



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



#StayStrongNC

StrongSchoolsNC

July 8, 2020



COVID-19: Transmission

- Mainly respiratory droplets of infected person
 - More with increased respiratory effort – cough, sneeze, yelling, singing, etc
 - Close contact – 3-6 feet for 15+ minutes
 - Most contagious when symptomatic, but can spread virus when pre-symptomatic (48 hours before symptoms) and asymptomatic
- Surfaces/environmental contamination
 - Infection by touching nose, eyes, mouth

Current Data on Children and Schools

- Rates of COVID-19 infections are lower for children than for adults.
- Children may be less likely to become infected after exposure
- Children have mostly mild or asymptomatic illness if infected
- If infected, children may be less likely to infect others with COVID-19.
- Unlike with flu and other respiratory illnesses, children are inefficient spreaders and may not be a major factor in spread
- While there have been clusters, so far schools have not seemed to play a major role in COVID-19 transmission
- Studies from China, Hong Kong, and Singapore, suggest school closures did not contribute to the control of the epidemic
- Early modelling studies of COVID-19 predict school closures alone would prevent only 2–4% of deaths
- [Appendix of MA guidance for summary of evidence](#)

American Academy of Pediatrics

- Released [guidance](#) 06/25/2020
- Points to data and evidence of low transmission in children and schools
- Stresses that schools are fundamental to children's development and well-being
 - Academic instruction, social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity,
 - Importance of in-person learning
 - Critical role in addressing racial and social inequity.
- Cautions about negative impacts on children and families because of school closures
 - Decrease in learning gains – may further disparities
 - Difficulty in identifying and addressing learning deficits
 - Increased social, emotional, mental health concerns and reduced ability to identify and address
 - Decreased food security and physical activity for children and families

The AAP strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in school.

Public Health Guidance



Cloth Face Coverings



Social Distancing and Minimizing Exposure



Cleaning and Hygiene



Coping and Resilience



Handling Suspected, Presumptive or Confirmed Positive Cases of COVID-19

Robust Remote Learning will be important for students



Protecting Vulnerable Populations

Vulnerable Populations – Per CDC

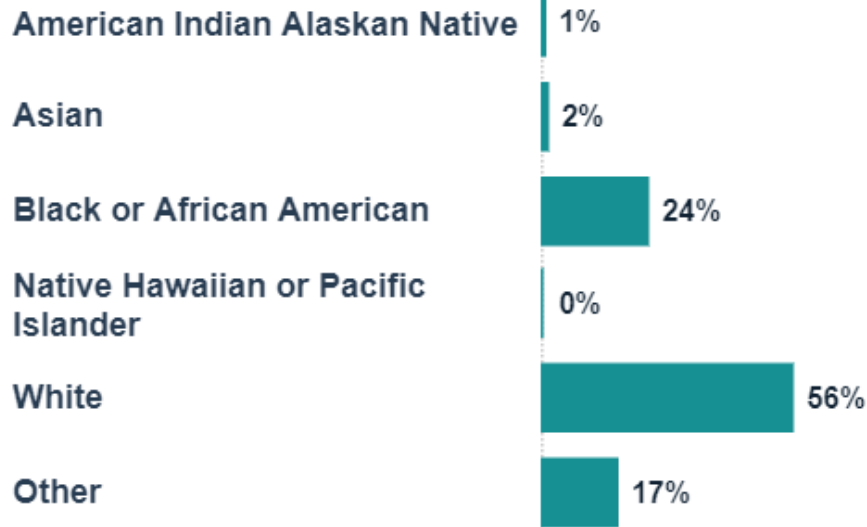
- People 65 years or older
- Chronic Underlying Health Conditions (e.g., chronic kidney disease, lung, cardiovascular/heart, sickle cell disease, diabetes, obesity, immunocompromised)

Children who are medically complex, who have neurologic, genetic, metabolic conditions, or who have congenital heart disease are at higher risk for severe illness from COVID-19 than other children.

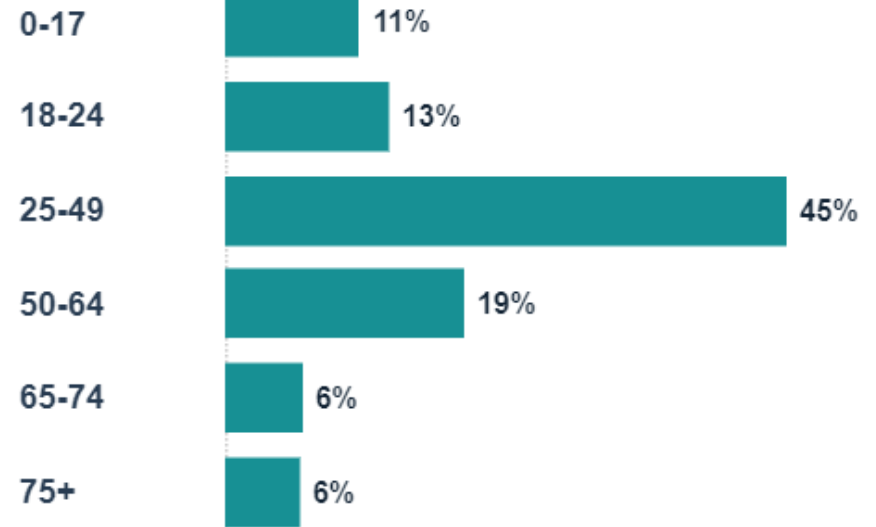
Communities of Color disproportionately affected

Lab Confirmed Cases

By Race



By Age



By Ethnicity



By Gender

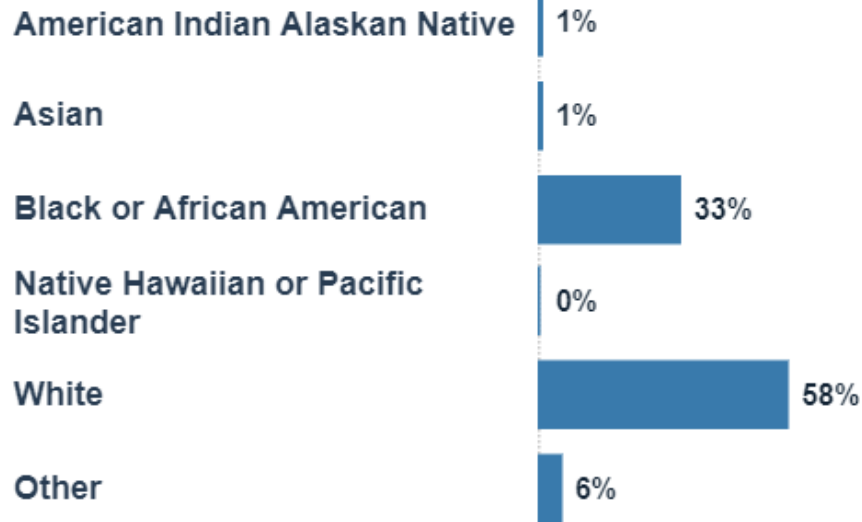


Missing Demographic Data

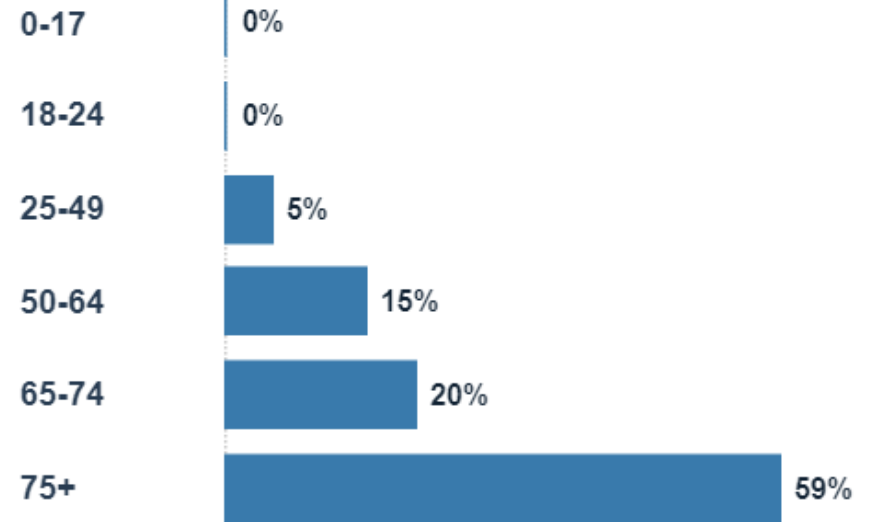
Race	23,550
Ethnicity	24,767
Age	119
Gender	857

Deaths

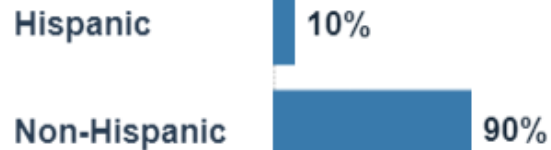
By Race



By Age



By Ethnicity



By Gender



Missing Demographic Data

Race	49
Ethnicity	87
Age	0
Gender	10



Protecting Vulnerable Populations

Individuals who are considered high-risk for severe illness due to COVID-19 include people who:

- Are 65 years of age or older
- Have a high-risk condition that includes:
 - chronic lung disease or moderate to severe asthma
 - heart disease with complications
 - compromised immune system
 - severe obesity – body mass index of 40 or higher
 - other underlying medical conditions, particularly if not well controlled, such as diabetes, renal failure or liver disease

More information on who is at higher risk for severe illness due to COVID-19 is available from the [CDC](#) and [NCDHHS](#).

Schools are required to:

- ❑ Systematically review all current plans (e.g., Individual Healthcare Plans, Individualized Education Plans or 504 plans) for accommodating students with special healthcare needs and update their care plans as needed to decrease their risk for exposure to COVID-19.
- ❑ Create a process for students/families and staff to self-identify as high risk for severe illness due to COVID-19 and have a plan in place to address requests for alternative learning arrangements or work re-assignments.

It is strongly recommended that schools:

- Implement remote or other learning options for students whose families choose for them not to be in a traditional classroom learning environment due to high-risk status for severe disease.
- Enable staff that self-identify as high risk for severe illness to minimize face-to-face contact and to allow them to maintain a distance of 6 feet from others, modify job responsibilities that limit exposure risk, or to telework if possible.