



Early Childcare Education: Communicable Disease Updates

Dr. Michelle Funk

CDPH Medical Director

Youth Settings- Disease Control Bureau



COVID-19 Guidelines Updates

WHAT'S A COVID-19 COMMUNITY LEVEL?

- It's a new tool to help communities decide what prevention measures to take based on the latest data
- Every community in the United States is classified as:

Low

Limited impact on healthcare system, low levels of severe illness

Medium

Some impact on healthcare system, more people with severe illness

High

High potential for healthcare system strain; high level of severe illness



cdc.gov/coronavirus

COVID-19 FACTSHEET

CDC's COVID-19 Community Levels and Indicators



New Cases (per 100,000 population in the last 7 days)	Indicators	Low	Medium	High
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

The COVID-19 community level is determined by the higher of the inpatient beds and new admissions indicators, based on the current level of new cases per 100,000 population in the past 7 days



Our local risk based on CDC COVID-19 Community Levels is:

Medium

	New cases per 100,000 population (last 7 days) <i>[Goal is <200]</i>	New admissions per 100,000 population (last 7 days) <i>[Goal is <10]</i>	Percent of staffed inpatient beds occupied by COVID-19 patients (last 7 days) <i>[Goal is <10%]</i>
City of Chicago	138	8.6	4.2%
Cook County (including City of Chicago)	167	11.8	4.7%

Cook County dropping below 200 moved us to Medium

*Chicago metrics are calculated based on Chicago-level data.
Cook County metrics are calculated by the CDC and posted on the [CDC Community Levels website](https://www.cdc.gov/communitylevels/).
Data current as of 8/17/2022.*

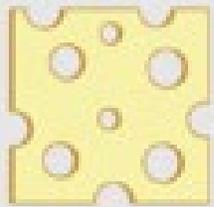
Future Health Goals for Schools

- **To keep students and staff safe from communicable disease**
 - To promote healthy behaviors and appropriate hygiene that minimize disease transmission in youth settings.
- **To protect the social and emotional health of school communities**
 - To preserve in-person learning.
 - To minimize burden on staff and administrators.

Layers of Defense Against COVID-19 in Schools

CDC recommended prevention strategies can be layered in different ways – the number and intensity of the layers can increase if community transmission increases

As community transmission increases, more holes appear in the defenses, meaning more layers of protection may be needed.



As the vaccination rate within a building or facility increases, fewer holes will appear in the defenses.

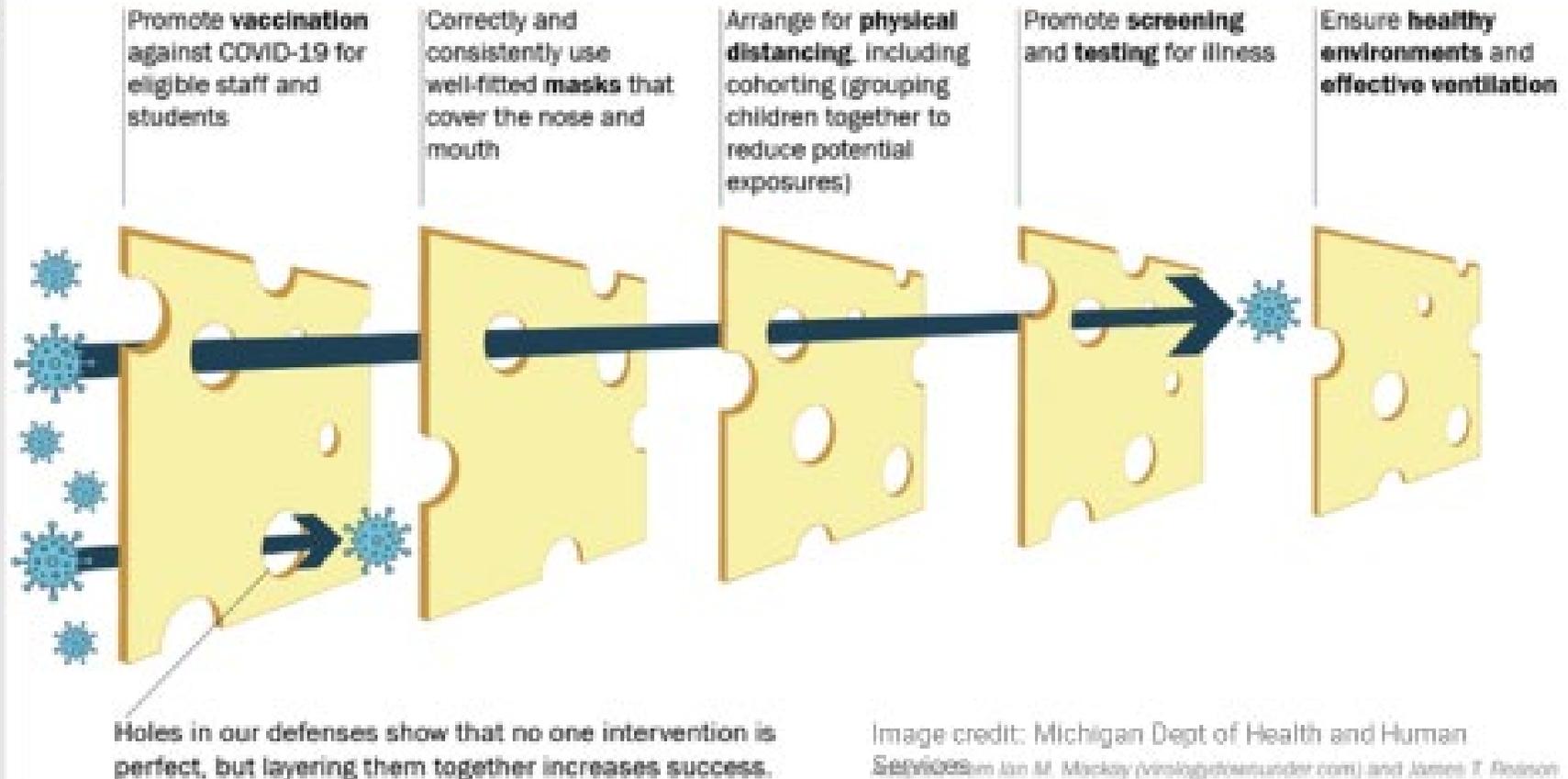
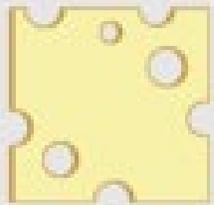


Image credit: Michigan Dept of Health and Human Services
Sapiridis, Jan M. Mackay (virologist@overunder.com) and James T. Reison

Isolation and Quarantine

- **Isolation:** for those who have tested positive
- **Quarantine:** for those who have been exposed

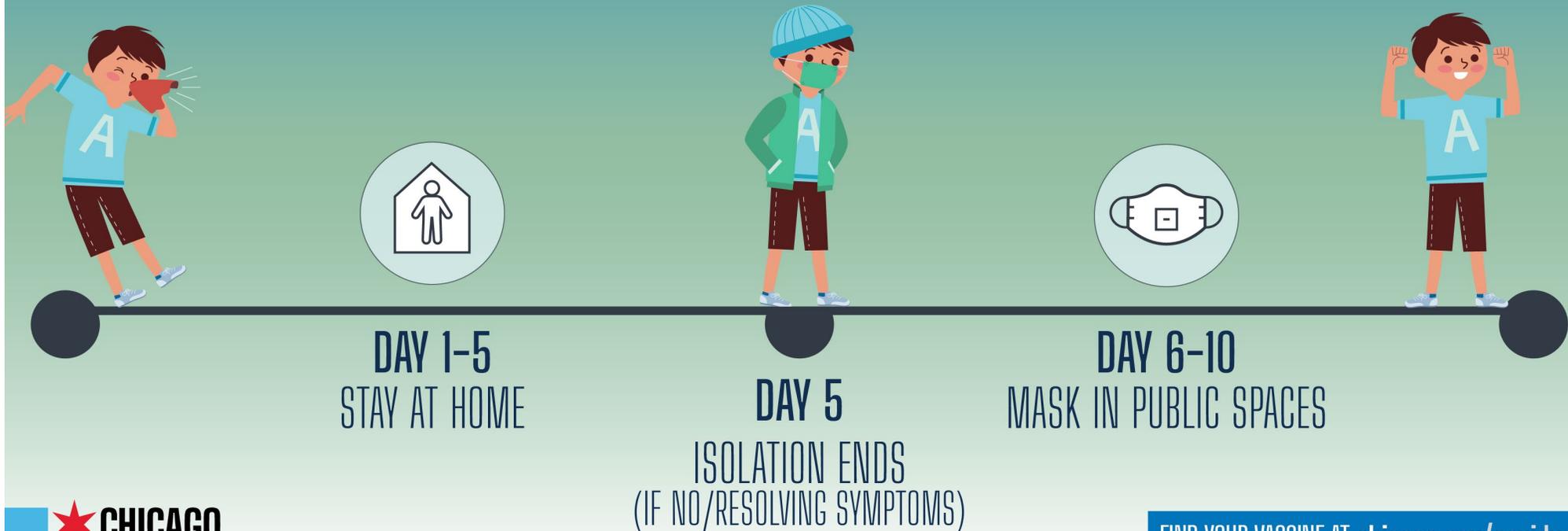
Quarantine Changes

- If **exposed**, no longer required to stay out of ECE, **regardless of vaccine status**
 - **Previously, unvaccinated/ not up to date individuals had to stay out of school for 5 days and return masked on day 6.**
 - **Previously, vaccinated individuals were able to stay in school as long as fully masked.**

ISOLATION GUIDANCE DID NOT CHANGE

REMEMBER: IF YOU CATCH COVID-19

Regardless of vaccination status, stay home for 5 days. If your symptoms are resolving or gone by Day 5, you can leave your house but *you must continue to mask* while around others for Days 6-10.



Masking

Required

- When returning from isolation after testing positive, days 6-10
- From days 1-10 after an exposure,
- If experiencing symptoms
- When in an outbreak (>3 cases per classroom)
- Otherwise under direction of CDPH

Encouraged

- At Medium and High Community level
 - (Universal masking)

REGARDLESS OF YOUR COVID-19 COMMUNITY LEVEL, YOU SHOULD MASK IF YOU HAVE



Symptoms
of COVID-19



Positive
COVID-19 Test



Exposure
to someone
with COVID-19



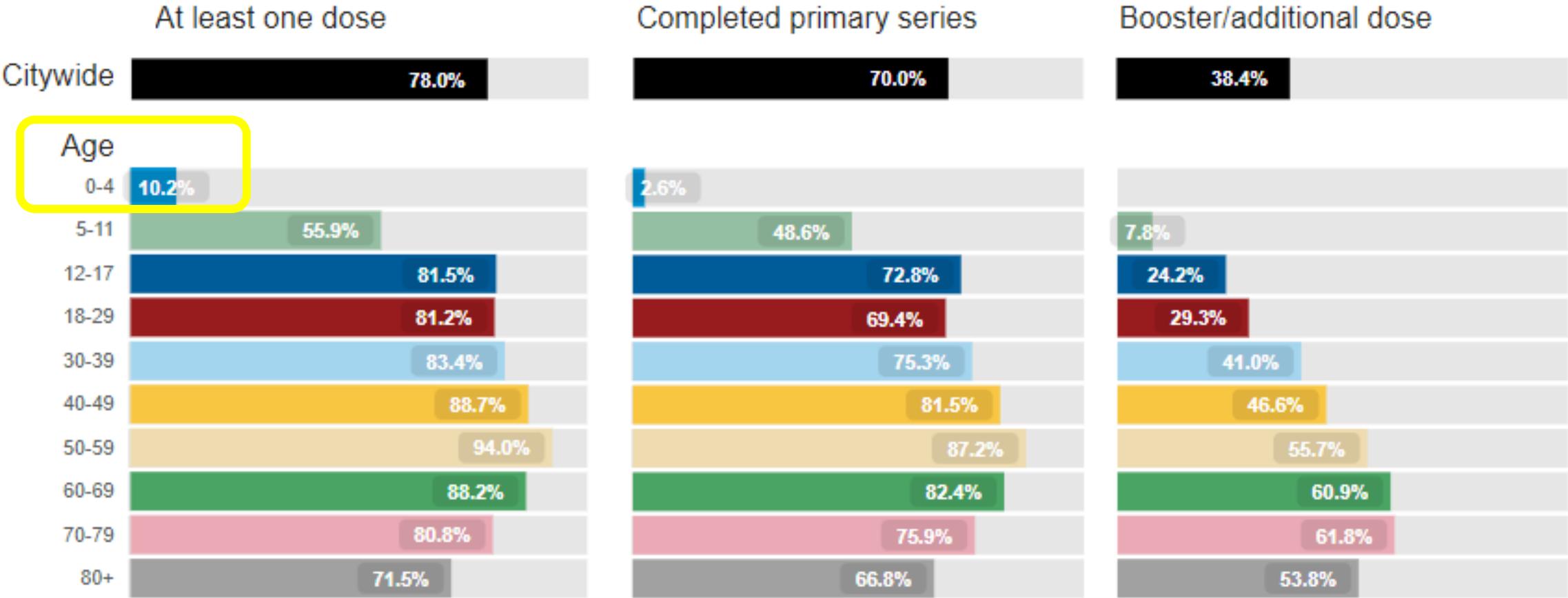
cdc.gov/coronavirus

Vaccine

- Continues to be one of the best ways to prevent severe illness.
- Everyone age 6m and older is eligible for vaccination.
- Everyone age 5 year and older is eligible for a booster.
 - 50+ and immunocompromised 12 and older eligible for 2nd booster

Chicago: COVID-19 Vaccine Coverage

10.2% (roughly 16,614) of Chicagoans under 5 have received one dose of COVID vaccine.





SHOULD MY 5-11 YEAR-OLD CHILD GET THE COVID-19 VACCINE?

YOUR ANSWER MAY COME FROM **KNOWING** THAT...



The COVID-19 vaccine is new, but the science behind it is well established.

8M+

In the U.S., over 8 million children have already had at least one dose.



The children's dose is 1/3 the size of the adult dose.



Vaccines have been with us for at least 100 years.

Deciding to schedule the first dose may not be easy, but **it's the safe thing to do.**



FAMILY COVID VACCINE CLINICS

ADULT / PEDIATRIC VACCINE DOSES & BOOSTERS AVAILABLE

SATURDAYS • 9AM - 2PM

KENNEDY-KING COLLEGE

6301 S Halsted St

June 25 / July 23 / August 20

WILBUR WRIGHT COLLEGE

4300 N Narragansett Ave

July 2 / July 30 / August 27

RICHARD J. DALEY COLLEGE

7500 S Pulaski Rd

July 2 / July 30 / August 27

TRUMAN COLLEGE

1145 W. Wilson Ave

July 9 / August 6 / September 3

MALCOLM X COLLEGE

1900 W Jackson Blvd

July 9 / August 6 / September 3

**Open to all Chicagoans 6M+. Registration recommended.
Walk-ins accommodated as space allows.**

Pfizer and Moderna vaccines offered for children age 6 months through 4 years,

GET VAXXED AT HOME!

- Anyone age 6 months and older can get a COVID-19 vaccine at home
- Moderna (age 6 months through 5 years) and Pfizer (age 6 months and older) will be offered. Those eligible for a booster can also request a booster dose of Pfizer vaccine.
- Up to 10 people can get vaccinated at the same time
- Appointments: Saturday-Tuesday, 8:00 am to 6:30 pm



UPDATE: Through August 30, 2022

Any Chicagoan age 5+ can receive a \$50 gift card for booster doses* regardless of zip code.

*Patients must verify they have not received more than \$100 in COVID-19 incentives to qualify. Incentives provided while supplies last. All gift cards will be delivered by mail, not at the time of the appointment.

Chicago residents of certain zip codes are eligible to receive a \$50 gift card for each dose of primary vaccine administered.

ELIGIBLE CHICAGO ZIP CODES

60608, 60612, 60617, 60619, 60620, 60621, 60624, 60628, 60633, 60636, 60637, 60644, 60649, 60651, 60653, 60707, 60827

FOR APPOINTMENTS: [CHICAGO.GOV/ATHOME](https://chicago.gov/athome) • 312-746-4835

Testing

- Encourage testing (rapid antigen) at day 5 after exposure
- Serial testing may identify cases sooner after an exposure
- Increase access to testing in an outbreak (at least 2 times per week, though 3 times a week may be helpful)
- Screening testing no longer required, but is advisable for high risk activities (athletics, choir, etc)

Post Exposure Testing

DAY 0 (DAY EXPOSED)	ACTIONS	
DAY 1	Between exposure and day 4: Perform 1 st test*	If test is positive, stay home and isolate, then return days 6-10 with a mask.
DAY 2		
DAY 3		
DAY 4		
DAY 5	Between days 5 and 7: Perform 2 nd test*	
DAY 6		
DAY 7		



Decision Tree Recommendations for Evaluating Symptomatic Individuals from Pre-K, K-12 Schools and Day Care Programs

Isolate⁴ if **ANY** of the following symptoms² are present: Fever (100.4°F or higher), new onset of moderate to severe persistent headache, shortness of breath, new cough, sore throat, vomiting, diarrhea, new loss of sense of taste or smell
 When suspicion of COVID-19 is high due to other symptoms, school health officials should isolate students/staff.
 Testing is **Strongly Recommended** for ALL Persons with COVID-19-Like Symptoms, Regardless of Vaccination Status.

Status	Return to School Guidance (For recently vaccinated persons, see Post Vaccination Guidance)	Quarantine Close Contacts? ⁵	Additional Guidance
A. COVID-19 diagnostic test positive (confirmed with PCR test or probable with antigen test ³) OR COVID-like symptoms without COVID-19 testing and exposed to confirmed case (probable case).	For those that can mask upon return, <u>isolate</u> for at least five calendar days ⁴ from onset of symptoms; return after the five calendar days AND if 24 hours with no fever (without fever-reducing medication), diarrhea and vomiting ceased for 24 hours AND improvement of symptoms AND consistent masking upon return through day 10. If unable to mask, isolate for 10 days.	No	The local health department may supply dates as to when a student or staff member can return to school, otherwise schools should permit return consistent with this guidance. Letter from local health department releasing the student or staff member from isolation or quarantine is not required.
B. Symptomatic individual with a negative COVID-19 diagnostic test <i>Negative COVID-19 diagnostic tests are valid only for the date on which they are collected; specimens collected within 48 hours of onset are acceptable for determining school admission status. If testing is not accessible or delayed, testing within 72 hours would be acceptable, but testing within 48 hours of onset should be promoted (Home Tests are Allowed).</i>	<u>Isolate</u> until symptoms have improved/resolved per return-to-school criteria for diagnosed condition, including fever free for 24 hours, symptoms improving and until 24 hours after diarrhea and vomiting have ceased. Follow provider directions, recommended treatment and return to school guidance as per school policies and IDPH Communicable Diseases in Schools .	NO	NAAT (PCR) testing/confirmation or serial antigen (2 or 3 test 48 hours apart) is recommended ⁶ , especially if the staff/student is a close contact to a confirmed case, the school is experiencing an outbreak, or the local health department is recommending due to high Community Levels (see CDC Testing Algorithm). For persons who have had COVID-19 within the past 90 days, antigen tests are recommended .
C. Symptomatic individual without diagnostic testing who is not a known close contact to a confirmed case.	For those who can mask upon return, isolate for at least five ³ calendar days from onset of symptoms; return if 24 hours with no fever (without fever-reducing medication), vomiting and diarrhea have ceased for 24 hours, AND improvement of symptoms AND consistent masking upon return through day 10. If unable to mask, quarantine for 10 days.	NO	If the ill individual is not tested within 24 hours of first notification of symptoms, household members should be sent home.

1 Based on available data and science, schools must make local decisions informed by local context in consultation with their local public health department. This chart provides recommendations that should be consider in conjunction with the [Centers for Disease Control and Prevention Guidance for COVID-19 Prevention in K-12 Schools](#).

2 New onset of a symptom not attributed to allergies or a pre-existing condition.

3 In most situations, a positive antigen in symptomatic person does not require a confirmatory test, should be

considered a probable case (follow Row A and D) and will not be discounted or deemed a false positive with a negative PCR.

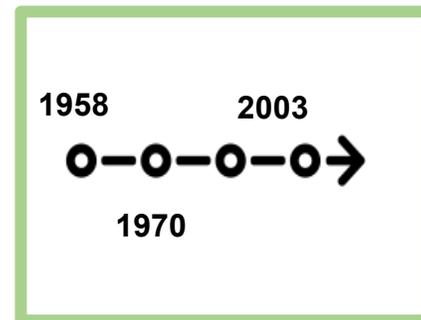
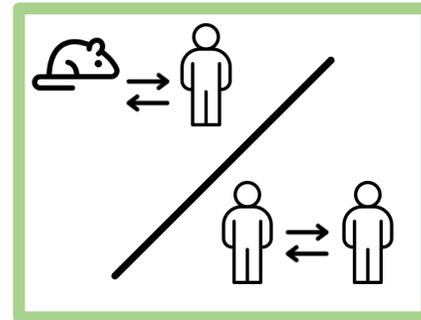
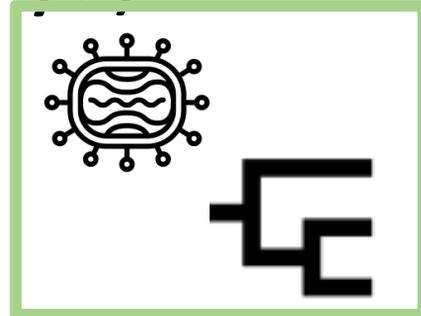
4 Severely immunocompromised or severely ill may need to be isolated for 20 days as per guidance from the individual's infectious disease physician.

5 CDC no longer recommends quarantine for close contact but [recommends](#) masking and testing.

6 [FDA At Home COVID-19 Antigen Tests – Take Steps to Reduce Your Risk of False Negatives](#).

Monkeypox Virus (MPV) Update

MPV Background: Not a new virus and nothing to do with monkeys! (except first detected in monkeys)



- DNA virus
- Member of orthopox genus (along with the viruses that cause smallpox and cowpox)
- No relation to COVID-19 virus
- Historically: Animal to human transmission (African rodents)
 - Prior to 2022, nearly all MPV cases outside of Africa linked to international travel or imported animals; 0 cases in U.S. most years
- Current outbreak: Human to human transmission
- 1958 First detected in animals
- 1970 First detected in humans
- 2003 US imported animal outbreak

MPV cases diagnosed in Chicago residents (updates

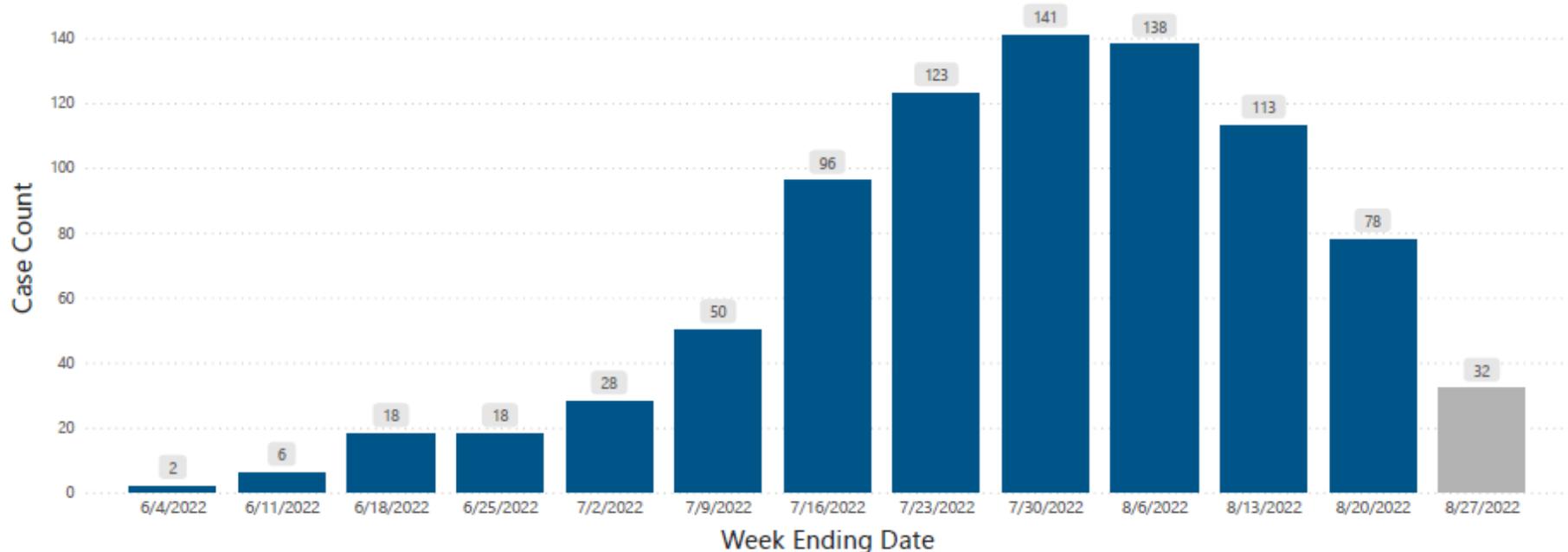
M ^{CA}

Chicago MPV (Monkeypox) Case Summary

Data last updated 8/29/2022. Counts include cases with specimen collections through 8/24/2022 to account for reporting lags. Data are updated M-F at 2:00p.m., except for City holidays. All data are provisional and subject to change.



MPV (Monkeypox) Cases Diagnosed in Chicago Residents, by Week



*Data represented in the gray-colored bar(s) are not yet complete

While the overall risk of MPV remains low, see a healthcare provider if you develop symptoms

- Symptoms:
 - Rash that changes in shape
 - Flu-like illness (fever, enlarged lymph nodes, chills)
 - Lasts for about 3 weeks
- Incubation period: **3-17 days**, but can be as long as 21 days
 - Only transmissible when rash is present
- Transmission is primarily through **skin-to-skin contact with rash/lesions**.
 - Highest risk of spread is through sex and other intimate contacts

Visual Examples of Monkeypox Rash



Photo Credit: NHS England High Consequence Infectious Disease



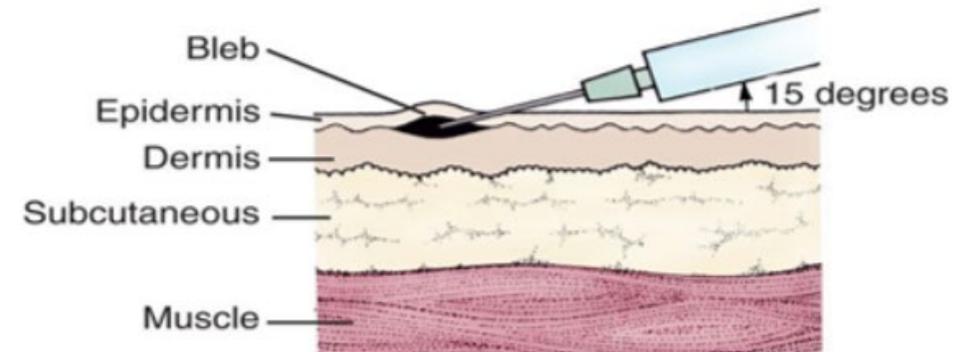
Widespread MPV **TESTS** available. **TREATMENT** exists.

- **Testing capacity has ramped up and is now plentiful**
 - Effective diagnostic testing capacity, up to **70,000-80,000 tests can be performed per week** nationally
 - Now in public health **and** commercial labs
 - Swabs of lesions can be collected by any medical provider
 - Please get tested if you have symptoms!
- **Treatment is available**
 - FDA-approved **antiviral medication** (EU-IND tecovirimat - TPOXX)
 - Higher-risk patients
 - Prescribed through health care providers



Post Exposure **VACCINE** exists.

- FDA issued Emergency Use Authorization permitting JYNNEOS vaccine to be administered in *smaller* doses by *intra*dermal injection
 - Much shallower injection, just under surface of skin (rather than a larger dose in a deeper layer of the skin)
 - Similar technique to tuberculosis skin test
- **Authorized under emergency use (EUA) for those who have been exposed in pediatric population**
 - Includes those who are under 18.
 - Need parental consent



WHAT ARE MY **MPV** RISK FACTORS? **?**

BASED ON WHAT WE KNOW SO FAR.

HIGHEST RISK

- Sexual or intimate contact (even when wearing condoms)
- Direct contact with the infection rash, scabs, or body fluid

SOME RISK

- Kissing / Cuddling
- Dancing at a crowded party inside with non-fully clothed people
- Sharing drinks
- Sharing a bed, towels or personal toiletry items

UNLIKELY

- Dancing at a crowded party outside or inside with fully clothed people
- Coworker-to-Coworker transmission
- Touching a doorknob
- Trying on clothing in a store
- Traveling in an airport or on a plane
- In a swimming pool, hot tub or body of water
- In public restrooms or on public transit
- At a grocery store, coffee shop or a gym (via equipment)

Risk of Spread in School is **LOW**

- Spread through direct contact with sores
- Spread when symptomatic

- Treatment is available
- Vaccine is available for those at risk from exposure

What Should Schools Do?

- Exclude those who have tested positive until rash scabs over and new skin appears (about 3 weeks)
- Inform CDPH and OSHW
 - Can work with schools to perform risk assessment and connect vaccine to those who have tested positive.
 - Consider implementing a symptom screener to enhance at home monitoring
- Clean and disinfect surfaces that have had direct contact with individual who tested positive.

Communicable Diseases in Schools: HAN page

Needs for Schools to Achieve Goals

- **Easy access to changing guidance**
 - How to implement in school settings
- **Resources**
 - Messaging changes to school communities
 - Training for staff members taking on new responsibilities
- **Support**
 - Outbreak investigations
 - Reassurance

Lessons From COVID-19

- Improved collaboration between School Administration and the local health department can protect the health and wellbeing of students and staff, while preserving in-person learning

Connect with us through the Chicago HAN

The Chicago Health Alert Network (HAN) the primary method for CDPH to share public health information with clinicians.

- Before COVID it focus on providing this information to clinicians in clinical settings like hospitals and primary care.
- We have expanded the reach to include schools, with a target audience of school nurses and school administrators.
- CDPH is building a school focused resource library.
 - Communicable diseases
 - Chicago Resources

The screenshot displays the Chicago Health Alert Network (HAN) website. The header includes the CHI logo and navigation links for Home, Diseases & Conditions, COVID-19, COVID-19 Vaccine, Programs, Data & Resources, and About Us. The main content area is titled "School Health" and contains a list of bullet points discussing the importance of schools for young people, access to education, and CDC resources. A sidebar on the right features a "Latest Alerts" section with a "View All" link and a "Quick Links" section with links to "Pregnant & Parenting Youth", "Behavioral Health in Schools", "Communicable Diseases in Schools", and "CDPH School Health Programs".

Communicable Disease HAN

Vaccine preventable disease

- Chickenpox
- Measles
- Mumps
- Rubella
- Influenza
- Pertussis (whooping cough)

Other communicable disease

- Norovirus/ diarrheal disease
- Strep throat
- RSV
- HFMD
- Viral meningitis
- Impetigo,
- Monkeypox Virus (MPV)

Sign up for the HAN

Access Request Form

Important! Please read the instructions very carefully.
Note: Fields with asterisks * are required fields that you must fill out to complete the request.

Introduction **User Information** Subscriptions and Dynamic Groups Verification

First Name *	Middle Name	Last Name *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone *	Ext	Email *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Confirm Email *		
<input type="text"/>		
Organization Type *	Organization *	Title *
School	Chicago Public Schools - Central Office	<input type="text"/>
Department *	Area/Field *	Role *
<input type="text"/>	select	select

- select
- Administration
- Clinical Services
- Behavioral Health
- Educator

Access Request Form

Important! Please read the instructions very carefully.
Note: Fields with asterisks * are required fields that you must fill out to complete the request.

Introduction User Information **Subscriptions and Dynamic Groups** Verification

Subscriptions

Choose any subscriptions you would like to be included in for alert notifications. If you are subscribed to a topic below and that topic is selected for an alert notification you will receive the alert. You will be able to manage your subscriptions under "My Profile" section of HAN once you are logged in.

Choose Subscription Topics (mouse over label for description)

- Behavioral Health
- CDPH Data and Reports
- Child and Adolescent Health
- Early Childhood Education
- Education: K-12
- Geriatric Health
- Higher Education and Trade Schools
- Infectious and Communicable Diseases
- Maternal Health
- Novel and Emerging Diseases and Conditions
- Substance Use Issues

Dynamic Groups

Choose any dynamic group that you would like to join. Once your account is approved, your request to join the dynamic group will be sent to the dynamic group manager. You will be able to manage your dynamic group request(s) under the "My Profile" section of HAN once you are logged in.

Choose Dynamic Groups (mouse over label for description)

- Chicago Healthcare Coalition Emergency Preparedness POC
- Chicago Healthcare Coalition – General
- VFC Providers

Sign up for the HAN



GET THE FACTS

MPV (Monkeypox Virus)

What is Monkeypox Virus?

MPV is a disease that causes a contagious skin rash. The rash starts out small, and often changes in shape throughout the duration of disease.

What are the symptoms?

Symptoms most commonly include a distinctive rash or sores that starts out as macules and papules (small bumps like pimples), then turns into vesicles (fluid filled lesions like blisters) and pustules (pus-filled lesions). Some but not all people also have fever or chills, fatigue, muscle or body aches, enlarged lymph nodes, and pain and difficulty swallowing. The vesicular and pustular stages of the rash often have a distinctive divot in the center.

Reach out to the Youth Settings Team

Email us

schoolscd@cityofchicago.org

Call us

(312)-746-6015

Thank You!



[Chicago.gov/Health](https://www.chicago.gov/Health)



HealthyChicago@cityofchicago.org



[@ChicagoPublicHealth](https://www.facebook.com/ChicagoPublicHealth)



[@ChiPublicHealth](https://twitter.com/ChiPublicHealth)