



Technical Assistance for Schools

September 8, 2022

Webinar housekeeping

- All participants will be muted throughout the webinar
- Please type questions into the chat box for the Q & A portion of the webinar
 - Questions should be directed to "everyone" in the chat
- The webinar will be recorded and available as soon as possible at the following link:

https://coronavirus.maryland.gov/pages/school-resources





Webinar Agenda

- COVID-19 Guidance Update
- K-12 Testing Plan for SY22-23
- COVID-19 Outbreak Definition Update
- Epidemiology Monkeypox Report
- Q&A

Future webinars will be conducted as necessary.





COVID-19 Guidance Update



COVID-19 Guidance Update

Guidance to Support Safe In-Person Operations for PreK-12 Schools and Child Care Programs 7.22.22

- MDH/MSDE recommendations generally align with <u>guidance from the CDC</u> updated on August 11, 2022.
- Quarantine guidance update:
 - CDC no longer uses quarantine language and recommends taking precautions when exposed.
 - For those who are exposed, MDH/MSDE recommends monitoring for symptoms, masking for 10 days, and a test at 3-5 days after exposure, especially for those unable to mask.

COVID-19 Guidance Update cont.

MDH/MSDE isolation guidance update:

All persons who test positive for COVID-19 or have suspected COVID-19, regardless of vaccination status, should complete isolation as follows:

- Stay home for at least 5 full days from the date of symptom onset if symptomatic or from the date of the positive test if no symptoms.
- After day 5, if the person has no symptoms or if symptoms are improved and they have had no fever for at least 24 hours without medication, they may return to school or child care if they wear a well-fitting mask for 5 additional days (day 6 through day 10).
- If they are unable to wear a mask, they may return to school or child care if they have a negative test at day 5 or later; otherwise, they should remain at home for day 6 through day 10.



K-12 COVID-19 Testing Updates

September 8, 2022

Rapid Antigen Test Ordering

- Schools may continue to order Abbott BinaxNOW point of care (POC) and/or Orasure
 Intelliswab over the counter (OTC) test supplies through this test request form
- This is the only way to order COVID-19 rapid tests for schools
- All requests received on Thursday before 5pm will be added to the following week's distribution list
- Tests will take about 2-3 weeks to be delivered
- For any questions, please contact <u>mdh.k12testing@maryland.gov</u>



PCR Testing

- MDH supported PCR testing is available for schools through September 30, 2021.
- Starting October 1, schools interested in utilizing PCR testing will need to do so utilizing their own resources
- Free PCR test supplies, for diagnostic and screening purposes, are also available via the
 Federally-funded <u>Operation Expanded Testing</u>



Reporting

- In compliance with CDC guidelines, the K-12 Testing Team will continue to request that schools/school systems report on test usage
 - Cadence for reporting will shift from weekly to monthly
 - Schools will report total POC and PCR tests administered, and OTC tests distributed. Positive results are no longer needed.
- OTC Test Reporting
 - Parents and staff are encouraged to report positive test results through the Maryland COVID Positive At-Home Test Report Portal.
- POC Test Reporting
 - Schools may now use the reporting tool SimpleReport.gov to manage POC test administration
 - SimpleReport.gov will report tests directly to CRISP



COVID-19 Outbreak Updates

Brian Bachaus, MS Chief, Division of Outbreak Investigation



Previous Definition

Cohort outbreak:

 Three or more laboratory-confirmed COVID-19 cases among students/teachers/staff in a specified group with onsets (or, if asymptomatic, collection dates) within a 14-day period, and who are epidemiologically linked in the school setting, but not household contacts.

School outbreak:

- Five or more cohorts with cases from separate households that meet the cohort outbreak definition that occurs within 14 days; OR
- 5% or more unrelated students/teachers/staff have confirmed COVID-19 within a 14 day period [minimum of 10 unrelated students/teachers/staff].



Revised Definition

Cohort outbreak:

 Three or more test-confirmed COVID-19 cases among students/teachers/staff in a specified group with onsets (or, if asymptomatic, collection dates) within a 10-day period, and who are epidemiologically linked in the school setting, but not household contacts.

School outbreak:

- Five or more cohorts with cases from separate households that meet the cohort outbreak definition that occurs within 10 days; OR
- 5% or more unrelated students/teachers/staff have confirmed COVID-19 within a 10-day period [minimum of 10 unrelated students/teachers/staff].

Additional Notes

- Use of "test-confirmed" cases reflects shift in COVID-19 testing behavior (more home antigen testing)
- Outbreaks typically close after 10 days with no new cases (was previously 14 days)
- If the outbreak threshold is met again within 21 days of the last case, the outbreak will reopen under the same number (was previously 28 days)
- The school outbreak dashboard on the MDH website has been updated to reflect the new definitions



Outbreak Control Measures

- Please report outbreaks to your local health department immediately and consult with them regarding the appropriate control measures
- Even if some control measures are not recommended/required for individual cases of COVID-19, they may be appropriate in response to an outbreak. Examples include:
 - Contact tracing
 - Screening testing
 - Masking (within the affected cohort)
 - Increased environmental cleaning and hand hygiene
 - Possible rescheduling of events/activities



Outbreak Guidance Resources

- Please refer to the following school guidance resources for more information:

 - CDC: <u>https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-1</u> <u>2-childcare-guidance.html</u>



MPX Update

Monique Duwell, MD, MPH



Monkeypox: Background

- Infection that is caused by the monkeypox (MPX) virus
- Virus group includes smallpox virus, vaccinia virus (used in the smallpox vaccine), and cowpox virus
- Prior to the current outbreak, most human cases were reported in central and western African countries.

MPX: Transmission

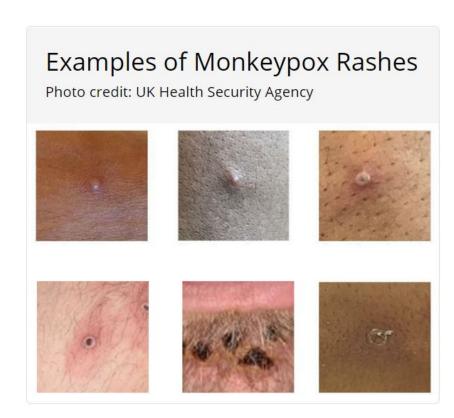
- Monkeypox can spread to anyone through close, personal, often skin-to-skin contact, including:
 - Direct contact with monkeypox rash, scabs, or body fluids from a person with monkeypox.
 - Touching objects, fabrics (clothing, bedding, or towels), and surfaces that have been used by someone with monkeypox.
 - Potentially through contact with respiratory secretions from someone infected with MPX

MPX: Transmission

- A pregnant person can spread the virus to their fetus through the placenta.
- It's also possible for people to get monkeypox from infected animals, either by being scratched or bitten by the animal or by preparing or eating meat or using products from an infected animal.
- A person with monkeypox can spread it to others from the time symptoms start until the rash has fully healed and a fresh layer of skin has formed. The illness typically lasts 2-4 weeks.

MPX: Signs and Symptoms

- Incubation period: 7–14 days, but can range from 5–21 days
- Clinical course:
 - Classically, begins with fever, headache, muscle aches, enlarged lymph nodes, and exhaustion
 - 1-3 days after fever begins, patient develops a rash which then spreads to other parts of the body
 - Rectal pain/inflammation also reported
- Illness duration: 2–4 weeks



MPX: Signs and Symptoms



MPX: Case Identification and Contact Tracing

- Local health departments follow up with patients to identify contacts who might need post-exposure vaccination
- Local health departments will arrange for vaccination of close contacts when indicated

MPX: Vaccination

- The JYNNEOS vaccine has been approved by the U.S. Food and Drug Administration for protection against the monkeypox virus in people who have been exposed to monkeypox and people who are more likely to get monkeypox.
- Vaccination is currently not recommended for the general public for the prevention of monkeypox.

MPX: Treatment

- There are no treatments specifically for monkeypox virus infections.
 However, monkeypox and smallpox viruses are genetically similar,
 which means that antiviral drugs and vaccines developed to protect
 against smallpox may be used to prevent and treat monkeypox virus
 infections.
- Antivirals, such as tecovirimat (TPOXX), may be recommended for people who are more likely to get severely ill, like patients with weakened immune systems.

MPX

2022 Outbreak Cases and Data

Updated August 22, 2022 Español Print

U.S. Cases

Total Cases

20,733

U.S. Deaths

Total Deaths

0

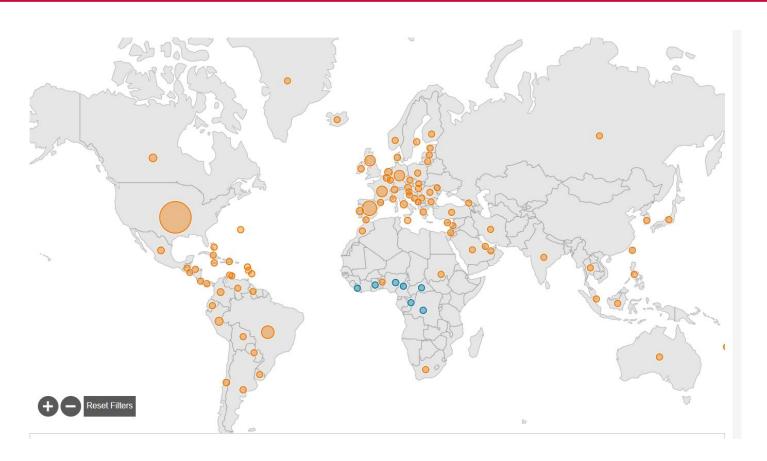
Global Cases

Total Cases

54,911



MPX: Worldwide Cases





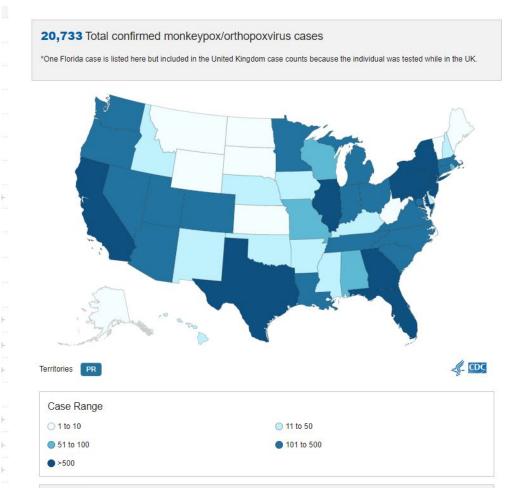
MPX: Worldwide Epi

Of cases where data is available:

- 98% male
- Median age 36 years
- 95% identified as gay, bisexual and other MSM
- 45% reported HIV positive status

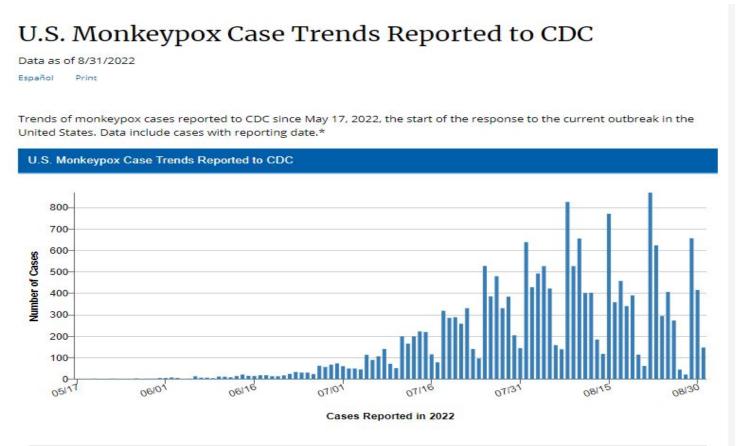


MPX: U.S. Cases



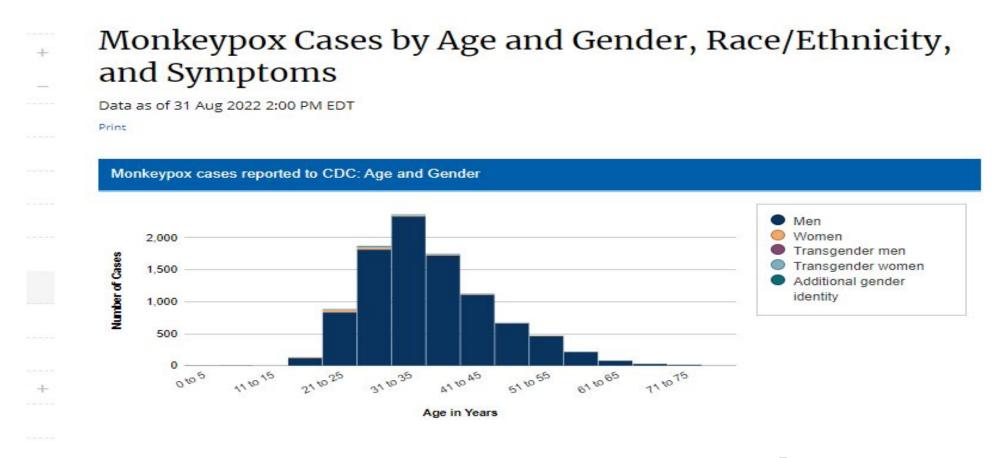


MPX: U.S. Cases



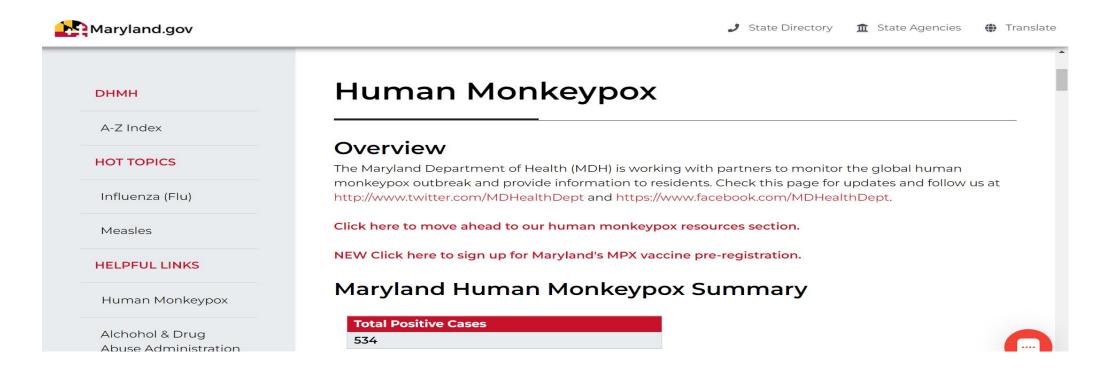


MPX: U.S. Cases





https://www.cdc.gov/poxvirus/monkeypox/response/2022/demographics.html





Maryland Human Monkeypox Summary

534				
County	N	%		
Allegany County	*	*		
Anne Arundel County	33	6.2%		
Baltimore County	43	8.1%		
Baltimore City	161	30.1%		
Calvert County	*	*		
Caroline County		*		
Carroll County	*	*		
Cecil County	*	*		
Charles County		*		
Dorchester County	*	*		
Frederick County				
Garrett County	*	*		
Harford County	*	*		
Howard County	11	2.1%		
Kent County	*	*		
Montgomery County	62	11.6%		
Prince George's County	196	36.7%		
Queen Anne's County	*	*		
Saint Mary's County	*	*		
Somerset County	*	*		
Talbot County	*	*		
Washington County	*	*		
Wicomico County	*	*		
Worcester County	*	*		
Total	534	100.0%		





https://health.maryland.gov/phpa/OIDEOR/Pages/monkeypox.aspx

Sex	N	%
Female	22	4.1%
Male	510	95.5%
Not Reported	2	0.4%
Total	534	100.0%



Age Group	N	%
< 20 years old	15	2.8%
20-29 years old	136	25.5%
30-39 years old	247	46.3%
40-49 years old	95	17.8%
50-59 years old	32	6.0%
60+ years old	9	1.7%
Not Reported	0	0.0%
Total	534	100.0%



FAQ: Should a parent, teacher, or student with rash get tested for MPX?

- Currently, the risk of monkeypox to children and adolescents is low.
- Several illnesses can cause a rash and fever in children, such as hand-foot-mouth disease and chickenpox (varicella).
- For a child without a known exposure to monkeypox, a fever and rash should be evaluated by a medical professional and settings should follow their standard illness policies for these situations.

FAQ: What do we do if there is a case of MPX in our setting?

- The setting should follow their everyday operational guidance to reduce the transmission of infectious diseases and add enhanced cleaning and disinfection.
- The areas where the person with MPX spent time should be cleaned and disinfected before further use. Focus on disinfecting items and surfaces that were in direct contact with the skin of the person with MPX, or often in the presence of the person with MPX.
- Linens or towels that the person with MPX used should be laundered.
- Items that cannot be cleaned, disinfected, or laundered should be thrown away.
- Children, staff (other than those who are cleaning and disinfecting), and volunteers should not enter the area until cleaning and disinfection is completed.

FAQ: What do we do if there is a case of MPX in our setting? (cont.)

- Support the health department in contact tracing.
- Settings serving children and adolescents should contact their health department if a person with confirmed monkeypox has been in their facility and should support efforts to identify individuals who might have been exposed to the virus.
- Provide information about preventing the spread of monkeypox to staff members, volunteers, students (when age appropriate), and parents.

FAQ: When can someone with MPX return to our setting?

- Monkeypox causes a rash with lesions that eventually scab over.
- People with monkeypox should prioritize isolation and prevention practices until all scabs have fallen off, and a fresh layer of healthy skin has formed.
 This may take as long as 4 weeks after symptoms began.
- Caregivers should work with a healthcare provider and the department of health to decide when the child or adolescent can return to the educational setting.
- Staff or volunteers who have monkeypox should isolate and be restricted from the workplace according to CDC's isolation and prevention practices. https://www.cdc.gov/poxvirus/monkeypox/if-sick/preventing-spread.html

FAQ: Should we allow someone in our setting who has been exposed to MPX?

Children, staff, and volunteers who are exposed to a person with monkeypox do not need to be excluded from an educational setting in most cases.

Questions?





