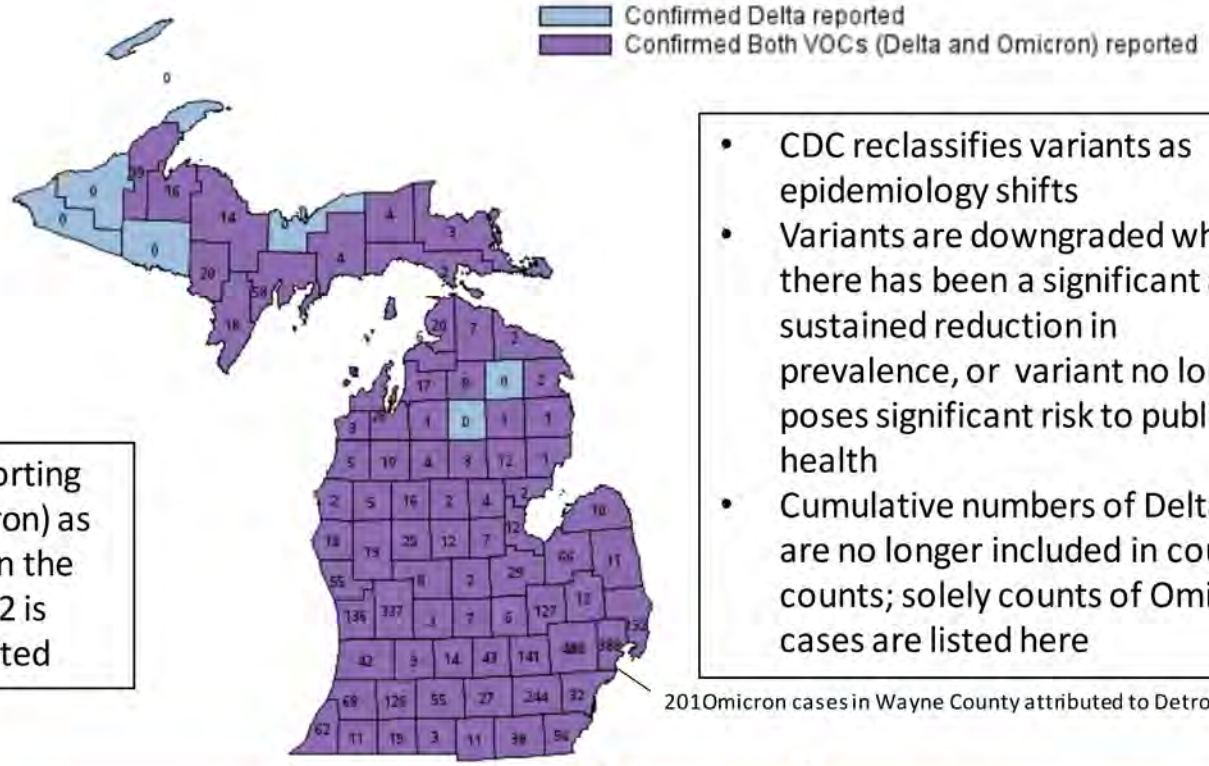
WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.1.1	VOC	75.6%	71.1-79.7%
	B.1.1.529	VOC	20.6%	16.7-25.1%
	BA.2	VOC	3.8%	3.0-4.8%
Delta	B.1.617.2	VOC	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.
** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates.
# AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1 and BA.3 are aggregated with B.1.1.529. For regional data, BA.1.1 is also aggregated with B.1.1.529, as it currently cannot be reliably called in each region.

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

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

Variants of Concern in Michigan, Feb 18



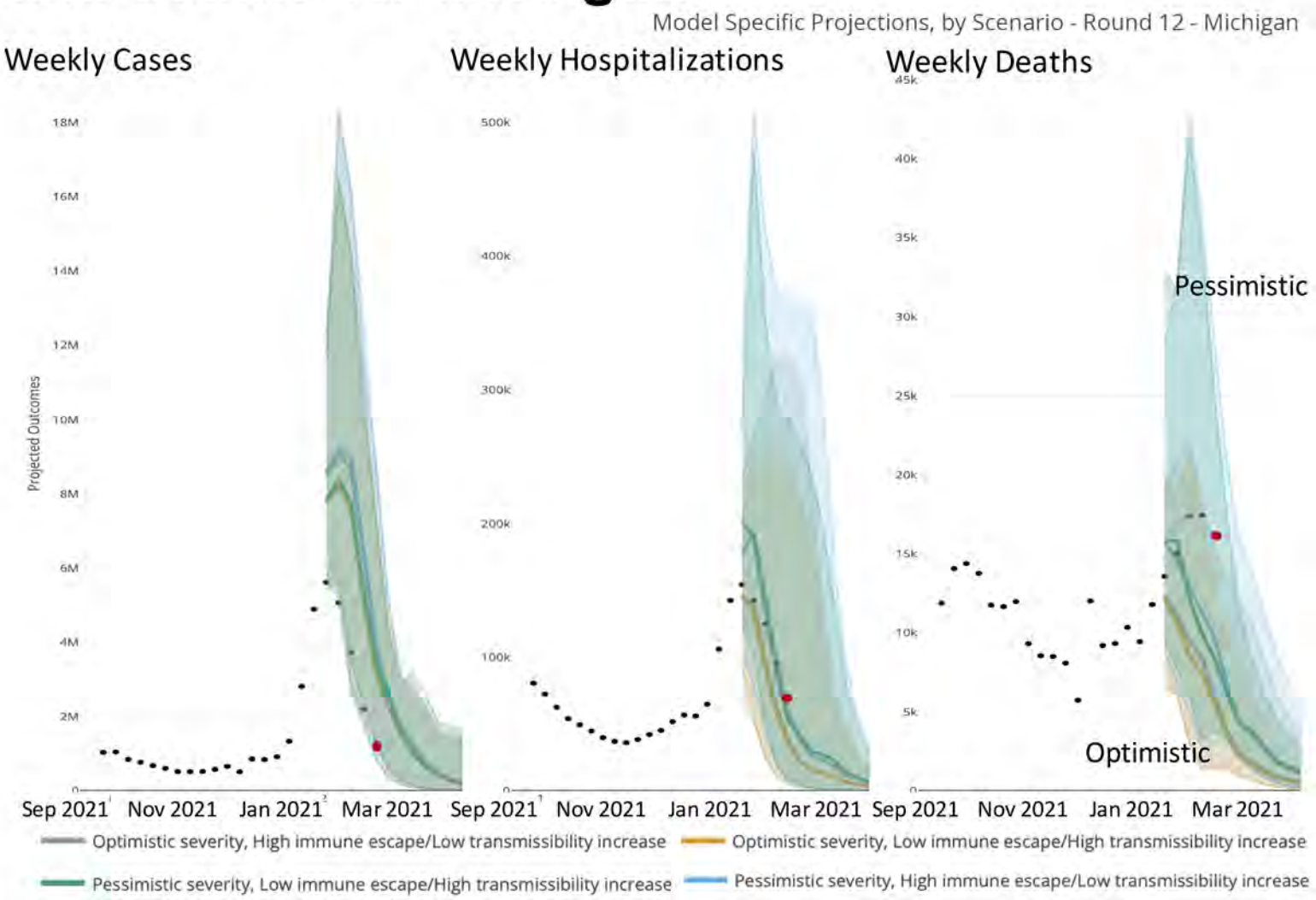
201 Omicron cases in Wayne County attributed to Detroit City

- 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%

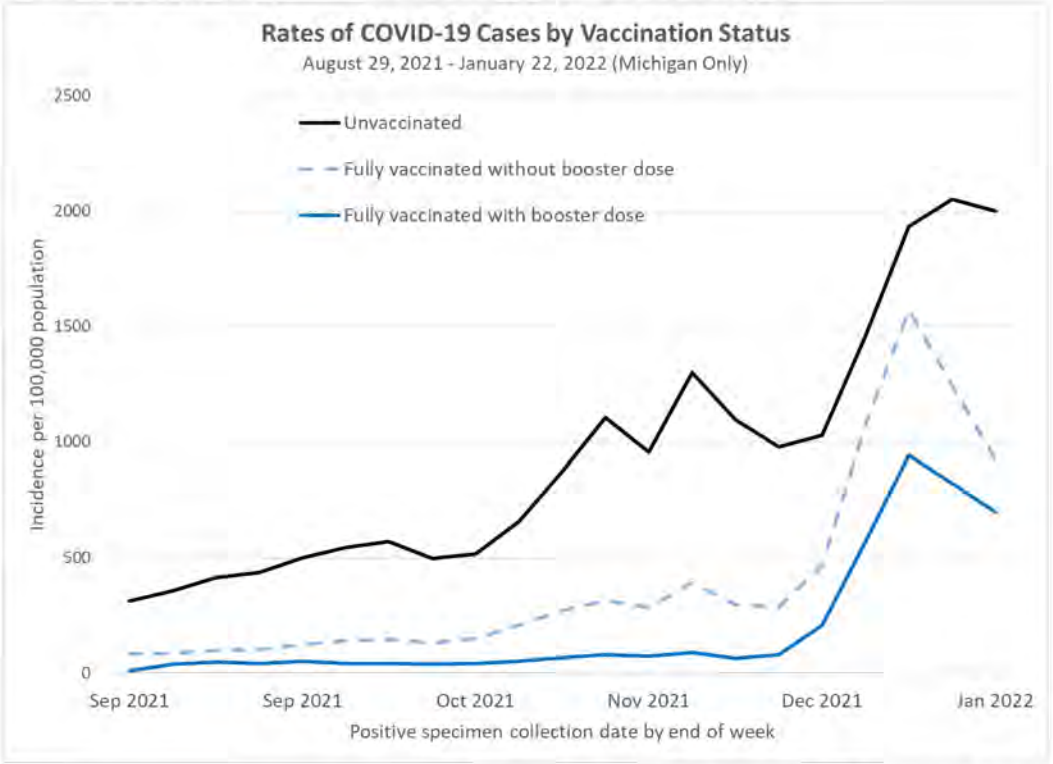
Where are we headed: models project potential for decreases in cases, hospitalizations, and deaths for Michigan

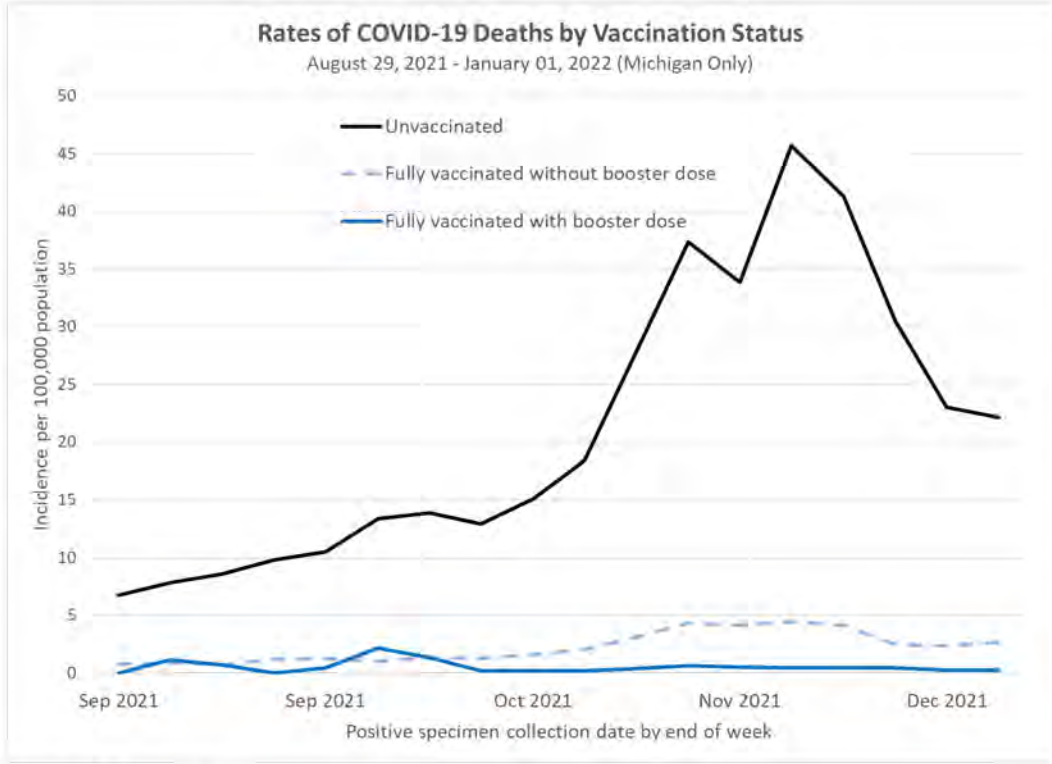
- Updated Model Scenarios (Round 12)
- Suggest we are declining or soon to decline for all three metrics
- Cases and hospitalizations appear consistent with all four scenarios
- Deaths appear more consistent with the more pessimistic scenarios so far



Source: COVID Modeling Scenario Hub. Uncertainty levels: 95%

Michigan Age-Standardized Rates of COVID-19 Cases and Deaths by Vaccination + Booster Status





In December, unvaccinated adults aged 18 years and older had:

4.9 X
Risk of Testing Positive for COVID-19

AND

88.5 X
Risk of Dying from COVID-19

compared to fully vaccinated adults with booster doses

Footnotes: Incidence rates were age-standardized using the 2000 U.S. Census standard population; and rates are not adjusted for time since vaccination, underlying conditions, or other demographic factors besides age. Incidence rate ratios for the past one month were calculated by dividing the average weekly incidence rates among unvaccinated people by that among fully vaccinated people.

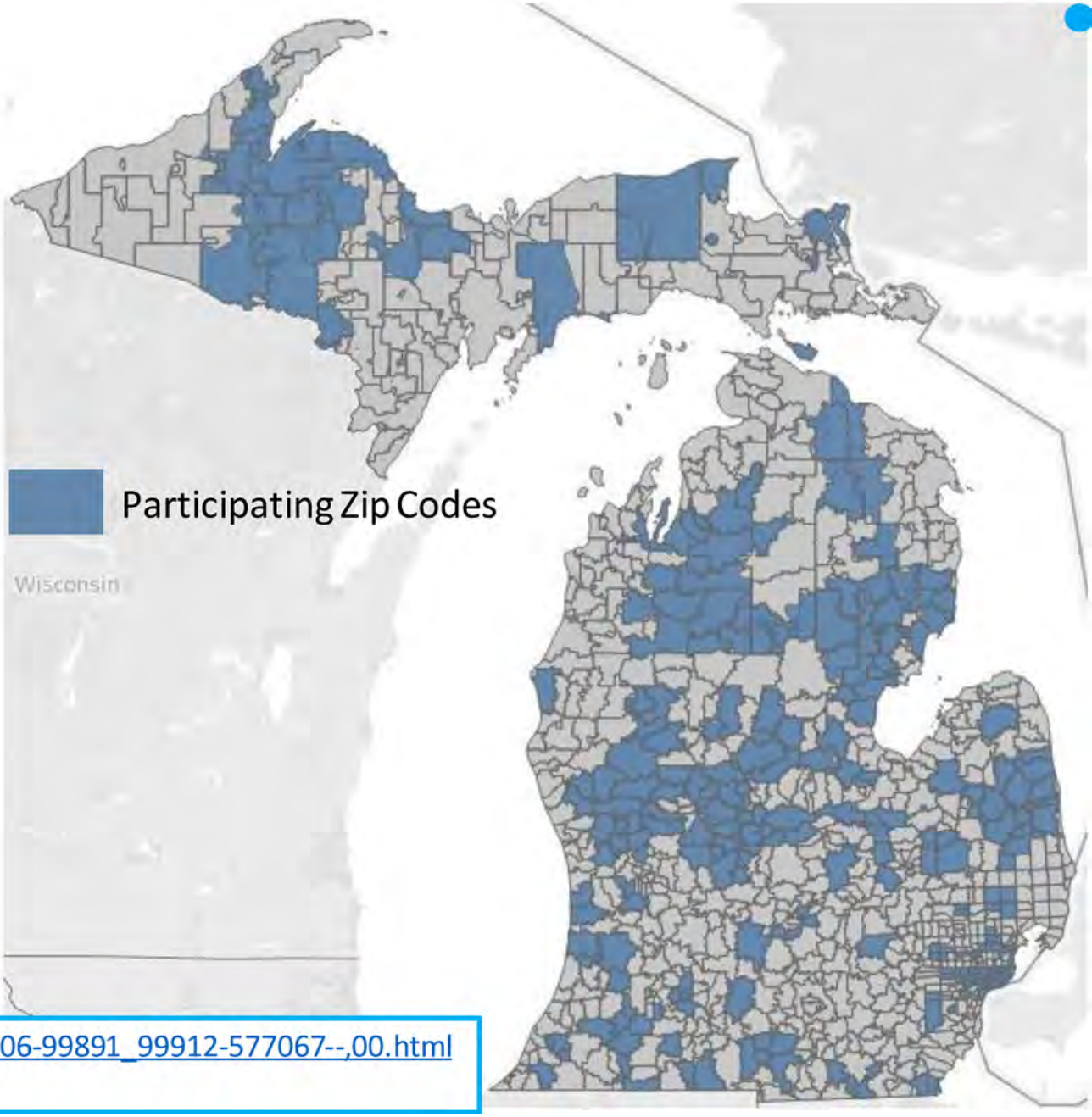
Free Direct-to-Consumer OTC Tests Available for Michigan Residents in High SVI Zip Codes through Partnership with the Rockefeller Foundation

The ROCKEFELLER FOUNDATION

Get your **FREE** at-home test kits!

We are offering free, rapid, at-home COVID-19 test kits to residents of eligible communities while supplies last. **Enter your zip code to see if tests are available in your area:**

Enter zip code



- 250,000 test kits available at no cost
  - Over 216,505 tests already ordered
- Each order contains 5 test kits
- Recently expanded; 478 Zip codes can participate

Check Participating Zip Codes: https://www.michigan.gov/coronavirus/0,9753,7-406-99891_99912-577067--,00.html
Order Tests: https://www.accesscovidtests.org/