



Summary of Office Hours for Education and Childcare Settings

2/14/2022, 4-5 PM CST

Report

(Michelle Funk, Medical Director) 00:07:32.650 --> 00:21:06.750

My name is Michelle Funk and I am the Medical Director for the Youth Settings group with the Chicago Department of Public Health. I have two team members who are collaborators and hired through the CDC Foundation. We have Jasmine and we have Kaitlyn, and we are very happy to have them here with us today, so thanks for joining.

An overall reminder with programs for daycares, they must report to CDPH clusters of 2 or more cases of COVID-19 occurring within 14 calendar days of each other within 24 hours of identifying the cluster. We're going to go over some of the background here. As a reminder for the school steps, we get cases from either self-report or screening and those are done at the school level. This is more for schools, not so much for daycares. These cases are, for the most part, from self-reports, but you, at the daycare or at the early childhood education center, will receive reports of COVID-19 cases and then the cases are isolated.

The close contacts are then quarantined and sometimes classrooms may be shut down, depending on the circumstances, if it's a staff case. Some cases will potentially be investigated a little bit further and that early childhood center community will be notified at the same time cases, ideally, are reported to CDPH. Cases are also being reported to DCFS and based on those reports, we at the public health department, are deciding whether there are enough cases that we need to be concerned about and whether additional public health action needs to be taken.

The main reason for this meeting is to go over the new guidance that we had created a couple of weeks ago in response to some guidance from the CDC, as well as from the Illinois Department of Public Health and from DCFS with relation to isolation and quarantine of individuals related to COVID-19.

Just as a reminder here, isolation applies to those who are positive for COVID-19. In these circumstances, individuals must stay home for 5 days. The date of their symptom onset, or of their positive test results if they're asymptomatic, that's Day Zero. Then they can return to school or early childhood education on Day 6 if they can mask consistently and correctly, or they can maintain an appropriate distance. It's ideally both, but we want to make sure that they're separated enough if they're not masking appropriately. The second part is that they have not been experiencing symptoms of COVID-19 for over



24 hours with no fever-reducing medications. Isolation is independent of vaccine status. Anyone who is positive must be isolated for at least that 5-day period. On the other hand, quarantine is for those who have been exposed to someone who has tested positive to COVID-19. It's an additional preventive measure, and in this case, the next steps are dependent on vaccine status.

The new quarantine guidelines, this is for adults, essentially staff in the early childhood setting. If the individual has completed a primary vaccine series and they've received their booster if eligible, OR if they have completed their primary vaccine series and they are not yet eligible for a booster, that's 5 months for Pfizer or Moderna, or less than 2 months for Johnson & Johnson, then they can continue to work, but they must wear a mask around others indoors for the full 10 days, so from Days 1 to 10. They ideally should be testing on Day 5. It's not required, but it's strongly recommended. If a person develops symptoms, they should immediately quarantine until a negative test confirms that the symptoms are not caused by COVID-19.

On the other hand, if the person is not up to date on their vaccine, and this definition comes from the CDC, meaning that they have completed the primary series, but they haven't gotten their booster OR if they haven't completed their primary series OR if they have never been vaccinated against COVID-19. With the primary series, that means at least 2 weeks after that second dose. In this case, they should stay home for the first 5 days. They can return to work if they don't have any symptoms develop, but they must wear a mask around others indoors from Day 6 to 10. If they do have a positive test on Day 5, it's [strongly] recommended [but] not required, then they must isolate and they have to continue with the full 5 days of isolation and wearing the mask. So that's for adults.

For children, this is kind of where it can be a little bit tricky because there are many different variations on vaccine status. So first, if the child is old enough and has completed their 2 doses of the vaccine series and it's been at least 2 weeks since that second dose, they can stay in school if they've been exposed. They can wear a mask around others for 10 days, and they should test on Day 5 if possible, continuously monitoring symptoms. If they develop symptoms, then they should quarantine.

However, if the individual has only completed a single dose OR if they completed both doses less than 2 weeks ago OR if they're not vaccinated, maybe if they're not old enough, to be eligible for vaccination. They can return to school after a 5-day quarantine IF they're able to mask correctly and consistently throughout the duration of the school day, and that would be from Day 6 to 10. Ideally, in this circumstance they would still be tested on Day 5, if possible, and if that test comes back positive, they then must isolate. So that means that they need to stay home for 5 days AND stay separated from others to the best of their ability, given that they're children, but obviously their parents are going to be caring for them.

If they're ineligible for vaccines due to age and they're unable to wear a mask, so we're talking infants zero to one years old, then it's safer for them to stay home for 10 days and ideally just as the others. They should be tested at Day 5, if possible. Again, this is something that all these guidelines are technically, a should instead of a must, meaning that it's not absolutely required, but really if you think about it, we're not having as many layers of protection for this age group. They can't mask, they can't



distance really, they're not eligible for vaccines, so that's why the guidance is written this way, and it's also something to think about in terms of interpretation.

We have a couple of frequently asked questions because we do have many schools get the same types of questions, and so, we're going to review that. We have a guidance frequently asked question for a 3-year-old Colton, who is identified as a positive case last Monday. The mother of the student, Sydney, is unvaccinated and is staff at the same daycare and cares for Colton at home. Does Sydney, the staff member, need to quarantine? If we count the last day of exposure to the positive COVID-19 case is the last day of exposure is Day 5 of Colton's isolation. That means we have 5 days of Colton's isolation, plus 5 days of Sydney quarantine, that equals 10 days. Now if Sydney tests positive on the 5th day of this, or at any point, then that would start day zero for her isolation period. If they're separated at home, then you can quarantine Sydney early, starting earlier. So essentially, Day Zero would be the last time she had direct exposure with Colton.

Another question, siblings Maggie and Vanessa attend the same daycare. Maggie is in the red room and Vanessa is in the blue room. The blue room had a positive case and Vanessa was identified as a close contact and has to quarantine. Question, can Maggie continue to come to school? The answer is yes, Vanessa is the close contact, not Maggie. Maggie is the contact of a close contact, and so, she does not need to quarantine. However, if Vanessa becomes ill, then she would go into isolation. And then, Maggie would be in close contact with her sister and would need to quarantine, and it would be similar to the quarantine time frame of the previous question.

We wanted to highlight one other thing. We talk about layers of protection, and, how the guidelines are influenced by vaccination status. For those daycare staff that maybe haven't gotten their booster yet, we wanted to emphasize that we do have some vaccine resources out there. I know many of these have already ended, but there are still some dates available at some of the Chicago City Colleges coming up still in February. We also do have access to the vaccine events throughout Chicago. We do have our at-home program for the COVID vaccine and which you can schedule to have up to 10 people vaccinated within the home and this is a good way to get the whole family vaccinated at the same time. It's possible to host a clinic so we have some access to that.

Just a reminder, if you need a vaccine or booster, or if you have any questions, going to chi.gov/covidvax or giving us a call at this number [312-746-4835]. We also do have some testing resources for those who have any questions about testing. We do have Connect Chicago and as well as some SHIELD Community [Testing] Sites. If people are concerned about feeling ill and they want to make sure that it's not because of COVID, this is a perfect opportunity. Also on CPS' website, there are some pediatric COVID testing sites listed. And then finally, for daycares, if you want to report a case and have any questions, please feel free to reach out to our Youth Settings group. This is the email [covidschools@chicago.gov] and the phone number [312-746-6015] and we'd love to hear from you.

If anyone has any questions and they are reporting cases and don't hear back, we probably have still reviewed your cases, it's just maybe something that hasn't become an immediate public health concern based on the information that we have. So with that said, I will open up to any questions.



(School X) 00:21:18.680 --> 00:21:41.610

Hi, we get asked a lot what the metrics are for positive cases and shutdowns, mandated shutdowns of classrooms or schools by CDPH as we get in these cases, do you? I said, we don't have metrics, we ask CDPH what to do. Do you all have metrics of if you see a certain percentage of a school test positive?

(Michelle Funk, Medical Director) 00:21:42.290 --> 00:23:12.860

We don't. The big concern that I would have is if we see widespread COVID transmission within the school. For every school, that can be different because it could be if we're seeing a lot of cases and they're all located in the same classroom, then we can take the action of shutting down that classroom and reviewing to make sure that infectious disease protocols are being followed appropriately. However, if we're seeing that multiple classrooms and multiple schools in multiple areas of the school are being affected by outbreaks, then we may make that decision. But it's going to look a little bit different for each school because of ability to separate students. Based on masking protocols, based on if we can trace that back to say, for example, if it was one staff member who happened to spread it to multiple classrooms and there's some classrooms that are not affected. Generally speaking, we're not really in a place where we tend to shut down schools and we have to take all those pieces of information into consideration when we're making these decisions. Any other questions?

(Jasmine Baldwin, School Team Lead) 00:23:18.210 --> 00:23:30.850

We have a question from the Q&A that we had up, so this is from Bright Horizons. They wanted to know, the quarantine for toddlers and infants, is it a hard 10 days?

(Michelle Funk, Medical Director) 00:23:22.030 --> 00:25:58.470

Okay, so I would say for the quarantine for toddlers and infants it is not a hard 10 days, but it would either be the 5 [days] or the 10 [days]. That's based on masking so when we think about COVID transmission, from Days 0 to 5, most of the transmission of, especially the Omicron variant, is shown to occur based on the information that we have. However, Days 6 through 10 are not completely without risk. We do sometimes have even a residual risk of around 30% transmission, from some of the data that's out there, that potentially 30% of people could still be spreading the virus during Day 6 through 10. When we think about what strategies we have in place, we have to consider what other layers of protection we have. One of them is physical distancing, another one is masking, another is if this is a group that is eligible for the vaccine. And so, with very young children, if they're not able to mask or shouldn't be masking because of their age, say we have an older infant or if we have students that also can't physically distance because they need to be cared for by a staff member with close contact, then we start to have some decreased ability to really do anything to prevent against COVID-19 in these circumstances. And so, we really want to make sure that what we do have in place is still going to protect them and their families. Many times, that leaves just the quarantine which is the longer time frame of 10 days unfortunately. But there may be circumstances where we keep all this in mind where that is not the case, so we want to allow for that flexibility. But I would say that in most circumstances, those younger children are going to really need to have the longer quarantine, because they don't have any other safety measures in place.



(Jasmine Baldwin, School Team Lead) 00:26:04.590 --> 00:26:18.990

Thank you, and then we have something from Christopher House. Christopher House said, "looking forward to discussing implementation of reduced timelines within early childhood classrooms."

(Michelle Funk, Medical Director) 00:26:20.530 --> 00:27:38.900

Okay, I'm hoping this is specific to the isolation and quarantine guidelines. Going back to what we were discussing, and I'm thinking this might address your question as well Anita, on some questions about masking indoors. At this time, I can tell you that places outside of the city who do not have the indoor masking requirement in effect really have to use a 10-day quarantine for pretty much everyone because of that extra risk from Days 6 to 10. If there isn't a mask to protect these children, then essentially, we need to go back to using a longer quarantine period. In terms of implementing the shorter time frame, I think if you have a group that can reliably mask, correctly and consistently, this is a pretty good option for helping to keep students in school or in the early childcare setting. Any other questions?

(School X) 00:28:21.740 --> 00:28:31.170

Thank you. Is there a reason why CDPH doesn't endorse Test To Stay or Test To Return for this age group?

(Michelle Funk, Medical Director) 00:28:32.020 --> 00:29:32.000

Yeah, so that's a good question. We are, it hasn't been endorsed broadly on the CDC level yet or on the IDPH level. However, there are some pilots that are interested in this area, but the whole process has to be overseen so that there's consistency and the way that they're brought out. Depending on the circumstances, this may be something that could be discussed further if there's some interest on the part of the daycare. I know that they have specific requirements of what they need in order to include a program. But if there's something that we can discuss a little bit further, you can reach out to me and Courtney Bauer and we can discuss a little bit offline to see if those are things that we can match you with the appropriate people.

(School X) 00:29:34.710 --> 00:29:46.800

Sorry, one more question that I get from parents a lot with the changes is, "why return on Day 5 without a test"?

(Michelle Funk, Medical Director) 00:29:42.330 --> 00:30:55.190

So that is a decision up to the school and a lot of the reason for it is because when a lot of these guidelines came out, it was much harder to get tests. So essentially, I think if the daycare wants to create a requirement for the Day 5 test, I think that is safer for the people coming back to the school. However, I think that we have to take into consideration the groups that are coming into the daycare. For example, if you feel, and especially now that the tests are becoming more available, and from the federal government, that might be a good option to allow for some of these tests to return. But I know that for a while it was really difficult to get tests and I do agree that, yes, you probably are going to ask about PCR. I do think that's probably the better way to go to be quite honest. But if they're asymptomatic and they're having a negative test, then that would still be better than not having any tests at all.



(School X) 00:30:55.490 --> 00:31:10.250

It was interesting because DCFS was endorsing the antigen over PCR now, are you? So, I guess my next question would be the home tests versus having to go out. I'm getting really nitty gritty here.

(Michelle Funk, Medical Director) 00:31:11.130 --> 00:32:03.430

We always are going to align with the DCFS is on the guidance in terms of early childhood centers. So, I would say if there is the access for that, that's appropriate. The big problem or question on this level is to know for sure if the person who had the test is the correct person. That's why a lot of times having a negative test to return, if that's going to be a requirement, you're going to have to consider how much you trust that result coming from someone at the household as opposed to having a testing center looking at the results. That's one of the big considerations there.

(Jasmine Baldwin, School Team Lead) 00:32:12.710 --> 00:32:29.710

And to clarify, for our at-home daycares, I know that some of them were asking, "Do all of the guidelines still apply for us"? So specifically, I'm talking about the quarantining and isolation. Are the same guidelines still applying to the at-home daycare settings?

(Michelle Funk, Medical Director) 00:32:31.190 --> 00:34:47.360

So they're not technically licensed by DCFS, but I would say that using any of the any of the guidance that we create is made with the consideration of the way that the virus is transmitted and the potential risks to the age groups within this particular setting. So, while technically, they're not overseen by DCFS, we still think that the guidance should fit with what is recommended within an at-home daycare setting.

If there's anything that you need, feel free to reach out to us at the Youth Settings email address [covidschools@chicago.gov]. Again, we do review the cases that you report. And if the cases that you report, if we don't get back to you, we have reviewed it. It's that we're not worried about risk within your particular school based on the way that cases have been reported. But being as detailed as possible, having information about what classroom the students were in if they test positive, this is very helpful. And, of course, being aware of the dates that they had a positive test or any signs that occurred can help us to make decisions, thank you so much. And, please, do reach out. Don't hesitate if you have any further questions.

END OF TRANSCRIPTION

