University of Nebraska Medical Center
COLLEGE OF PUBLIC HEALTH

COVID-19 Back to School PlayBook
Fall 2021 Update

UNMC
BREAKTHROUGHS FOR LIFE

July 27, 2021

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UPDATE TO K-12 SCHOOL COVID-19 GUIDANCE FOR FALL 2021

"All children can safely return to in-person education"

Children thrive when they can learn in a safe, productive environment with their classmates, leading to better academic achievement, intellectual development, and well-being. While ongoing disease will challenge efforts to protect children in schools, there is abundant experience from the 2020-2021 academic year to safely protect children returning to schools for the 2021-2022 academic school year. The safest way to protect children is to decrease community transmission through vaccination.

School systems preparing for the 2021-22 academic year require revised guidance reflecting lessons learned from the previous year of operating schools in the COVID-19 pandemic environment. Current guidance must also account for the changing landscape of coronavirus variants and address vaccination among school-aged children, school employees, and community residents. Proactive COVID-19 prevention measures, even prior to readily available vaccination, were effective in allowing schools to safeguard in-person education as much as possible. In this context, schools should implement a combination of

1. Vaccination
2. Universal masking
3. Other layered prevention measures including disease surveillance, home isolation of infected staff and students, quarantine of unvaccinated persons exposed to an individual with COVID-19 to protect the health of students, teachers and staff, and community members at large.

New and more transmissible variants of SARS-CoV-2 virus, particularly the Delta variant, represent a significant threat for many Nebraska communities heading into the fall of 2021. T**he Delta variant is estimated to be significantly more transmissible than previous versions of the virus causing COVID-19, and it appears to cause more severe disease, even in younger persons**.[i] [ii] The COVID-19 vaccines available in the U.S. continue to provide good protection against infection with all variants (including Delta). Additionally, vaccines are highly effective in preventing hospitalization and death, but vaccination rates in many communities across the state remain dangerously low. The Delta variant is currently responsible for rising numbers of people diagnosed with COVID-19 across the country including Nebraska. Many states with lower vaccination rates, such as Missouri, Arkansas, Nevada, and Florida are experiencing sharp increases in hospitalizations, and we are already observing what is likely the beginning of this unfortunate trend here in Nebraska.

Due to the Delta variant, most of Nebraska will likely experience much higher community transmission rates by late summer, when schools are ready to open. **Children under the age of 12 are not eligible for COVID-19 vaccines and may not be eligible until well into the fall or winter of 2021-22.** Vaccination rates for adolescents 12-18 remain low. In addition, vaccination rates among adult school staff are also low across much of the state. Consistent with summer camps, **congregate settings, such as schools, will represent a significant risk for transmission of COVID-19.** This will accelerate community epidemics and lead to more illness, making schools and households less safe.

Increasing vaccine uptake for students and staff must be the first priority for the safe reopening of schools. School systems should emphasize information/education outreach for parents, students, and staff, as well as enhanced access to vaccines for all children and staff eligible under current Emergency Use Authorizations (i.e. all children 12 years old and above). As with other standard childhood vaccines, school systems should strongly consider requiring COVID-19 vaccination when possible. Achieving appropriate vaccination rates in our communities will lead to less COVID-19 both inside and outside schools, creating a safer community environment in which schools can operate.

In addition to enhanced vaccination, school systems this fall should implement a layered strategy of non-pharmaceutical interventions that include enhanced ventilation of indoor spaces, universal face masks, surveillance testing, home isolation of confirmed cases, and quarantine of close contacts of cases. Specific recommendations for this layered approach include:

Universal face masking when indoors for all students and staff, regardless of vaccination status

- Universal school masking is recommended because a significant portion of the student population is not yet eligible for vaccines; most schools do not have a system to monitor vaccine status of students, teachers and staff;
  and most communities have insufficient COVID-19 vaccination levels. Universal use of face masks is proven to reduce transmission of the virus and to protect those who are not vaccinated.[iii] The American Academy of Pediatrics recommends universal masking for in-person school environments.

School surveillance and testing programs.

- Close tracking of influenza-like illness and absenteeism among students and staff, with transparent reporting so that opportunities for improved risk management can be identified and employed early
- Voluntary individual, pooled, or wastewater testing programs can provide early warning of growing case rates and prevent school-based clusters. A growing body of evidence suggests that school-based testing is an important intervention in creating a safe in-person school environment. [iv] [v] [vi]

Home isolation of confirmed COVID-19 cases and follow CDC quarantine guidelines for unvaccinated students and staff that have been exposed to COVID-19

- This policy follows accepted public health practice for COVID-19 and is consistent with current CDC guidelines

Enhanced building ventilation, cleaning and disinfection.

Adoption of an accessible and all-encompassing approach for mental health support.

As schools implement these layered interventions, they should monitor community conditions and adjust school policies to align with new information about the pandemic. Important community factors include local COVID-19 transmission and hospitalization rates, test positivity rate, vaccination statistics, and COVID-19 prevalence and transmission in schools. To facilitate this, health departments should continue publicizing this data on their public dashboards. Administrators should refine approaches when specific policies are not working. In executing their plans, school leaders must closely communicate and coordinate with parents and guardians, the children, state and/or local public health authorities, school nurses, local pediatric practitioners, and other medical experts.

[i] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1001354/Variants_of_Concern_VOC_Technical_Briefing_17.pdf

[ii] https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2901358-1

[iii] https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/masking-science-sars-cov2.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fmore%2Fmasking-science-sars-cov2.html

[iv] https://www.cdc.gov/mmwr/volumes/70/wr/mm7021e2.htm

[v] https://www.rand.org/pubs/research_reports/RRA1103-1.html

[vi] https://www.medrxiv.org/content/10.1101/2021.04.14.21255036v1.full.pdf