

CORONAVIRUS – COVID19

YKHC OFFICIAL ADVISORY — FEBRUARY 17, 2021

Formal Recommendations for School Districts

On February 12, 2021 the Centers for Disease Control and Prevention (CDC) issued new recommendations for the safe delivery of in-person instruction in K-12 schools. YKHC has updated their recommendations to help teachers and administrators with long-term planning based on COVID-19 rates and projections based on the new CDC guidance.

It is our belief that during a global pandemic there is no low-risk situation associated with schools having in-person learning in the YK Delta.

Our region's vulnerability to COVID-19 is significantly higher than many places in the state due to a number of factors such as transportation challenges, limited healthcare infrastructure, lack of widespread access to running water and sewer, and multi-generational housing. Even with no active cases in the YK Delta, we would continue to recommend all schools operate in moderate risk status until we see cases drop across the U.S.

YKHC has put the following framework together to help identify when it would be safe for modified in-person learning to occur based on CDC guidance. We have added additional indicators due to the local availability of vaccines, and feedback from stakeholders. It is our recommendation that all mitigation strategies be in place before a schools consider expanding their operational plan to allow for more in-person learning or extracurricular activities.

Indicators of Community Transmission

According to the CDC, a **first step** in determining when to open or reopen schools for in-person learning is to understand SARS-CoV-2 transmission in the area. The CDC recommends two measures to assess the risk of transmission, total number of new cases in the past 7 days and the percentage of positive tests during those days.

YK Delta Case 7-day Rate

This rate is calculated by taking the total number of new cases in the region in the last 7 days, dividing by the population, and multiplying by 100,000. Previously the

CDC had advised two consecutive weeks at this rate, but the new guidance updated this to a 7-day average. In the Yukon-Kuskokwim Delta, moderate transmission is 12 or fewer cases per week, substantial transmission is 13 to 24 cases per week, and 25 or more cases per week places the region in the high transmission category.

Positivity Rate

YKHC also looks at the percentage of coronavirus tests performed that have a positive result, known as a "positivity rate." This helps us know if the numbers are low because of a reduction in coronavirus transmission or if it is because not enough people were tested. We calculate the positivity rate by taking the total number of positive tests divided by the total number of tests.

A positivity rate below 3 percent generally indicates that we are doing enough testing to identify everyone infected so they can isolate themselves, their close contacts can quarantine, and we are more confident in reduced viral transmission.

Without enough testing, the virus can quietly spread, leading to large village outbreaks that are difficult to control. The CDC recommends using the percentage of nucleic acid amplification tests including RT-PCR to calculate this measure. However, in the Yukon-Kuskokwim Delta, less than 20% of the tests performed in villages are performed with RT-PCR. Additionally, these tests often take over 7 days to 10 days for results. In January, the CDC published a Morbidity and Mortality Weekly Report comparing antigen tests to RT-PCR test. This report found a 9% positivity rate on RT-PCR tests to be equivalent to a 5% positivity rate on Antigen tests. YKHC adjusted the positivity rates in this table to reflect the type of tests most often used in the region.

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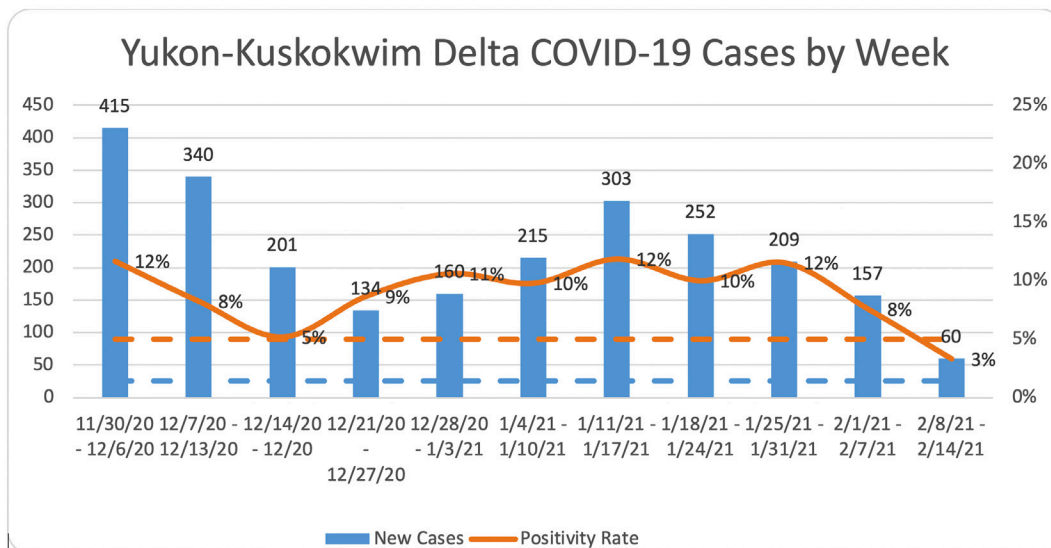
Indicators and Thresholds for Community Transmission of COVID-19			
Indicator	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Total new cases per 100,000 persons in the past 7 days	<50	50-99	≥100
Percentage of antigen tests that are positive during the past 7 days	<4%	4.0%-4.9%	≥5%
Percentage of eligible population that has been vaccinated	50%	30%	0%
Households with positive cases in the past 7 days - sub-region	1 household	2 households	≥3 households
Local cases	0	0	0

Contact Tracing of Local Cases Linked to Travel

In addition to regional rates falling below these thresholds, each individual community should go two weeks without any cases that cannot clearly be linked to travel. This period reflects one full disease cycle, and helps to ensure the virus has not spread in the community. Even one case in a community would indicate a case rate that would exceed the highest risk thresholds set by the CDC.

Finally, based on feedback from stakeholders, the new recommendations also include sub-regional rates. Due to

the small population sizes in each sub-region we included the number of households with a positive rather than actual case numbers. This way, if several individuals from the same household in a neighboring community test positive, it would not close down neighboring schools. However, cases in multiple households would increase the likelihood of community transmission to neighboring villages that would increase the risk of transmission, and could require modifications to school's operational plans. For purposes of these recommendation, YKHC will utilize the same sub-regions that are used for determining which sub-regional clinic a patient would be seen at.



The graph above shows the number of cases (in blue) by week since December. To protect the life, health, and safety of students, teachers, and communities, YKHC would like this number to fall below the blue dashed line before any school move out of high risk operational plans. The orange line represents the test positivity rate by week over the same period. We would also like that to be below 5 percent as represented by the orange dashed line.

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Mitigation Strategies

The phased plan integrates implementation of mitigation efforts at various risk thresholds.

An excellent way to lower the rates, and support essential functions like modified in-person learning, would be to have every eligible person in a community be vaccinated, routinely tested, wear a mask when out in public, and limit in-person social interactions to just the individuals who reside in your household. Please help us spread the word about the importance of vaccination and routine testing to get kids back in school as quickly as possible.

The following mitigation plans work best when working together. These are sometimes referred to as layered mitigation strategies. Schools with in-person learning should incorporate all of the mitigation strategies listed below, prioritizing universal and correct use of masks and maximizing physical distancing.

Masks

Correct use of face masks is essential to having any in-person learning. Students, teachers, and staff should have masks on at all times throughout the school even when physically distancing from others. The most effective masks are surgical masks or triple layered cloth masks. Loose fitting masks, woven fabrics, or masks with exhalation valves or vents should be discouraged.

Physical distancing

Schools should promote physical distance of at least six feet between people. This should be considered a minimum distance, and space between people should be maximized to the greatest extent possible. When distancing is not possible, physical barriers can be considered as a secondary alternative in some circumstances.

Quarantine

Anyone who has been in close contact with someone who has COVID-19 or traveled within the last 14 days should quarantine. If you are quarantining because you were in close contact with someone who has COVID-19, and you are unable to separate from other household members while on quarantine, the entire household will be asked to quarantine with you. When quarantining due to travel, only the traveler needs to quarantine. Close contacts must have been within six feet of someone with COVID-19 for

at least 15 minutes; provided care to someone sick with COVID-19; had direct physical contact with the person (touched, hugged, or kissed them); shared eating or drinking utensils; or someone with COVID-19 sneezed, coughed, or somehow got respiratory droplets on them. When on quarantine, you should stay home for 14 days after your last contact with a person who has COVID-19. Even if you test negative for COVID-19 or feel healthy, you should continue to quarantine since symptoms may appear 2 to 14 days after exposure to the virus.

Vaccinated persons with an exposure to someone with a suspected or confirmed case of COVID-19 are not required to quarantine if they meet all of the following criteria:

1. They are fully vaccinated (greater than two weeks following receipt of the second dose in a two dose series).
2. Are within three months following the last dose in the series.
3. Have remained asymptomatic since the exposure.
4. Targeted testing will still be performed for exposed person in accordance with YKHC guidance.

Cohorts

Cohorts, hybrid learning, or reduced attendance is intended to maximize physical distance between students. Schools may consider hybrid learning models or instructional modes where substantial percentages of students are in virtual only instruction. At all levels of community transmission, schools should provide families the option to participate in virtual learning if a student or family member is at risk of severe illness from COVID-19.

Testing

Symptom free schools are essential to preventing outbreaks. All teachers, staff, and students should be advised to stay home if they are sick with any of the following symptoms: fever, cough, nasal congestion or runny nose, loss of taste or smell, sore throat, difficulty breathing, diarrhea, nausea or vomiting, stomachache, fatigue, headache, muscle or body ache, poor appetite.

Schools can encourage these individuals to call YKHC to schedule diagnostic testing for SARS-CoV-2 when any of these symptoms are present. Diagnostic testing for SARS-CoV-2 is intended to identify occurrence of SARS-CoV-2 infection at the individual level, and is performed when there is a reason to suspect that an individual may be

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infected, such as having symptoms or suspected recent exposure.

Screening testing is intended to identify infected asymptomatic individuals who may be contagious so that measures can be taken to prevent further transmission. YKHC is encouraging schools to conduct screening test with all students and staff at least once a week. Screening testing can identify cases early, and can minimize secondary transmission. If testing all students and staff is not feasible, priority should be given to older students and staff.

Small Schools up to 25 students

- Recommend testing all students and staff 2x per week with BINAX cards
- Students 12 years and older will be able to self-swab
- Students 12 years and younger will need to have someone else swab

Medium Schools up to 100 students

- Divide into cohorts
- Test ½ the cohort so that each student gets tested 1 per week with BINAX cards
- Students 12 years and older will be able to self-swab
- Students 12 years and younger will need to have someone else swab

Large Schools 100+ students

- Divide into cohorts
- Test sentinel groups so that each student gets tested 1 per month with BINAX cards
- Students 12 years and older will be able to self-swab

- Students 12 years and younger will need to have someone else swab

Surveillance testing at the community level will also help identify cases with mild or no symptoms, and help prevent secondary transmission in the school. Any support schools can provide to encourage routine screening testing in the community can help keep cases out of the schools.

Vaccine

Vaccines are a powerful tool for preventing COVID-19 infections. Vaccines not only protect the individual who was vaccinated from serious infection and death, but those around them as well. As the percentage of people who are vaccinated increases, it becomes harder for the disease to spread from person to person, protecting those who cannot be vaccinated. This is often referred to as herd protection. Since not everyone can be vaccinated, it is very important that every eligible person be vaccinated as quickly as possible.

To request a vaccination appointment, regardless of whether you live in Bethel or a village, please submit a vaccine application online at <https://tinyurl.com/y7reeyst>. Bethel residents without internet can call the COVID-19 hotline at 543-6949 M-F from 8 a.m. to 8 p.m. Village residents can call OEH at 800-478-6599 or 543-6420 M-F from 8 a.m. to 5 p.m. to answer the survey questions and place you on the scheduling list.

Operational Planning

The table below represents an operational plan for opening schools provided mitigation plans are in place with particular emphasis on policies that require universal and correct use of masks and physical distancing.

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Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
All schools: Universal and correct use of masks is required; implementing other key mitigation strategies: handwashing and respiratory etiquette; cleaning and maintaining healthy facilities; contact tracing and diagnostic testing in combination with quarantine and isolation		
K-12 schools open for full in-person instruction Physical distancing of 6 feet or more to the greatest extent possible	Elementary schools in hybrid mode; physical distancing of 6 feet or more required	
	Middle and high schools in hybrid learning mode or reduced attendance Physical distancing of 6 feet or more is required	Middle and high schools in virtual only instruction unless they can strictly implement all mitigation strategies, and have few cases*; schools that are already open for in-person instruction can remain open, but only if they strictly implement mitigation strategies and have few cases
Sports and extracurricular activities with masks and physical distancing of 6 feet or more required	Sports and extracurricular activities occur only if they can be held outdoors, with masks and physical distancing of 6 feet or more required	Sports and extracurricular activities virtual only
Once a week surveillance testing of all students and staff		

*Fewer than three households in your sub-region and no local cases

Prioritizing Elementary School

According to the CDC, younger children have a lower susceptibility and incidence of COVID-19 compared to older students. Younger students may also benefit more from in-person instruction, and are less independent than older students. For these reasons, a phased mitigation approach emphasizes in-person learning modes for younger students throughout all levels of community transmission.

Hybrid Learning

Hybrid learning or reduced attendance is intended to maximize physical distance between students. Schools may consider hybrid learning models or instructional modes where substantial percentages of students are in virtual only instruction even at moderate transmission levels when educational goals are being met. At all levels of community transmission, schools should provide families the option to participate in virtual learning if a student or family member is at risk of severe illness from COVID-19.

Sports and Extracurricular Activities

YKHC recognizes the importance of sports and extracurricular activities as a healthy activity that is important to the overall health of individuals and the community. However, we recommend that no sports be allowed where physical distancing of 6 feet or more cannot be maintained. This includes but is not limited to contact sports such as basketball and wrestling. In-person instruction should be prioritized over extracurricular activities including sports and school events. Limiting these events minimizes the risk of spread during extracurricular activities that could jeopardize continued in person learning.

We hope this guidance will help districts, schools, and teachers anticipate the types of recommendations that have been and will continue to come from YKHC over the coming weeks and months, and assist with longer term planning.