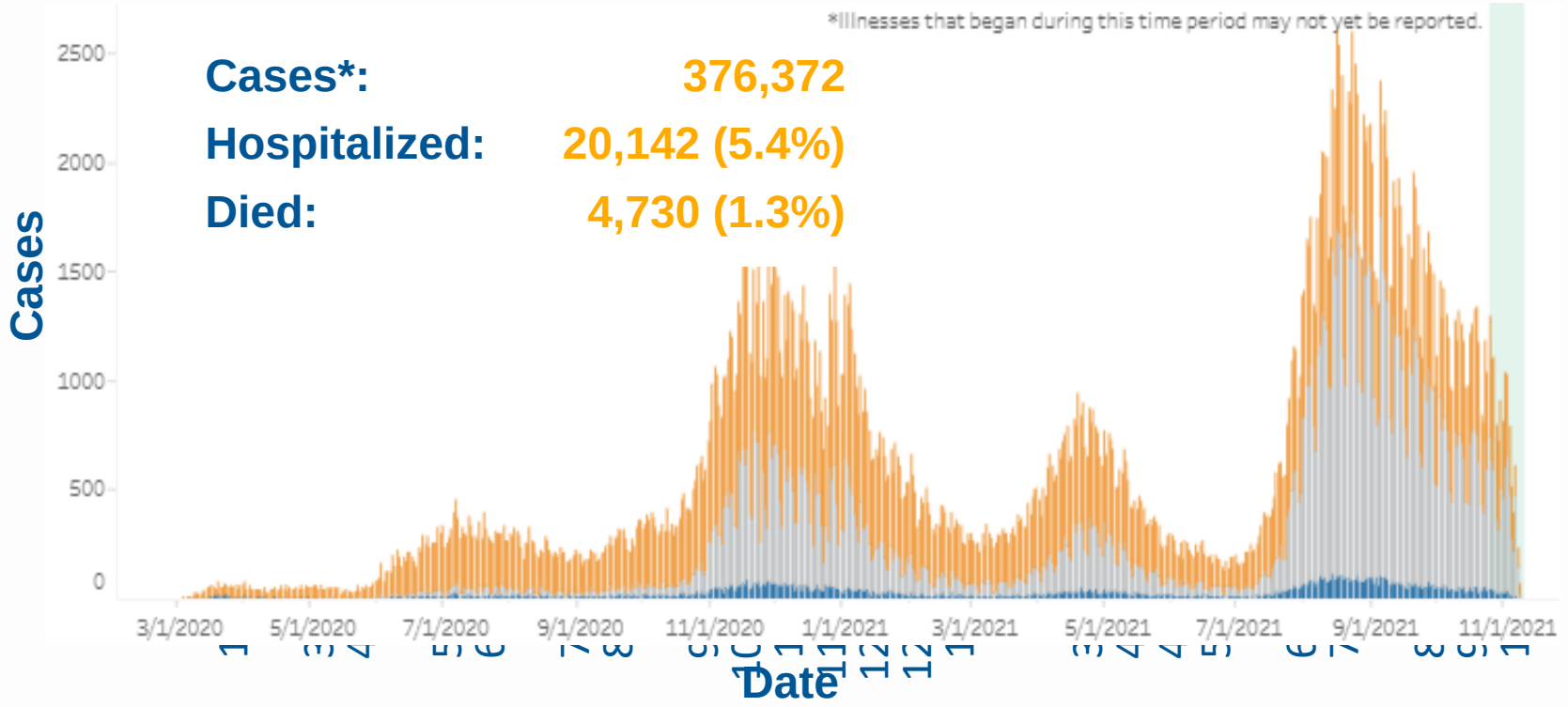
Pediatric Vaccines

Immunization School Law Advisory Committee (ISLAC)
Paul Cieslak MD
Shimi Sharief MD MPH

Oregon Health Authority

COVID-19 Epidemiologic Trends Oregon

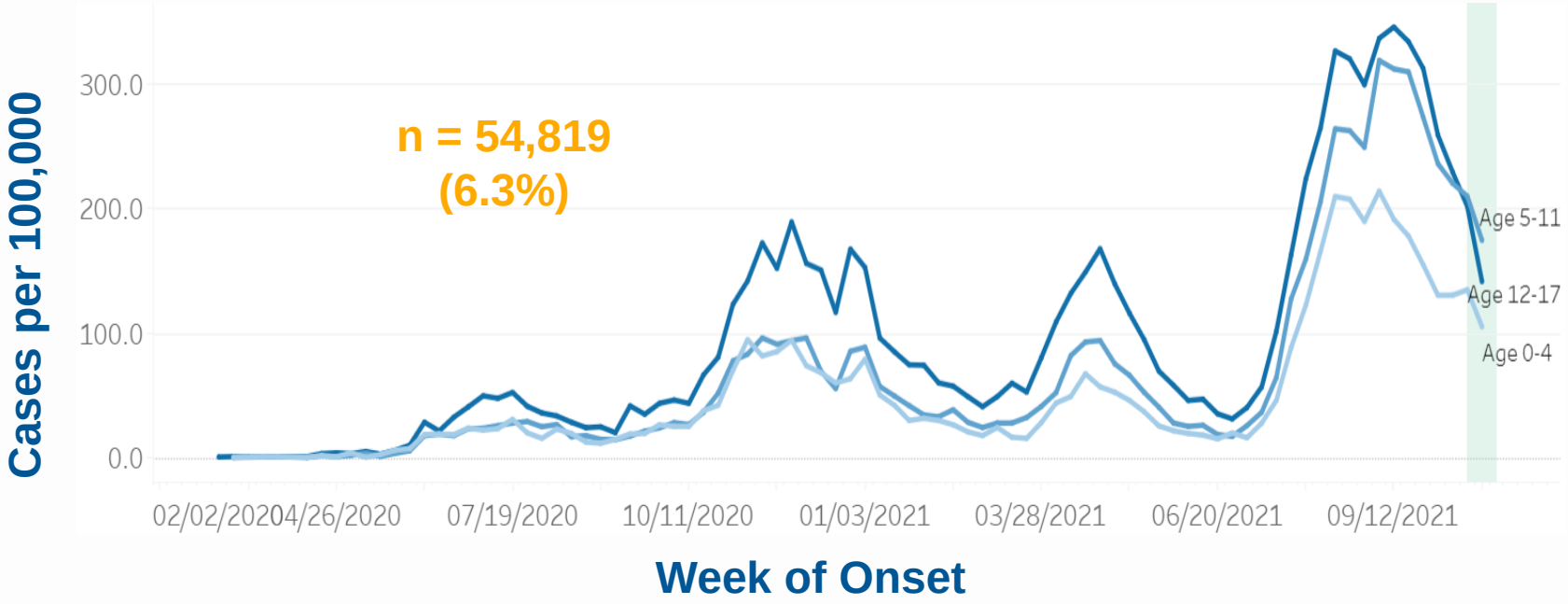
Cases of COVID-19 in Oregon*



*as of 10 Nov 2021

Oregon Health Authority

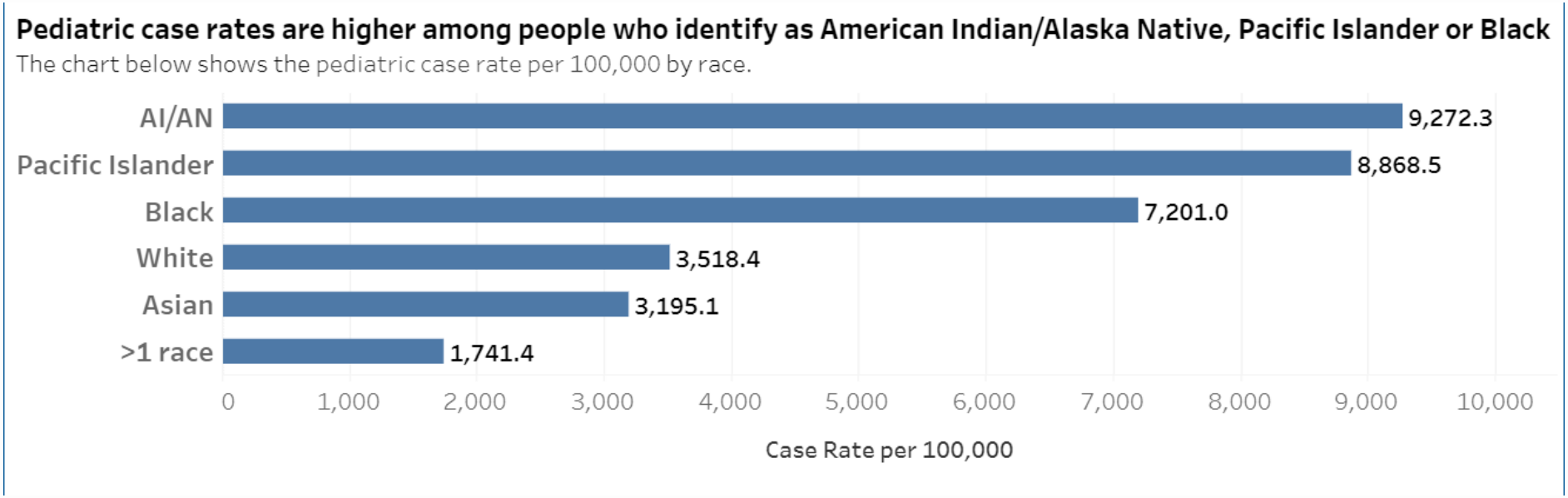
COVID-19 among Oregon Children
Jan 26, 2020 – Oct 30, 2021



*as of 3 Nov 2021

Oregon Health Authority

Pediatric COVID-19 by Race/Ethnicity

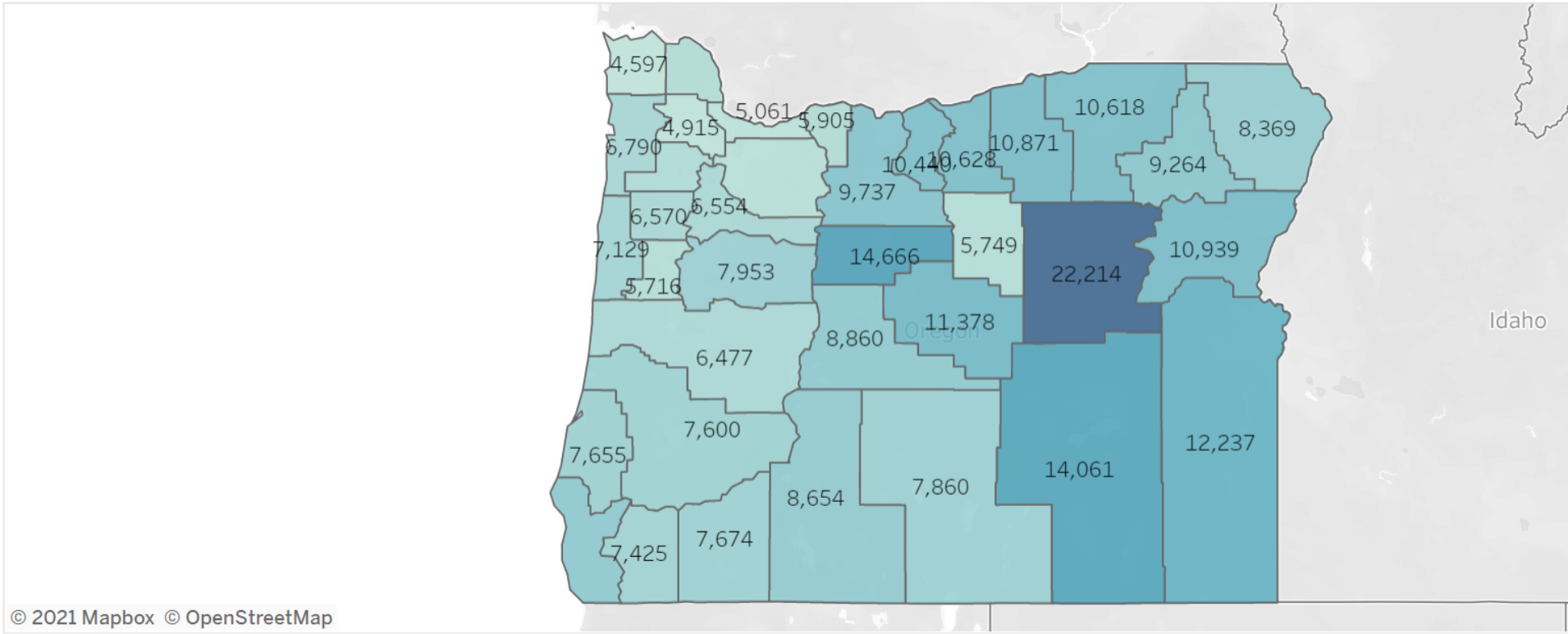


https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19PediatricReport/Demographics

Pediatric cases by Geography

Total pediatric COVID-19 case rates are highest in Grant, Harney, and Jefferson counties

The chart below shows the total rate of pediatric cases per 100,000 by county.



COVID-19 among Oregon Children 5–17 Years Old* (eligible population)

Population	**634,861**
Cases	45,750
Hospitalizations	296
MIS-C	**59**
Deaths	1

*Data as of 9 Nov 2021

Oregon Health Authority

Multisystem Inflammatory Syndrome in Children (MIS-C)

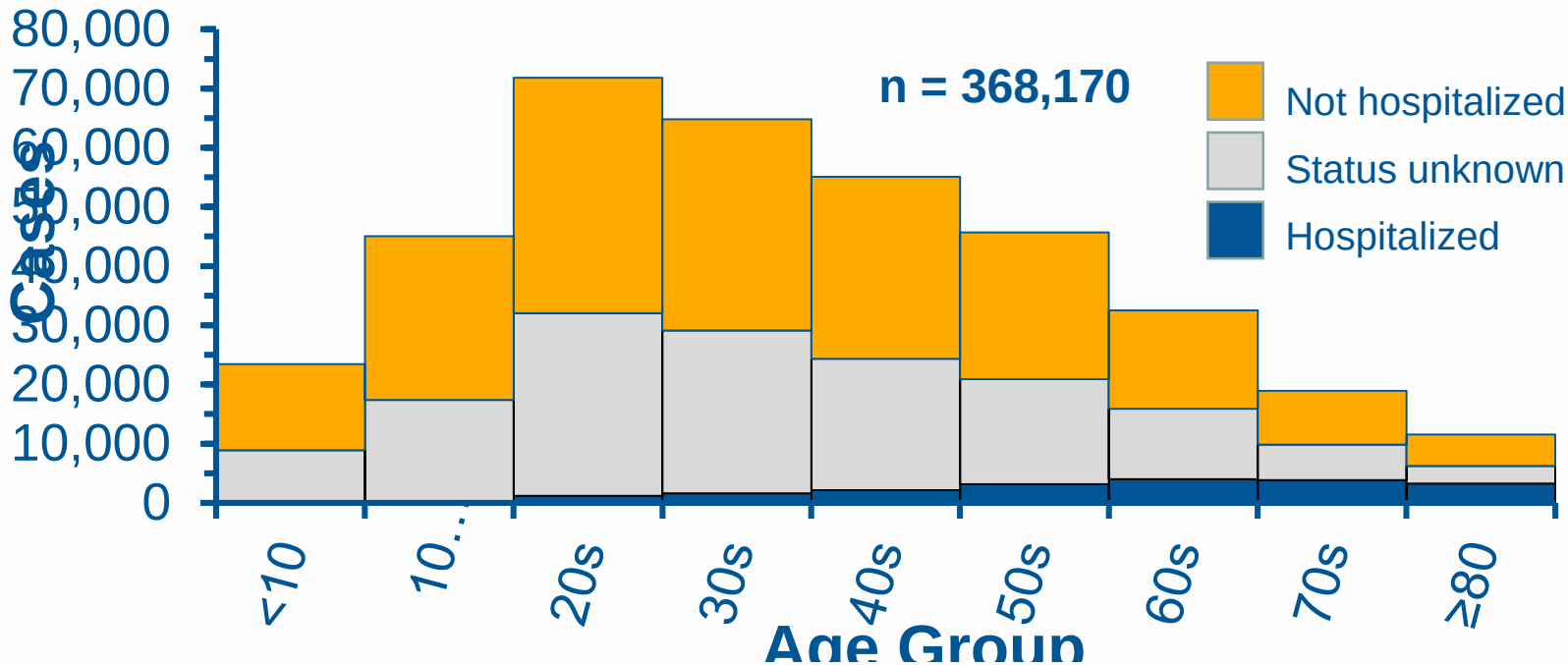
- Severe hyperinflammatory syndrome occurring 2–6 weeks after acute COVID-19 infection, resulting in many long lasting complications and even death
- Estimated incidence: 1 MIS-C case/~3,200 SARS-CoV-2 infections
- 60–70% of patients are admitted to intensive care
- 1–2% die

Jefferson Jones, MD, MPH, FAAP. ACIP Presentation, 2 Nov 2021

Pediatric COVID-19 impacts

- MISC is an immune system complication of COVID-19 and can affect children.
- To date, there have been **59** cases of MISC children under 18 years of age.

COVID-19, by Age and Hospitalization Oregon, 2020–2021



*data as of 4 Nov 2021

Oregon Health Authority

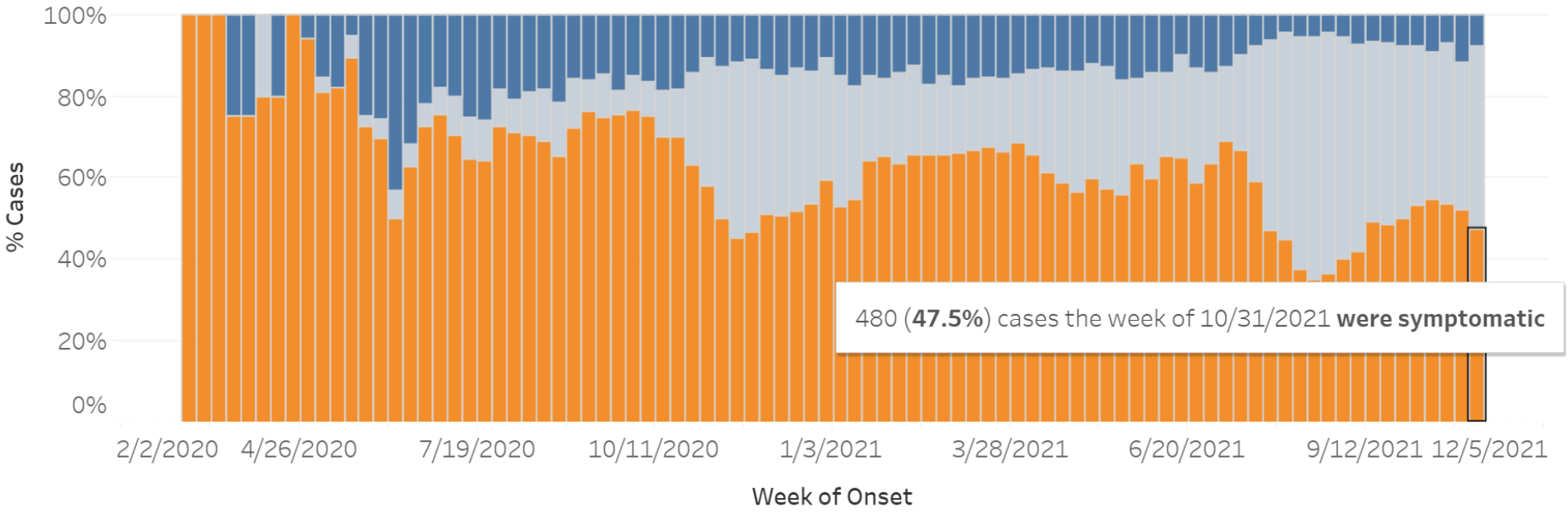
Pediatric cases by Severity

Most pediatric cases report symptoms of COVID-19

The chart below shows the percent of pediatric cases by symptom status. Because people without symptoms are less likely to be tested, there are likely more asymptomatic people than shown below.

The proportion of pediatric cases that are symptomatic has not increased.

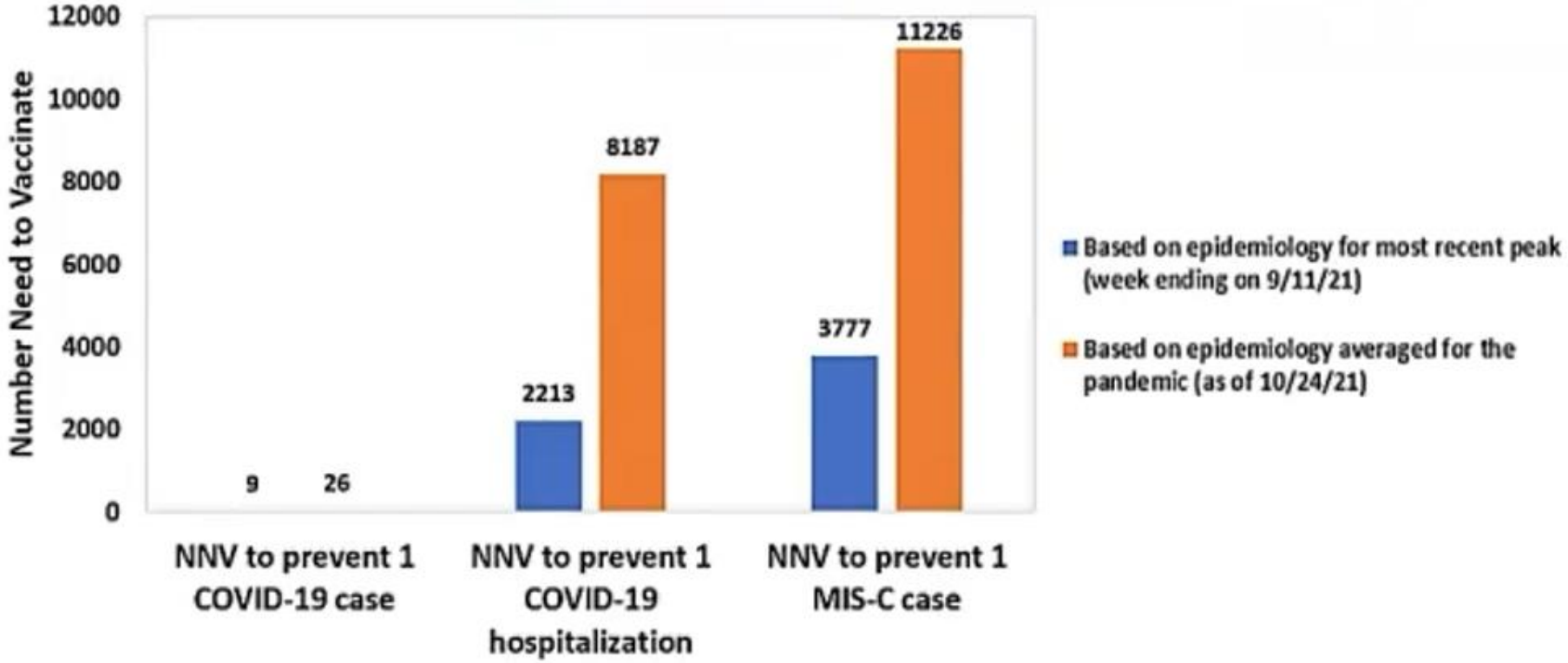
The chart below shows the percent of pediatric cases each week that are symptomatic. The middle "unknown" portions in the most recent weeks may decrease as interview data are recorded. Public health resources are limited in times of surge.



https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19PediatricReport/Demographics

COVID-19 Vaccines in Oregon

Number of children aged 5-11 years needed to vaccinate to prevent symptomatic COVID-19, hospitalization, and MIS-C



Assumptions: VE against symptomatic COVID-19: 90%; VE against hospitalization: 95%. Estimated over **180 days (6 months)**;
Data Sources: COVID Data Tracker. https://covid.cdc.gov/covid-data-tracker/#vaccination-demographic October, 24, 2021; COVID Data Tracker https://covid.cdc.gov/covid-data-tracker/#trends_dailycases. October, 24, 2021; COVID-Net October, 24, 2021, https://gis.cdc.gov/grasp/COVIDNet/COVID19_3.html

Dr. Sara Oliver (CDC), ACIP presentation, 2 Nov 2021

Oregon Health Authority

Pediatric vaccine related side effects

- Myocarditis and pericarditis – an inflammation of the heart muscle or the surrounding tissues around the heart – has been noted in older age groups 12 and up.
- Myopericarditis is usually time-limited, meaning it resolves on its own, but most cases while hospitalized do not require ICU admission.
- There have been **72 cases of myocarditis** in pediatric vaccine recipients out of 226,000 pediatric vaccinations.

Estimated benefits for every million Pfizer-BioNTech COVID-19 vaccinations in children 5-11 years of age using recent incidence

Females 5-11 years	Males 5-11 years
57,301 COVID-19 cases prevented	**56,954** COVID-19 cases prevented
191 hospitalizations prevented	**226** hospitalizations prevented
130 MIS-C cases prevented	**130** MIS-C cases prevented
60 ICU admissions prevented	**72** ICU admissions prevented

Assumptions: Benefits accrue over **180 days (6 months)**; VE against symptomatic COVID-19: 90%; VE against hospitalization: 95%
Data Sources: COVID Data Tracker. https://covid.cdc.gov/covid-data-tracker/#vaccination-demographic. COVID Data Tracker https://covid.cdc.gov/covid-data-tracker/#trends_dailycases. COVID-Net https://gis.cdc.gov/grasp/COVIDNet/COVID19_3.html. All data are from the week ending on **9/11/2021**.

Dr. Sara Oliver (CDC), ACIP presentation, 2 Nov 2021

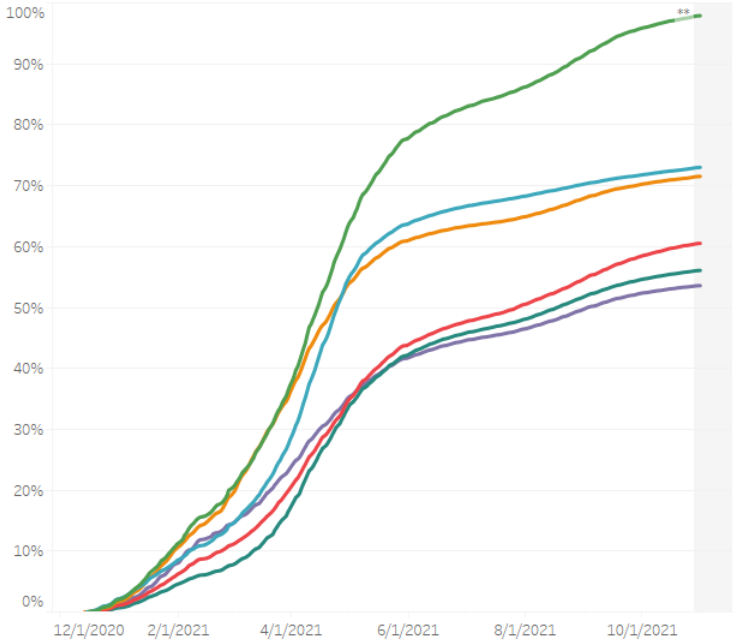
View on web

Percent of people 18+ years old living in Oregon who received COVID-19 vaccine by race and ethnicity*

Individuals are grouped by their rarest racial or ethnic identity.† The order of racial and ethnic groups from rarest to most common for the vaccination data is: Native Hawaiian and Pacific Islander, Black or African American, American Indian and Alaska Native, Hispanic or Latino/a/x, Asian, White, then Other Race. Rarest race methodology does not have a multiracial group.

People vaccinated over time by rarest race and ethnicity

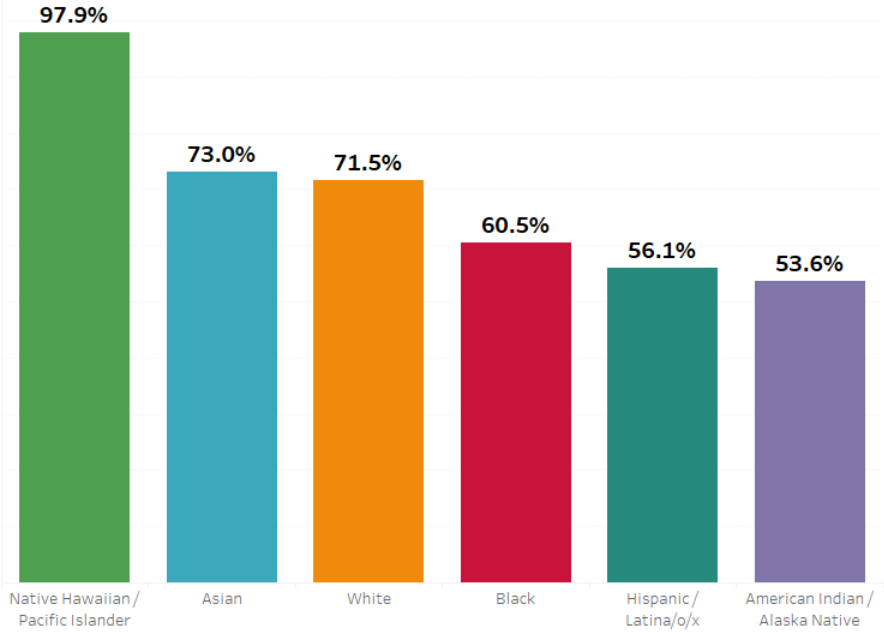
Labeled with relative percent change between 10/21/2021 to 10/28/2021



Previous Week % Change	Current Week % Change
▲ 0.5%	▲ 0.6%
▲ 0.5%	▲ 0.5%
▲ 0.4%	▲ 0.5%
▲ 0.8%	▲ 0.4%
▲ 0.7%	▲ 0.6%
▲ 0.6%	▲ 0.5%

Current vaccination rarest rates by race and ethnicity

Labeled with % people vaccinated with at least one dose



Note: 6.7% of people vaccinated have an unknown racial or ethnic identity, 3.5% identify as a 'Other Race.' Due to this missing data, vaccination rate estimates for race and ethnicity are likely underestimated and may be lower than statewide estimates where people who are grouped as unknown or 'Other Race' are included.

Data current as of 12:01am 11/1/2021

Questions

School Operations Update

November 17, 2021

Kati Moseley
Ready Schools Resiliency Manager

Updates

- Values and Priorities for the 2021-22 School Year
- State and Local Decision Making
- RSSL Resiliency Framework and Tools
- What's Next
- Questions

Our North Star
Safely & reliably hold school in-person, all year

It's our highest priority to keep kids learning in person every day.

- Nearly all children learn better when taught in-person.
- Children and families rely on schools to provide a caring and safe environment.
- Many need access to a solid breakfast and a warm lunch.
- For parents and families, consistency matters, and for many, school is a way to ensure they can go to work and support their family.

Winter is Coming
Acknowledging Pandemic Fatigue & the Path Forward

Communities are experiencing pandemic fatigue as a result of surging cases.

- Many had hoped the pandemic would be over and life back to normal.

Unlike last year, families are likely to travel and gather indoors to see their families and loved ones this year.

- The Delta variant is taking a toll on communities and may have unforeseeable consequences this fall and winter.

Winter is Coming
Acknowledging Pandemic Fatigue & current conditions

Communities are experiencing pandemic fatigue as a result of surging cases.

- Many had hoped the pandemic would be over and life back to normal.

We are not there.

- The recent decline in Delta variant COVID-19 cases has leveled off and cases now appear to be increasing.
- Community transmission remains very high in nearly every county; no community is currently spared the effects of COVID-19.
- Currently, children represent 1 in 5 COVID cases in Oregon and children have become a driver of the current surge.
- Children can and do develop severe disease, thankfully at a much lower rate than adults. But, more than 25% of all multisystem inflammatory syndrome in children (MIS-C) cases reported to date in Oregon were reported during the month of October.

Our Plan
A statewide effort to keep students learning in-person

Statewide, we are reigniting our efforts to remind, reteach and retrain health and safety protocols because:

- Colder conditions will bring activities indoors.

Schools have dedicated funding to invest in their efforts to layer health and safety protocols and maintain successful in-person learning.

- Oregon received an unprecedented $1.1 billion in federal monies to help safely reopen schools and sustain school operations.

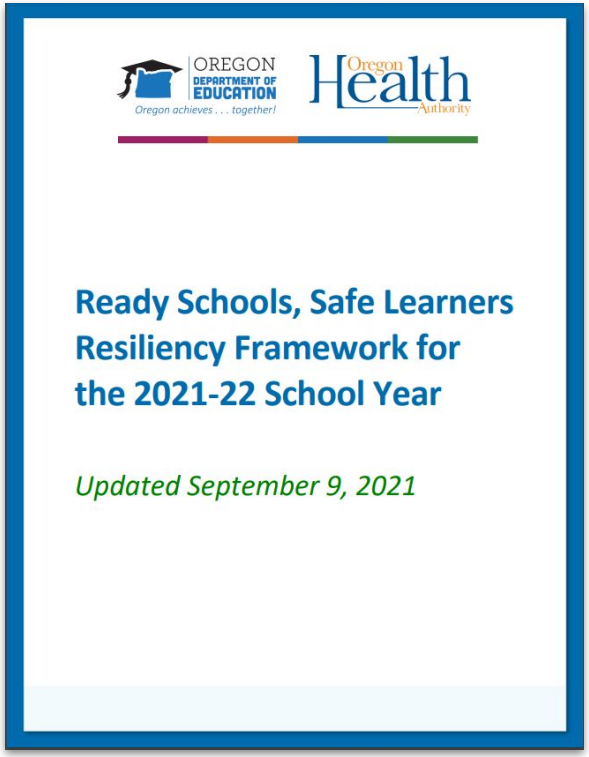
RSSL Resiliency Framework and Tools

RSSL Resiliency Framework

The RSSL Resiliency Framework and aligned resources

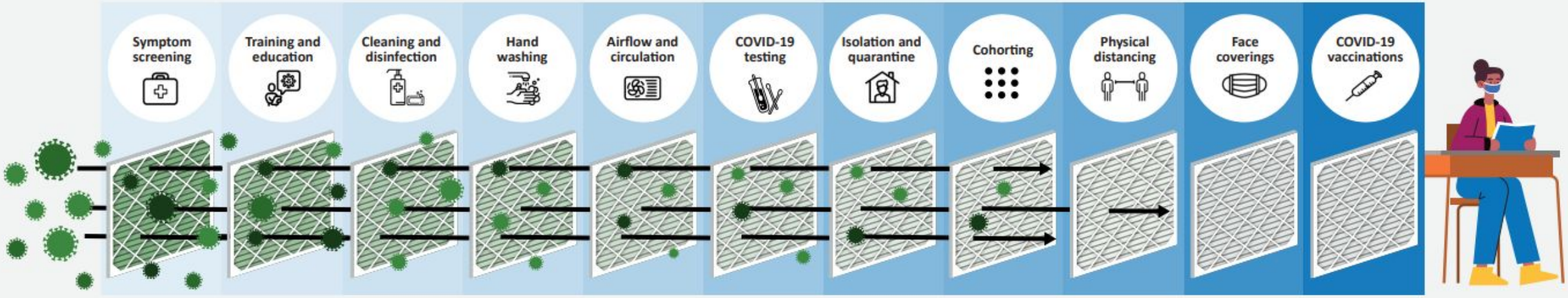
The RSSL Resiliency Framework is comprised of equity, instructional, and mental health & well-being recommendations as well as advisory health and safety recommendations that provide for flexibility to:

- Return to full-time, in-person instruction every school day for all students,
- Honor and recognize the uniqueness of communities across Oregon, and
- Support schools in health and safety planning to meet community-specific needs and strengths.



Layering Health & Safety Protocols

Layered health and safety measures help us maximize full-time, in-person learning and reduce disruptions for students, staff and families. The virus can pass through one or two layers but not all. That's why every layer matters and every layer helps keep students in class.



Three Types of COVID-19 Testing

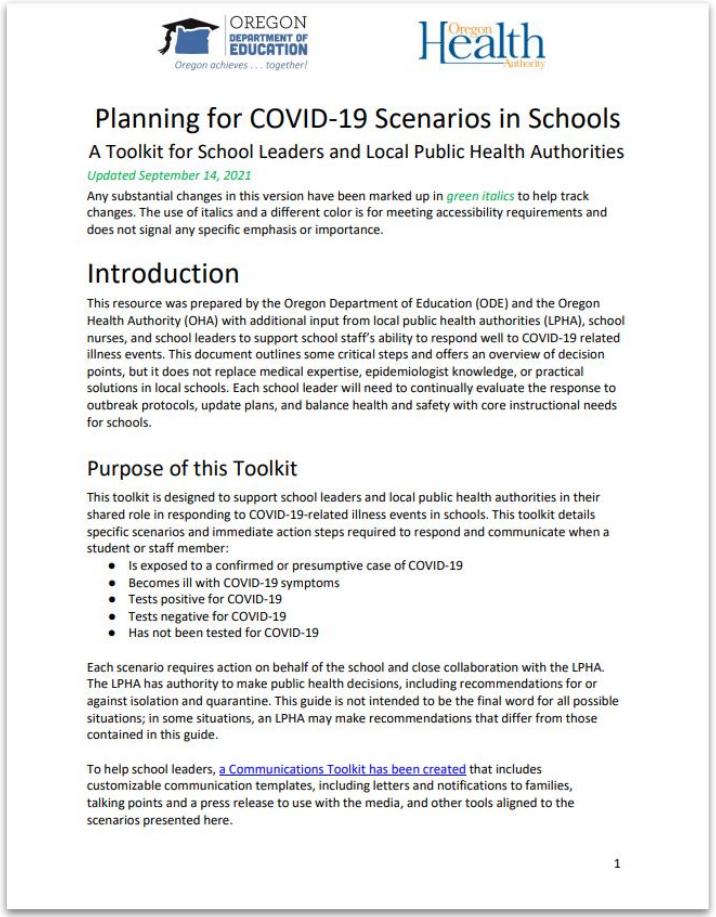
1. **Diagnostic Testing (BinaxNOW)**
   - Symptomatic Staff & Students
   - Rapid Antigen test via Nasal Swab
   - Testing is at school
   - Must register again, even if you signed up last year
     - schooltesting.COVID@DHSOHA.state.or.us

2. **Student Screening Program**
   a. Asymptomatic Students
   b. PCR test via Nasal or Saliva
   c. Can be done at home or at school
   d. Frequency: 1 time per week
   e. Register here: Oregon K-12 Student Screening Testing (smartsheet.com)

3. **Staff Screening Program**
   - Unvaccinated staff sign up for this service
   - PCR Test via Nasal
   - Tests are sent to staff home
   - Frequency 1 time per week
   - COVID-19 Testing in Oregon's K-12 Schools: Staff Screening (office.com)

OHA's overall school testing website.

Planning for COVID-19 in Schools



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Oregon Health Authority

Planning for COVID-19 Scenarios in Schools

A Toolkit for School Leaders and Local Public Health Authorities

Updated September 14, 2021

Any substantial changes in this version have been marked up in *green italics* to help track changes. The use of italics and a different color is for meeting accessibility requirements and does not signal any specific emphasis or importance.

Introduction

This resource was prepared by the Oregon Department of Education (ODE) and the Oregon Health Authority (OHA) with additional input from local public health authorities (LPHA), school nurses, and school leaders to support school staff's ability to respond well to COVID-19 related illness events. This document outlines some critical steps and offers an overview of decision points, but it does not replace medical expertise, epidemiologist knowledge, or practical solutions in local schools. Each school leader will need to continually evaluate the response to outbreak protocols, update plans, and balance health and safety with core instructional needs for schools.

Purpose of this Toolkit

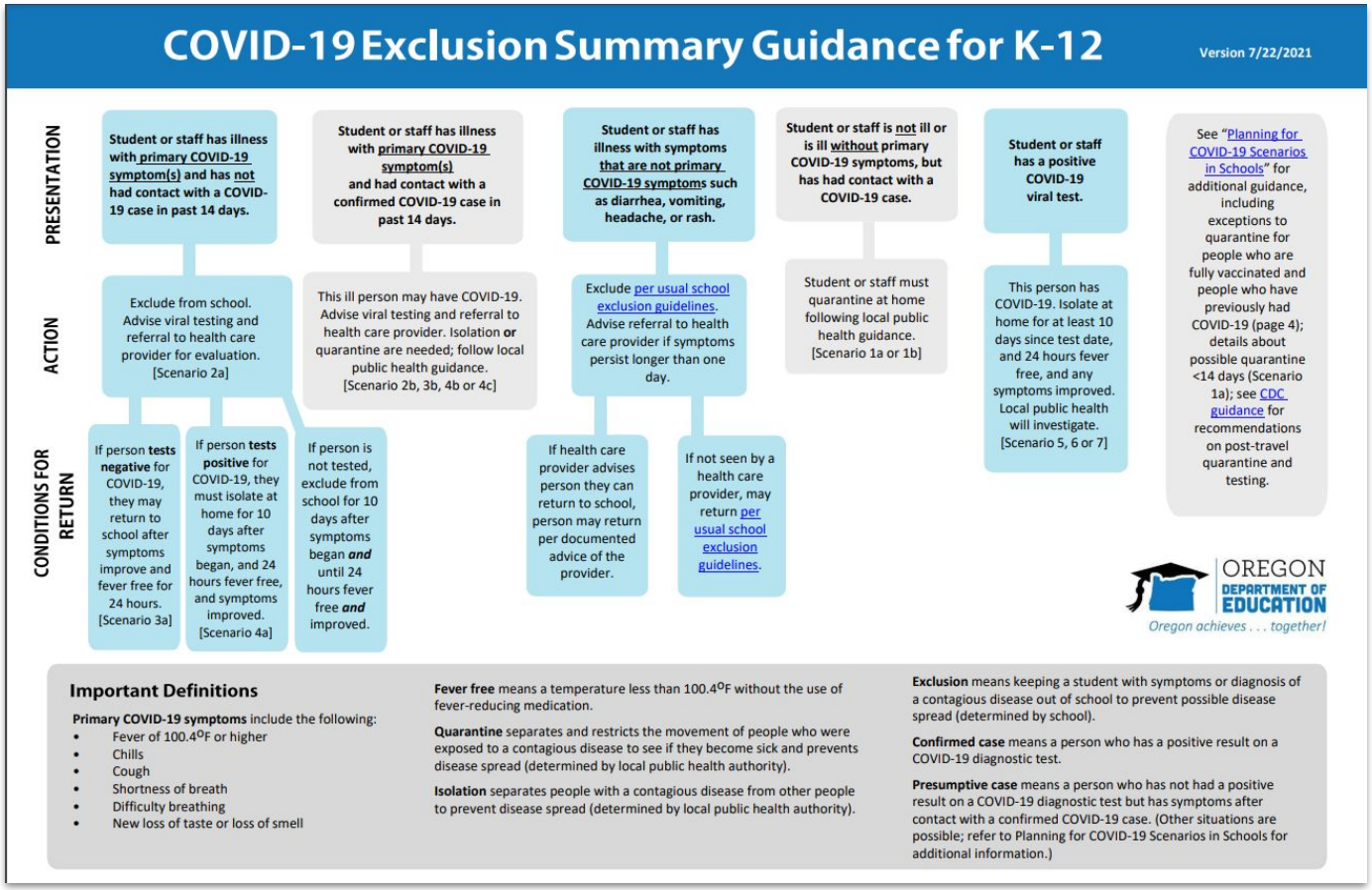
This toolkit is designed to support school leaders and local public health authorities in their shared role in responding to COVID-19-related illness events in schools. This toolkit details specific scenarios and immediate action steps required to respond and communicate when a student or staff member:

- Is exposed to a confirmed or presumptive case of COVID-19
- Becomes ill with COVID-19 symptoms
- Tests positive for COVID-19
- Tests negative for COVID-19
- Has not been tested for COVID-19

Each scenario requires action on behalf of the school and close collaboration with the LPHA. The LPHA has authority to make public health decisions, including recommendations for or against isolation and quarantine. This guide is not intended to be the final word for all possible situations; in some situations, an LPHA may make recommendations that differ from those contained in this guide.

To help school leaders, a Communications Toolkit has been created that includes customizable communication templates, including letters and notifications to families, talking points and a press release to use with the media, and other tools aligned to the scenarios presented here.

1



COVID-19 Exclusion Summary Guidance for K-12

Version 7/22/2021

PRESENTATION	**Student or staff has illness with primary COVID-19 symptom(s) and has not had contact with a COVID-19 case in past 14 days.**	**Student or staff has illness with primary COVID-19 symptom(s) and had contact with a confirmed COVID-19 case in past 14 days.**	**Student or staff has illness with symptoms that are not primary COVID-19 symptoms such as diarrhea, vomiting, headache, or rash.**	**Student or staff is not ill or is ill without primary COVID-19 symptoms, but has had contact with a COVID-19 case.**	**Student or staff has a positive COVID-19 viral test.**	See "Planning for COVID-19 Scenarios in Schools" for additional guidance, including exceptions to quarantine for people who are fully vaccinated and people who have previously had COVID-19 (page 4); details about possible quarantine <14 days (Scenario 1a); see CDC guidance for recommendations on post-travel quarantine and testing.
ACTION	Exclude from school. Advise viral testing and referral to health care provider for evaluation. [Scenario 2a]	This ill person may have COVID-19. Advise viral testing and referral to health care provider. Isolation **or** quarantine are needed; follow local public health guidance. [Scenario 2b, 3b, 4b or 4c]	Exclude per usual school exclusion guidelines. Advise referral to health care provider if symptoms persist longer than one day.	Student or staff must quarantine at home following local public health guidance. [Scenario 1a or 1b]	This person has COVID-19. Isolate at home for at least 10 days since test date, and 24 hours fever free, and any symptoms improved. Local public health will investigate. [Scenario 5, 6 or 7]	
CONDITIONS FOR RETURN	If person **tests negative** for COVID-19, they may return to school after symptoms improve and fever free for 24 hours. [Scenario 3a]	If person **tests positive** for COVID-19, they must isolate at home for 10 days after symptoms began, and 24 hours fever free, and symptoms improved. [Scenario 4a]	If person is not tested, exclude from school for 10 days after symptoms began ***and*** until 24 hours fever free ***and*** improved.	If health care provider advises person they can return to school, person may return per documented advice of the provider.	If not seen by a health care provider, may return per usual school exclusion guidelines.	

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Important Definitions

Primary COVID-19 symptoms include the following:

- Fever of 100.4°F or higher
- Chills
- Cough
- Shortness of breath
- Difficulty breathing
- New loss of taste or loss of smell

Fever free means a temperature less than 100.4°F without the use of fever-reducing medication.

Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick and prevents disease spread (determined by local public health authority).

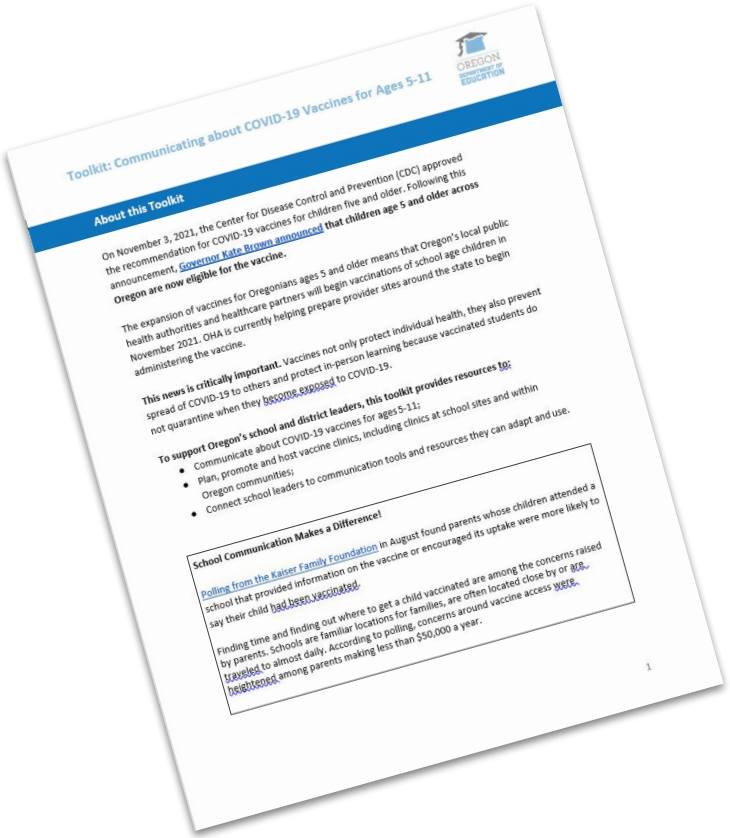
Isolation separates people with a contagious disease from other people to prevent disease spread (determined by local public health authority).

Exclusion means keeping a student with symptoms or diagnosis of a contagious disease out of school to prevent possible disease spread (determined by school).

Confirmed case means a person who has a positive result on a COVID-19 diagnostic test.

Presumptive case means a person who has not had a positive result on a COVID-19 diagnostic test but has symptoms after contact with a confirmed COVID-19 case. (Other situations are possible; refer to Planning for COVID-19 Scenarios in Schools for additional information.)

Vaccination Toolkit



Toolkit: Communicating about COVID-19 Vaccines for Ages 5-11

About this Toolkit

On November 3, 2021, the Center for Disease Control and Prevention (CDC) approved the recommendation for COVID-19 vaccines for children five and older. Following this announcement, Governor Kate Brown announced **that children age 5 and older across Oregon are now eligible for the vaccine.**

The expansion of vaccines for Oregonians ages 5 and older means that Oregon's local public health authorities and healthcare partners will begin vaccinations of school age children in November 2021. OHA is currently helping prepare provider sites around the state to begin administering the vaccine.

This news is critically important. Vaccines not only protect individual health, they also prevent spread of COVID-19 to others and protect in-person learning because vaccinated students do not quarantine when they become exposed to COVID-19.

To support Oregon's school and district leaders, this toolkit provides resources to:

- Communicate about COVID-19 vaccines for ages 5-11;
- Plan, promote and host vaccine clinics, including clinics at school sites and within Oregon communities;
- Connect school leaders to communication tools and resources they can adapt and use.

School Communication Makes a Difference!

Polling from the Kaiser Family Foundation in August found parents whose children attended a school that provided information on the vaccine or encouraged its uptake were more likely to say their child had been vaccinated.

Finding time and finding out where to get a child vaccinated are among the concerns raised by parents. Schools are familiar locations for families, are often located close by or are traveled to almost daily. According to polling, concerns around vaccine access were heightened among parents making less than $50,000 a year.

1

- Getting vaccinated can protect our students' access to in-person learning, sports and extracurricular activities.
- People who are fully vaccinated and do not have COVID-19 symptoms do not need to quarantine.
- Children ages 5 to 11 will receive one-third of the adult dose of the Pfizer vaccine using smaller needles designed for children. To become fully vaccinated, the child will need a second shot of the Pfizer vaccine three weeks after their first shot.
- The vaccine is free. No health insurance is required, and it is available regardless of immigration status.

School Health Advisories

Goal: Maintain continuity of instruction during the first month of the school year

1. Add layers of safety protocols
2. Vaccinate if eligible.
3. To extent possible, reduce extracurricular activities and consider holding activities such as meals, recess PE classes, music and choir outdoors to maximize physical distancing.
4. Hold school events (fundraisers, carnivals, conferences, etc.) virtually or outdoors, with full preventive mitigation layers if they must be held in person
5. Families with school-age children and educators should limit gatherings and non-essential activities with people from other households to the extent possible throughout November and December. If you are visiting people from another household, you should wear a mask, maintain a physical distance of 6 feet, and keep activities outdoors to the degree possible.

5 Health & Safety Tips for Students & Households

1

Make a plan to vaccinate all eligible household members

2

Mask up in public, including carpools

3

Limit gatherings with other households for now

4

Move social activities outdoors

5

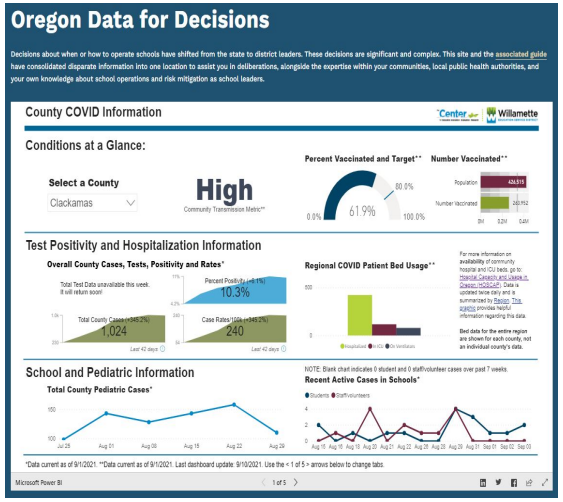
Make a plan in case your child needs to miss school

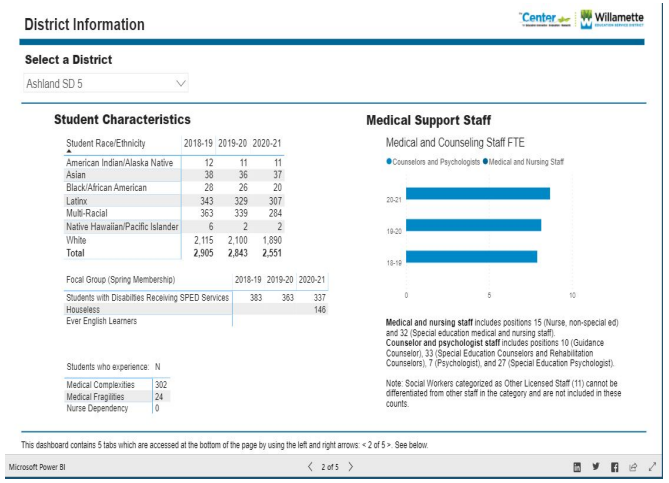
What's Important in a Dashboard

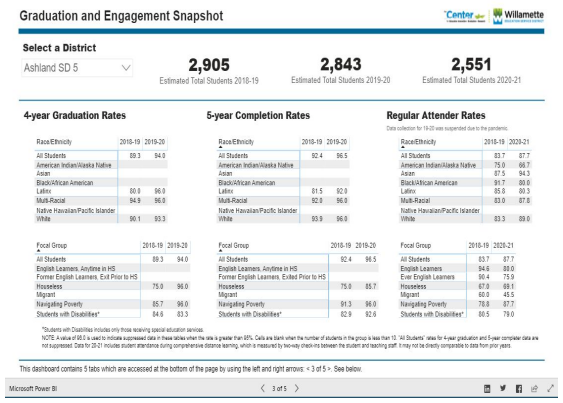
Data Dashboard for Schools

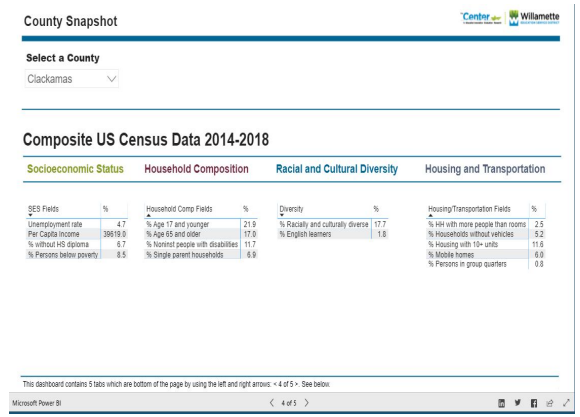
- Vision for thinking about health, learning, capacity, community, and resilience alongside each other
- Offers accurate and complex information

Example: A district sees a rise in cases and hospitalizations but low/no spread in the district or with students. The district shares a hospital with three counties and at this time there is sufficient bed and ICU capacity. Student data shows high (negative) impact from last year. Community data shows high poverty and mobility. The data might suggest working hard to keep protocols in place and keep school operating as a key community anchor.

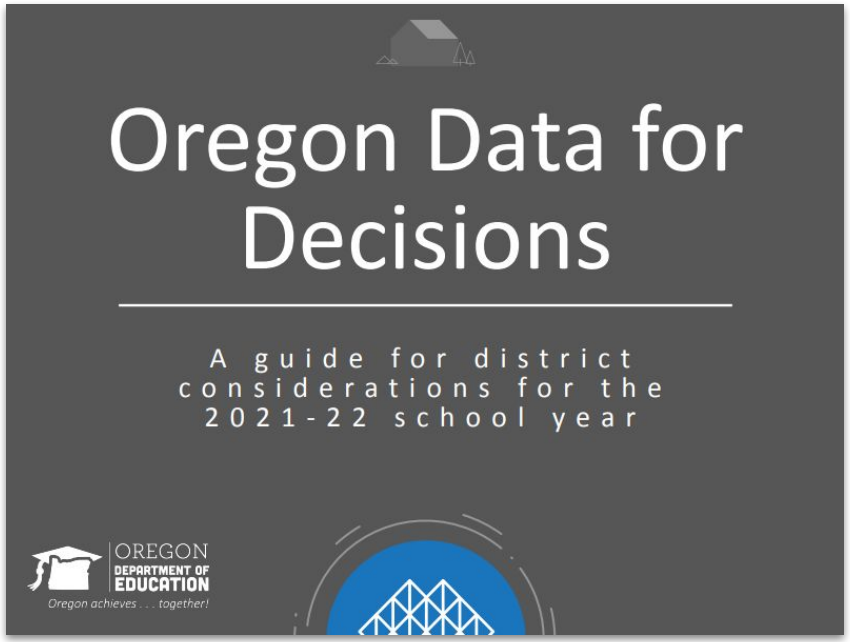








Data Decisions Guide



Decisions about when or how to operate school are in the hands of district leaders.
These decisions are significant and complex. This guide is intended to help ensure leaders consider the array of information available to them, including patterns or categories of information that may not be county or district specific but can help inform choices being made. Previously, many of these decisions were made at the state level with an equity review, public health and educator expertise, and a tremendous amount of statewide data.

Using this guide is not required and won't replace the actual decision-making process. This guide can assist in providing assurance to districts that there has been a comprehensive review of the information available alongside the important expertise within your community, local public health authority, and your own knowledge as school leaders.

Equity Decision Tool

Three tools have been developed by ODE to support school leaders in making clear choices with a consistent check against key values and input.

1. Decision Tree

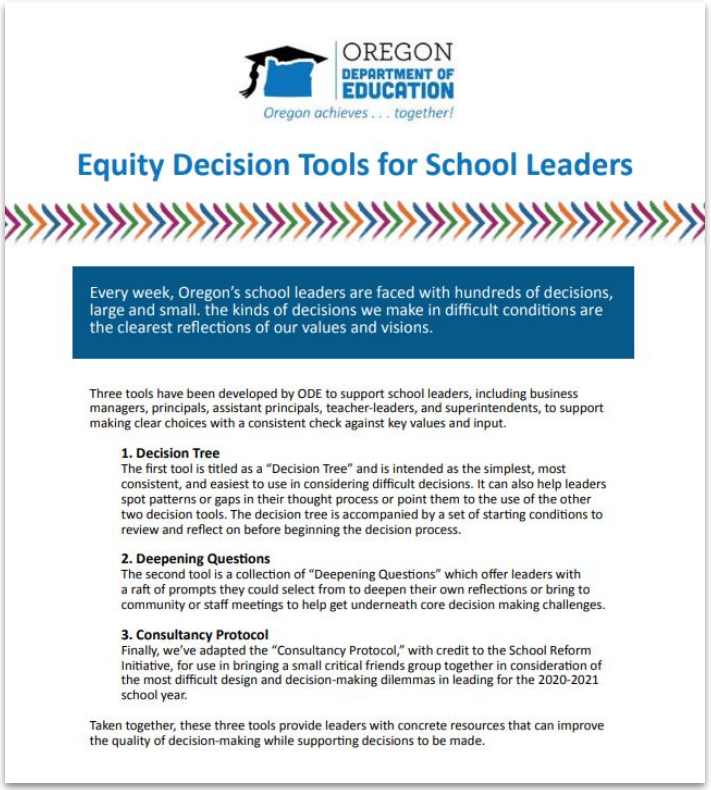
The first tool can also help leaders spot patterns or gaps in their thought process or point them to the use of the other two decision tools. The decision tree is accompanied by a set of starting conditions to review and reflect on before beginning the decision process.

2. Deepening Questions

The second tool offers leaders a raft of prompts they could select from to deepen their own reflections or bring to community or staff meetings to help get underneath core decision making challenges.

3. Consultancy Protocol

Finally, we've adapted the "Consultancy Protocol," with credit to the School Reform Initiative, for use in bringing a small group together in consideration of the most difficult design and decision-making dilemmas in leading for the 2020-2021 school year.



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Equity Decision Tools for School Leaders

Every week, Oregon's school leaders are faced with hundreds of decisions, large and small. the kinds of decisions we make in difficult conditions are the clearest reflections of our values and visions.

Three tools have been developed by ODE to support school leaders, including business managers, principals, assistant principals, teacher-leaders, and superintendents, to support making clear choices with a consistent check against key values and input.

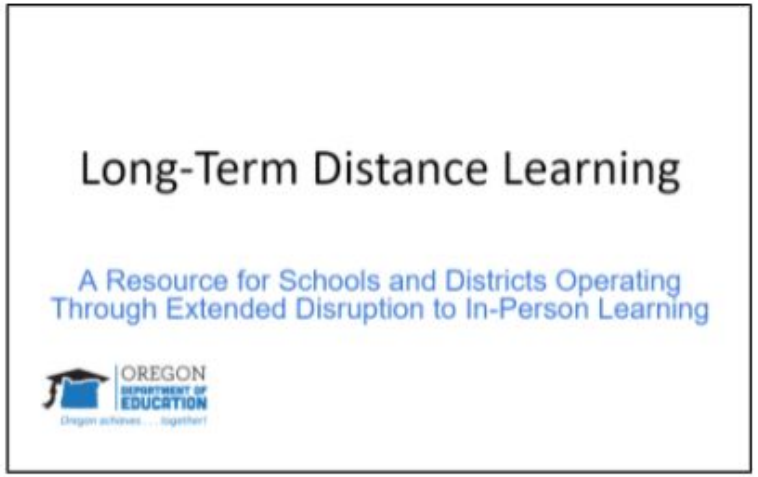
1. Decision Tree
The first tool is titled as a "Decision Tree" and is intended as the simplest, most consistent, and easiest to use in considering difficult decisions. It can also help leaders spot patterns or gaps in their thought process or point them to the use of the other two decision tools. The decision tree is accompanied by a set of starting conditions to review and reflect on before beginning the decision process.

2. Deepening Questions
The second tool is a collection of "Deepening Questions" which offer leaders with a raft of prompts they could select from to deepen their own reflections or bring to community or staff meetings to help get underneath core decision making challenges.

3. Consultancy Protocol
Finally, we've adapted the "Consultancy Protocol," with credit to the School Reform Initiative, for use in bringing a small critical friends group together in consideration of the most difficult design and decision-making dilemmas in leading for the 2020-2021 school year.

Taken together, these three tools provide leaders with concrete resources that can improve the quality of decision-making while supporting decisions to be made.

Distance Learning Guides



Digital Learning to Support Distance Learning

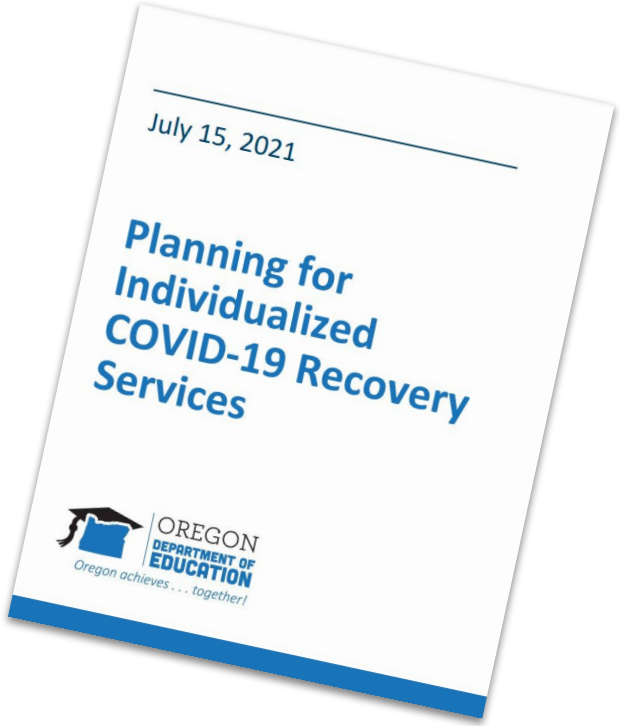
Distance learning most often relies heavily on digital learning - the use and integration of technology to enhance, support, and reimagine learning. The *Key Components of Digital Learning* provides additional detailed recommendations and resources for supporting digital learning. These Key Components can be applied to a Long-Term Distance Learning context.

The most helpful sections of *The Key Components of Digital Learning* are referenced in each of the anchor ideas which they most closely support. The Key Components is a helpful resource when planning for Long-Term Distance Learning. We have linked the most relevant sections throughout this document for easy reference.

Serving Students Who Experience Disability

The worldwide pandemic caused major disruptions in nearly all aspects of life. Within education, responding to the risk of COVID-19 required rapid pivots to distance learning for schools across Oregon. Some students have achieved success through Comprehensive Distance Learning (CDL). Some students, though, have navigated CDL, but may need additional support as they return to the 2021-22 school year.

- School districts must notify parents that IEP teams can meet to discuss the need for Individualized COVID-19 Recovery Services.
- The IEP team for each eligible child with a disability shall consider the need for Individualized COVID-19 Recovery Services.
- The determination of need for Individualized COVID-19 Recovery Services is made by the IEP team after a review of student performance and data including pre-COVID-19 closures, student participation and performance during COVID-19 closures, and performance upon return to school. The IEP team should consider the student's progress compared to the progress of all students during this time period.



CARE & connection

CARE & connection

Oregon Department of Education

Care and Connection Week:
Guidance for Schools and School Districts

Toolkit

- Care and Connection Guidance
- Care and Connection Activities
- Care and Connection Distance Learning Resources

Graphic Resources

- View Individual Graphics
- Care and Connection Posters (zip file)
- Care and Connection Banners (zip

Social Media

- Sample Social Media Posts
- Translations - Arabic, Traditional Chinese, Russian, Somali, Spanish, Vietnamese (zip file)

Handle with Care Tools

- Handle with Care Resources
- Handle with Care Guidance
- Translations -Arabic, Traditional Chinese, Russian, Somali, Spanish,

Oregon's Care & Connection Campaign

- Invited districts to begin the year with Care and Connection week.
- Dedicated time to build on what is already being done to create care, connection and community.
- Creating time and space to reflect, connect, and make meaning of the last year.
- Inviting districts to continue the practice throughout the school year.

OREGON
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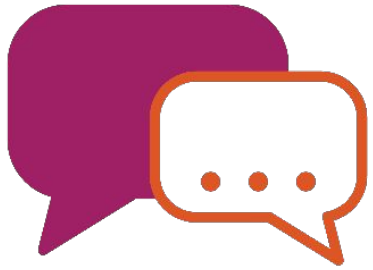
What's Next?

Tools to Reduce Quarantine Impacts

- **Current efforts:**
  - Vaccination for staff and volunteers
  - Implementing layered protocols with fidelity
  - Schools hiring staff for contact tracing
  - Screening testing for extracurricular activities
- **Future efforts:**
  - Student vaccination clinics
  - Standardizing quarantines by using our current diagnostic testing supply to 7 day quarantine, with a negative result by an antigen or PCR test within 48 hours before ending quarantine.
  - When testing supplies become adequate and stable, implement a test-to-stay model.

Questions



Thank You

Oregon Health Authority Strategic Goal

Eliminate health inequities by 2030

Health Equity Definition

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- **Recognizing, reconciling and rectifying historical and contemporary injustices.**

Thank You

Oregon Health Authority