



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



NCDHHS COVID-19 Response: K-12 School Updates

February 4, 2021

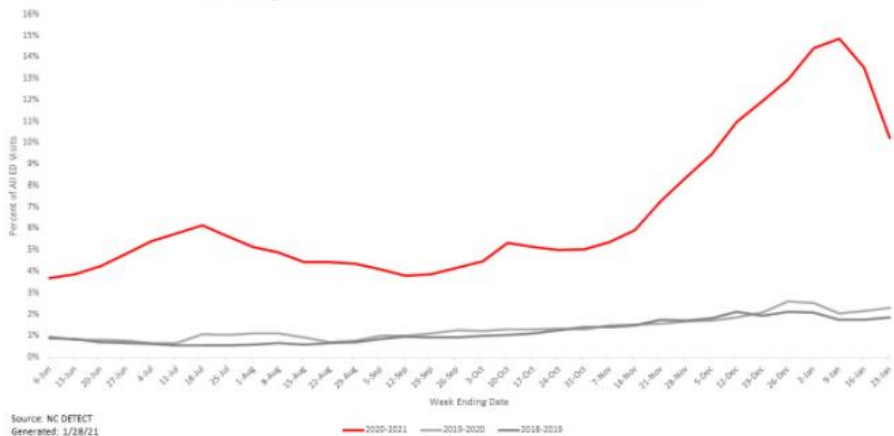
Susan Gale Perry
Chief Deputy Secretary

Dr. Elizabeth Cuervo Tilson
State Health Director and Chief Medical Officer

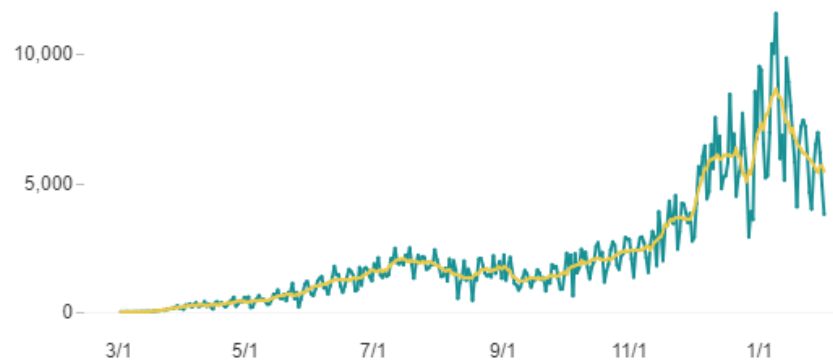
Statewide Metrics

Statewide metrics

Percent of emergency department visits due to COVID-like illness

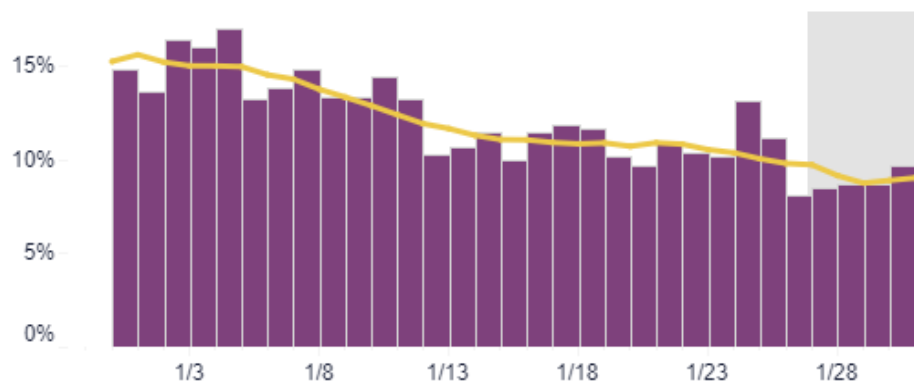


Daily Cases by Date Reported

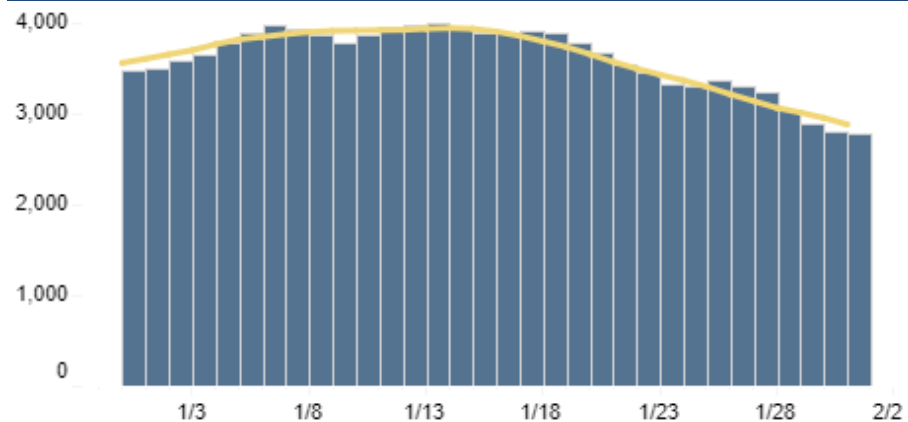


Total Cases 761,302

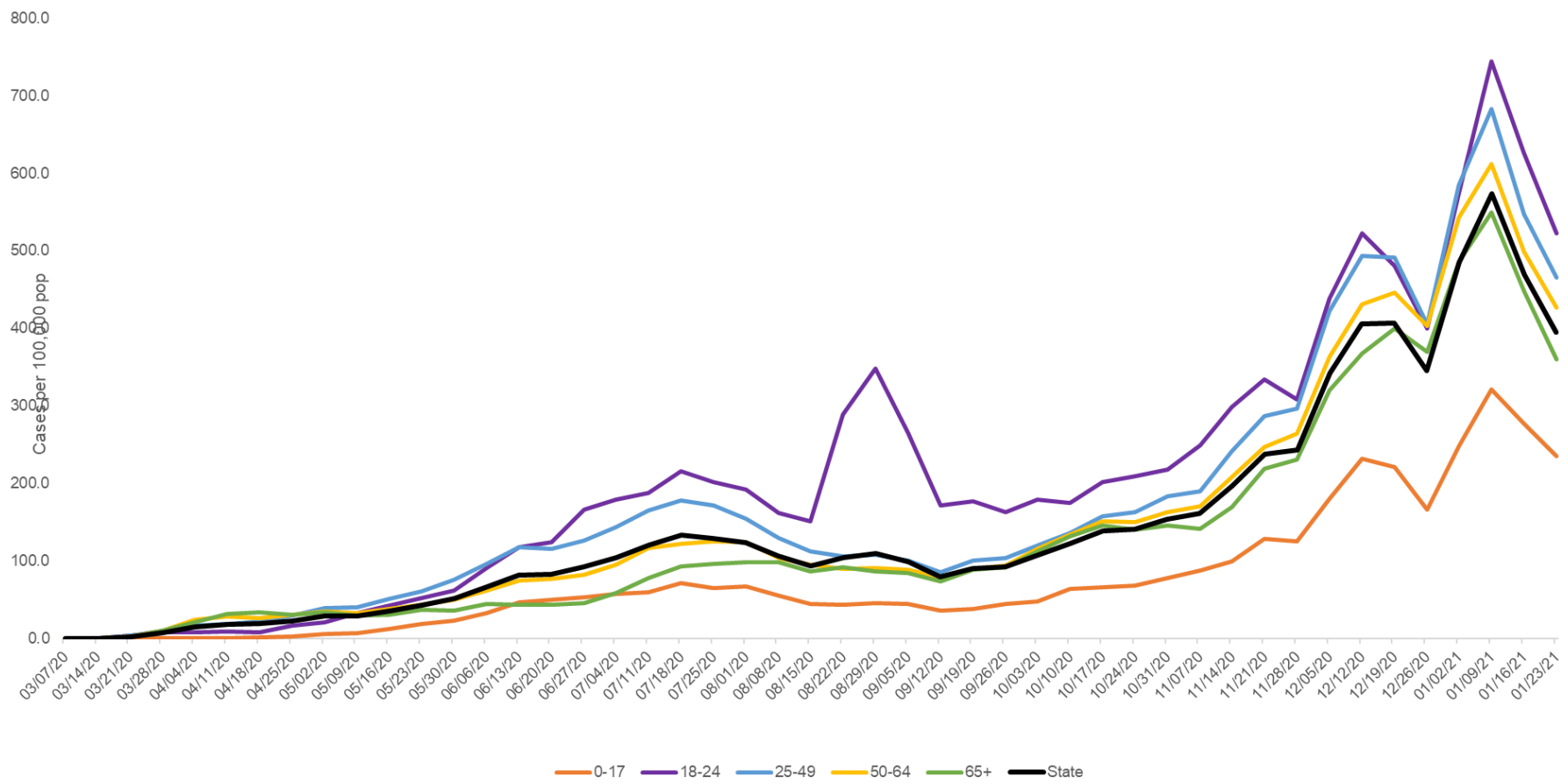
Positive Tests as a Percent of Total Tests



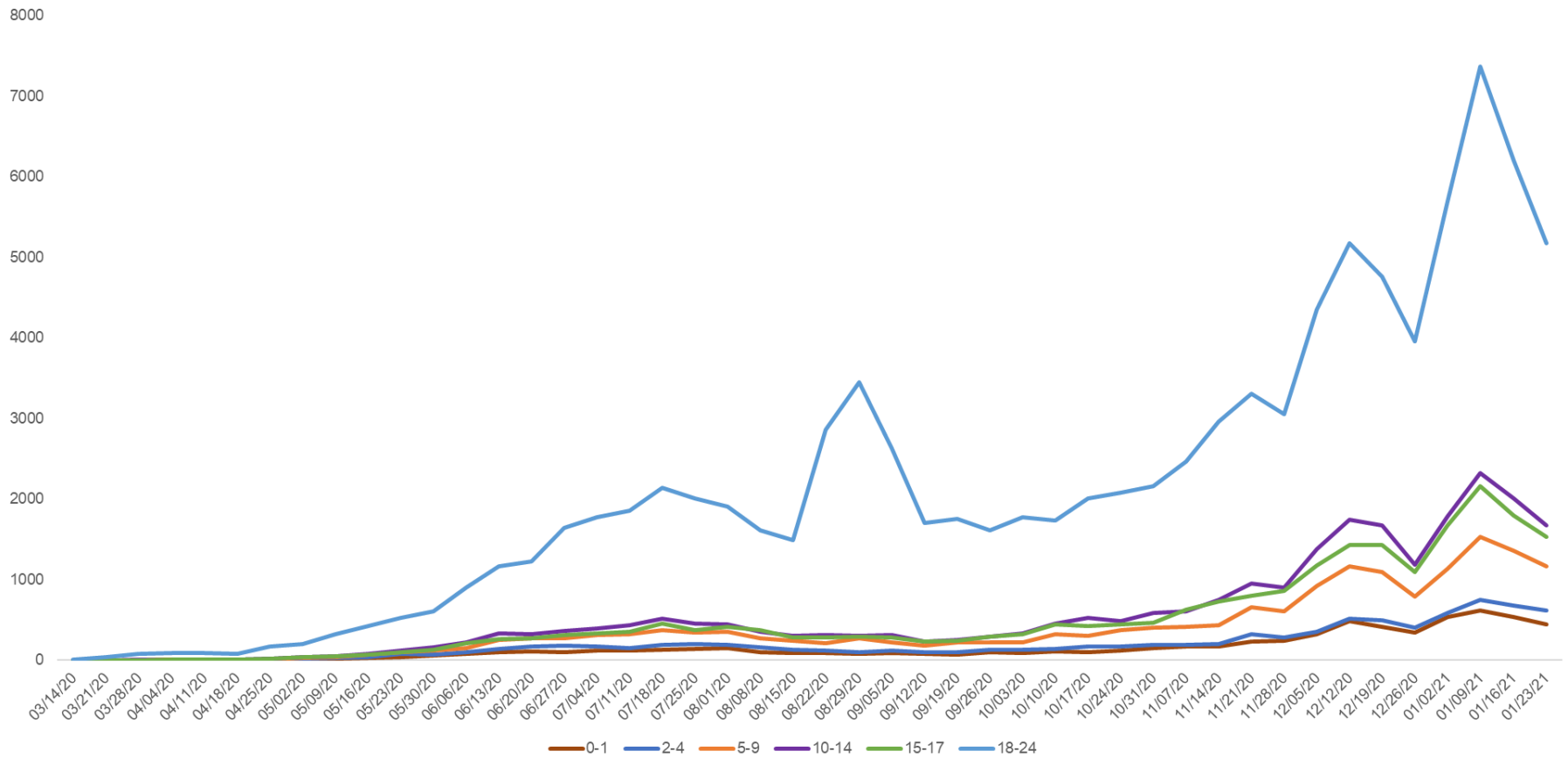
Currently Hospitalized COVID-19 Patients



NC COVID-19 Cases per 100,000 Age Group & Report Week



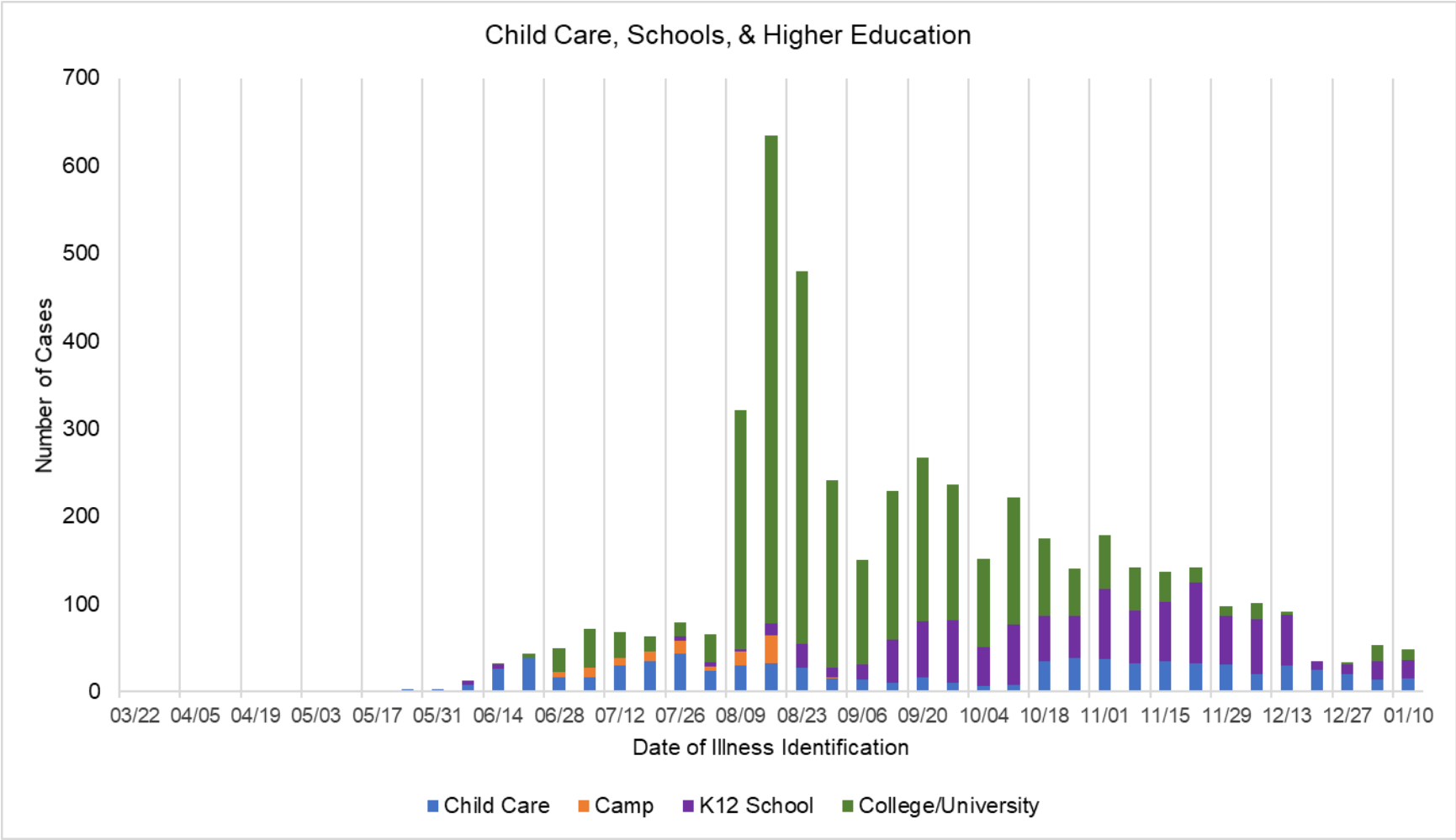
Youth and Young Adult COVID-19 Cases, Weekly Totals by Age



K-12 Reported Clusters and Associated Cases – as of 1/30/21

- **139 total K-12 clusters since 6/1/2020**
 - 82 at public schools, 57 at private schools
 - **1189 cases associated with school clusters**
 - 694 cases among students and 495 cases among staff
 - 583 cases among public schools, 606 among private schools
- 0.15% of total cases**
- **49 currently active clusters**
 - 34 public, 15 private schools

Comparing Education Clusters



What Are We Continuing to Learn About COVID-19 and Schools

The Power of Prevention!!!

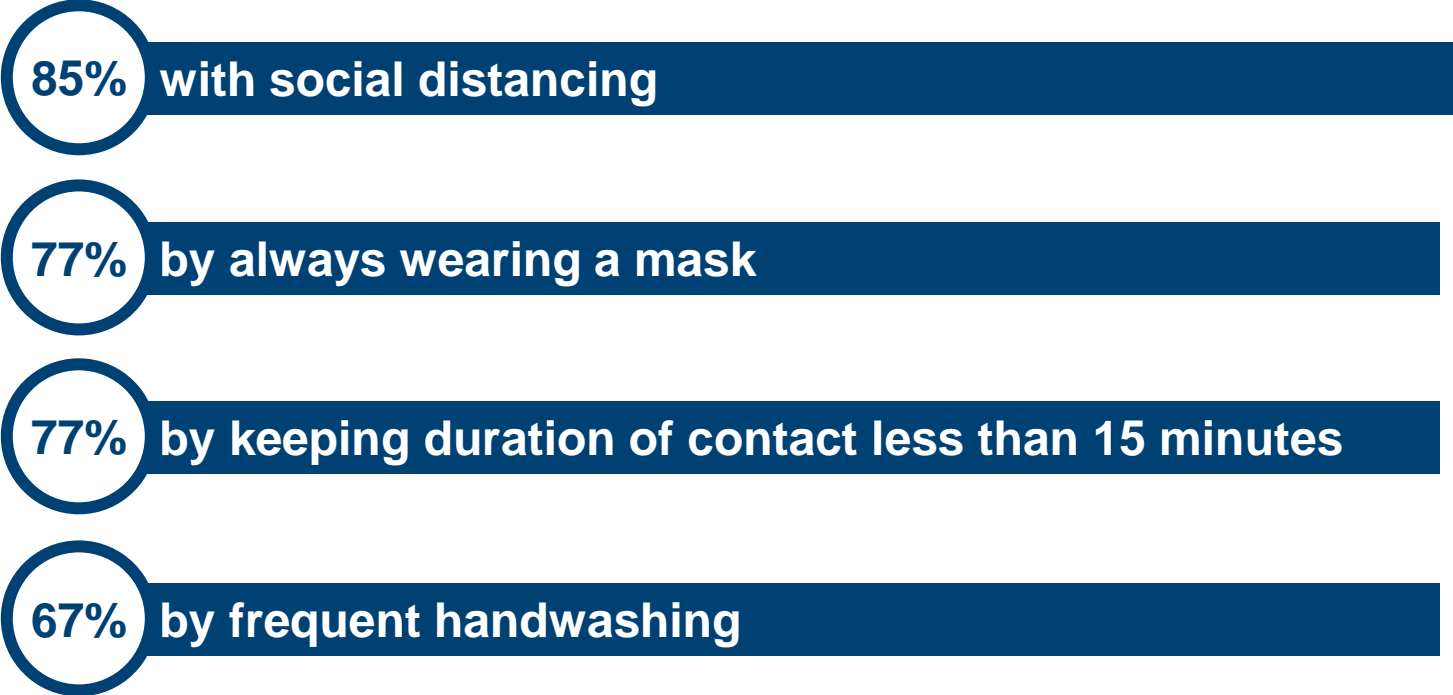
WEAR
a cloth covering over your nose and mouth.

WAIT
6 feet apart. Avoid close contact.

WASH
your hands or use hand sanitizer.

@NCDHHS #StayStrongNC

Risk of infection if exposed to someone with COVID-19 decreased by:



New Studies Reaffirming Data About Schools

 Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Search

Advanced

Morbidity and Mortality Weekly Report (MMWR)

CDC

December 18, 2020   

Factors Associated with Positive SARS-CoV-2 Test Results in Outpatient Health Facilities and Emergency Departments Among Children and Adolescents Aged <18 Years — Mississippi, September–November 2020

January 7, 2021



Minimal transmission of SARS-CoV-2 from paediatric COVID-19 cases in primary schools, Norway, August to November 2020

PEDIATRICS

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

January 8, 2021

Incidence and Secondary Transmission of SARS-CoV-2 Infections in Schools

VIEWPOINT

Data and Policy to Guide Opening Schools Safely to Limit the Spread of SARS-CoV-2 Infection

JAMA. January 26, 2021

Search

Advanced

Morbidity and Mortality Weekly Report (MMWR)

CDC

January 29, 2021  

COVID-19 Cases and Transmission in 17 K–12 Schools — Wood County, Wisconsin, August 31–November 29, 2020

Latest Research

With prevention measures in place, increasing evidence suggests low rates of COVID-19 transmission in primary and secondary school settings even with high rates of community transmission.

- **Little evidence that schools have contributed to increase rates of community transmission**
 - **Countries that have reopened their schools did not see large rises in infection at a population level.**
 - **Limited disease transmission from child-to-child and very limited to no transmission from child-to-adult in the in-person school setting.**
 - **North Carolina's ABC collaborative found rates of secondary transmission during in-person school instruction significantly less than the surrounding communities and no cases of student to staff transmission**
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Latest Research

Preventive measures are important to success of in-person learning

- **School systems that had high rates of face covering and other preventive measures showed low rates of transmission**
 - **Lower rates of transmission in schools than the community suggest schools can be a protective environment because of monitoring and adherence to prevention measures**
 - **Higher rates of spread of virus have been seen in out of school social gatherings and sports**
 - **Mask use and hand-hygiene remain critical prevention measures.**
 - **CDC recommends 6 feet of social distancing as the most health-protective distancing, but where that is not possible, 3-feet or greater of social distancing may still reduce risk of spread.**
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StrongSchoolsNC

What Are We Learning About Children and COVID-19?

LAST UPDATED 1/29/2021

We are learning more every day regarding COVID-19 in children. We are using the latest research to help NC make decisions about how we should operate our schools during the COVID-19 pandemic. We will continue to follow new data and science as it is available to learn more. The current research summarized below still presents an early and limited picture of children and schools during the COVID-19 pandemic. Be sure to check back for regular updates by visiting <https://www.nc.gov/covid19>.

Children appear to be less likely to acquire and spread COVID-19 than adults.

- Children, particularly younger children, appear to be less likely than adults to become infected with COVID-19, even after being exposed to someone with COVID-19.
- Young children can spread the virus, however children under 14 years of age may be less likely to spread COVID-19 to others when compared with older teens and adults.
- Newer findings suggest that younger children may be more likely to get COVID-19 from an adult than to spread infection to adults.
- Spread of COVID-19 is much more likely within a household than not within a household (e.g., in schools)

Most children have very mild illness, but while rare, some children can develop severe symptoms. We are learning more about children who are at higher risk for severe illness.

- Children infected with COVID-19 generally have mild or no symptoms.
- Although rare, children can have severe disease. Those with underlying medical conditions are at increased risk of severe illness from COVID-19.
- Our African American and LatinX communities and children are disproportionately affected by COVID-19.

With prevention measures in place, increasing evidence suggests low rates of COVID-19 transmission in primary and secondary school settings even with high rates of community transmission.

- Little evidence that schools have contributed to increase rates of community transmission; countries that have reopened their schools did not see large rises in infection at a population level.
- Overall, studies in the US and internationally have demonstrated limited disease transmission from child-to-child and very limited to no transmission from child-to-adult in the in-person school setting.
- North Carolina's ABC collaborative found rates of secondary transmission during in-person school instruction significantly less than the surrounding communities and no cases of student to staff transmission

Preventive measures are important to success of in-person learning

- School systems that had high rates of face covering and other preventive measures showed low rates of transmission
- Lower rates of transmission in schools than the community suggest schools can be a protective environment because of monitoring and adherence to prevention measures
- Higher rates of spread of virus have been seen in out of school social gatherings and sports
- Mask use and hand-hygiene remain critical prevention measures.
- CDC recommends 6 feet of social distancing as the most health-protective distancing, but where that is not possible, 3-foot or greater of social distancing may still reduce risk of spread.



COVID-19 Guidance for Safe Schools

[Critical Updates on COVID-19](#) / [COVID-19 Interim Guidance](#) / [COVID-19 Guidance for Safe Schools](#)

Comprehensive layered prevention strategies including face coverings, use of outdoor spaces, good air circulations, cohort classes, avoid crowded hallways

“There is likely a greater impact of physical distancing on risk reduction of COVID-19 in secondary schools than early childhood or elementary education”

Elementary Schools

- **Desks should be placed at least 3 feet apart, and ideally 6 feet apart**

Middle and High School

- **Desks should be placed 6 feet apart when feasible**
- **Teachers and other adult staff should maintain a distance of 6 feet from students when possible and if not disruptive to educational process**
- **Planned avoidance of close physical proximity in cases of increased exhalation (singing, exercise, band); these activities are safest outdoors and spread out**

State Leaders Call on Schools to Reopen to In-Person Instruction

- **Call to action recognized ongoing research, including an NC study showing school settings have low rates of transmission, even with high rates of community transmission when strong preventive measures are in place.**
 - **There are growing academic and mental health harm to children who are out of school relying solely on remote instruction.**
 - **Research reaffirms the importance of continuing to adhere to the protocols in the StrongSchoolsNC Toolkit.**
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Recommendations on Plans A and B

- **Kindergarten – 5th Grade:** Students should return to in-person instruction five days per week to the fullest extent possible while following all public health protocols in the StrongSchoolsNC Toolkit (Plan A).
- **6th – 12th Grade:** Students should return to in-person instruction five days per week to the fullest extent possible while following all protocols in the StrongSchoolsNC Toolkit, including the Six Feet Social Distancing (Plan B).
- **Remote Learning Option:** It is expected that all schools will also offer full-time remote instruction for higher-risk students and teachers, and for families opting for remote learning for their children.

What's the Plan?

COMPARISON OF REQUIREMENTS For Plans A, B and C

Requirements	Plan A Currently Grades K-5	Plan B Currently Grades 6-12
In-Person Instruction Available in Both Plan A and B Provided 5-days/week to the fullest extent possible while still meeting StrongSchoolsNC public health protocols		
<u>Social Distancing Protocols to Minimize Exposure</u> – Keeping physical space between and among children and adults	✓	✓
<u>Six Feet Social Distancing Protocols</u> – Maintaining six feet of physical distance between people especially when stationary or congregating for increased layer of protection	✗	✓
<u>Cloth Face Coverings</u> – Consistent use of face coverings for all students, staff and visitors	✓	✓
<u>Protecting Vulnerable Populations</u> – People with certain conditions are at higher-risk than others to become severely ill if exposed to COVID-19	✓	✓
<u>Coping and Resilience</u> – Schools can play an important role in helping students and staff cope with fear and anxiety cause by the effects of the pandemic	✓	✓
<u>Cleaning and Hygiene</u> – Washing hands with soap for 20 seconds or using hand sanitizer reduces the spread of disease	✓	✓
<u>Monitoring for Symptoms</u> – Conducting regular screening and ongoing self-monitoring for symptoms such as fever, cough or shortness of breath can help reduce exposure	✓	✓
<u>Handling Suspected, Presumptive or Confirmed Cases of COVID-19</u> – Taking appropriate steps to address suspected, presumptive or confirmed cases of COVID-19 is critical to containing spread of COVID-19 both in and outside of school	✓	✓
<u>Communication and Combatting Misinformation</u> – Staff, students and families need ongoing, reliable information to promote behaviors that prevent the spread of COVID-19	✓	✓
<u>Water and Ventilation Systems</u> – Take steps to ensure that all water systems and features (e.g., sink faucets, drinking fountains) are safe to use after a prolonged facility shutdown	✓	✓
<u>Transportation</u> – School buses/vehicles must take similar key steps to protect against the spread of COVID-19 including adhering to consistent use of face coverings, addressing physical distancing and following cleaning and hygiene protocols	✓	✓
Remote Learning Option Available For higher-risk students and teachers, and for families opting for remote learning for their children		

Vaccine- Teachers and School Personnel in Group 3

YOU HAVE A **SPOT.** | TAKE YOUR **SHOT.**

1 Health Care Workers and Long-term Care Staff and Residents

ACTIVE GROUP

2 Older Adults

ACTIVE GROUP

3 Frontline Essential Workers

4 Adults at High Risk for Exposure and Increased Risk of Severe Illness

5 Everyone

Our goal is to vaccinate as many people as quickly as possible given the limited supply of vaccines. North Carolina moves through vaccination groups by aligning to federal priorities while empowering local health departments and hospitals with flexibility to move to the next priority group as they complete groups and have vaccines available.

For more information: YourSpotYourShot.nc.gov

01/2021

