

School Nurse Bootcamp

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Current COVID-19 and Respiratory Illness Trends

Select Respiratory Admission Trends through July 29, 2023

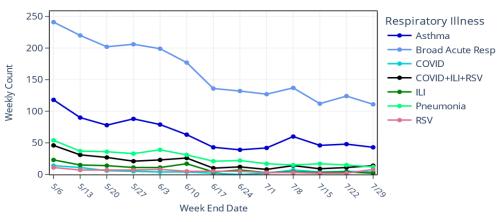
Pediatric Admissions

Low levels of pediatric admissions- no significant change over past weeks

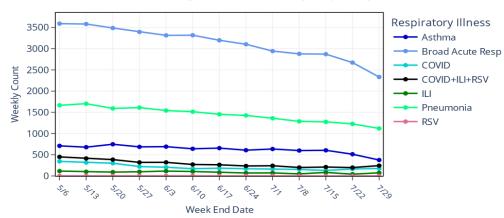
Adult Admissions

Adult admissions remain low and flat

Illinois Weekly Pediatric Admissions by Respiratory Illness



Illinois Weekly Adult Admissions by Respiratory Illness



Compared to other states, wastewater also showing low levels of COVID-19, Flu and RSV activity and no increased activity

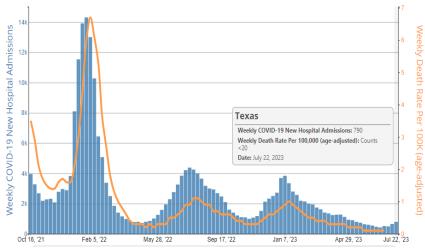




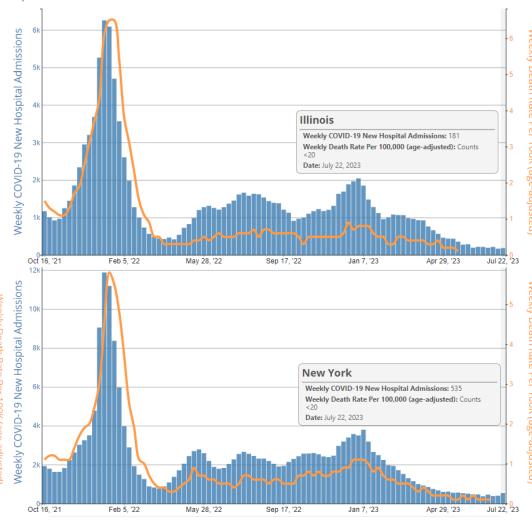
Slide updated 7/19/23

Comparison of IL with NY and TX reveals that compared to prior surges, the modest increase in hospitalizations is occurring at a slower rate and the deaths from **Covid remain very low**

COVID-19 New Hospital Admissions and COVID-19 Death Rate per 100,000 Population (Age-Adjusted), by Week, in Texas, Reported to CDC



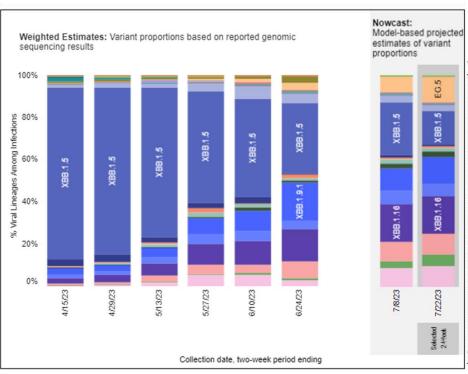
COVID-19 New Hospital Admissions and COVID-19 Death Rate per 100,000 Population (Age-Adjusted), by Week, in Illinois, Reported to CDC





SARS-CoV2 Variants in **HHS Regions 5** as Reported by CDC

Weighted and Nowcast Estimates in HHS Region 5 for 2-Week Periods in 4/2/2023 – 7/22/2023



Nowcast Estimates in HHS Region 5 for 7/9/2023 - 7/22/2023

Region 5 - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

WHO label	Lineage #	%Total	95%PI
Omicron	XBB.1.16	17.7%	14.7-21.2%
	XBB.1.5	15.8%	13.1-19.0%
	XBB.1.9.1	12.5%	4.2-29.3%
	EG.5	12.0%	5.9-22.5%
	XBB.2.3	9.9%	6.2-15.1%
	XBB.1.16.1	9.7%	7.3-12.6%
	XBB.1.9.2	6.0%	3.7-9.7%
	XBB.1.16.6	5.5%	2.0-13.5%
	XBB	3.0%	1.2-6.8%
	XBB.1.5.72	2.6%	0.4-10.4%
	XBB.1.5.68	1.7%	0.9-3.3%
	FE.1.1	0.7%	0.2-2.1%
	XBB.1.5.1	0.7%	0.4-1.2%
	CH.1.1	0.6%	0.1-3.0%
	XBB.1.5.10	0.6%	0.3-1.2%
	EU.1.1	0.4%	0.2-1.2%
	XBB.1.5.59	0.3%	0.1-0.8%
	FD.2	0.0%	0.0-0.0%
	BQ.1.1	0.0%	0.0-0.0%
	BA.2	0.0%	0.0-0.0%
	BN.1	0.0%	0.0-0.0%
	BA.5	0.0%	0.0-0.0%
	BQ.1	0.0%	0.0-0.0%
	BA.2.75	0.0%	0.0-0.0%
Other	Other*	0.1%	0.0-0.3%

- CDC is predicting that Omicron XBB 1.5 has decreased below 20%
- Current leading
 Omicron variant is XBB
 1.16 (17.7%) but decreasing
- IL also monitors the amount of Covid-19 in waste water, as well as Flu and RSV and no increases noted
- Northeastern states
 (NY, MA) are noting
 increases in Covid-19
 in wastewater but rise
 in Covid-19
 hospitalizations is
 modest

Updated 7/22/23





• XBB 2.3, EG.5, XBB 1.16.1, XBB 1.16.6, XBB 1.9.1



Prevention Strategies for Healthy Schools

Everyday Strategies to Prevent Spread of Infectious Diseases

- Promote staying up to date with all routine vaccinations.
- Implement policies that encourage students and staff to stay home when sick.
- Optimize <u>ventilation systems.</u>
- Reinforce proper hand hygiene and respiratory etiquette.
- Utilize proper cleaning and disinfection procedures.

Operational Guidance for K-12
Schools and Early Care and Education
Programs to Support Safe In-Person
Learning | CDC



New Respiratory Tools

RSV monoclonal antibody:

- Nirsevimab (commercially known as Beyfortus) may be given to all infants, not just high risk, during their first RSV season (October/November) and resulted in ~77% lower rate of hospitalizations
- FDA approved and Advisory Committee on Immunization Practices (ACIP) approved

RSV vaccines for age > 60:

- Arexvy is 83-95% effective in reducing severe disease from RSV while Abryso was 67-86% effective in reducing severe disease.
- FDA and ACIP approved, expected to be available by October 2023

Annual COVID-19 booster:

- Anticipated that mRNA vaccine with only one strain (monovalent) will be approved. Expected strain
 will be XBB 1.5 which is expected to have activity against daughter strains. The populations that will be
 eligible for vaccine in the fall have yet to be determined.
- FDA yet to approve and ACIP to hold special meeting (no date yet) to make final determination

• Flu vaccine:

- Flu vaccine is already available for high-risk populations (pregnant women in 3rd trimester) but majority of the population should get vaccinated in September/October.
- ACIP updated recommendations that those with egg allergies can get any type of flu vaccine available.



Air Protection



Medify Air Units for Illinois Schools









Air purifiers placed in > 75% of K-12 schools and initiated efforts in the Head Start Programs



Protect your child from respiratory illnesses such as RSV, flu, and COVID-19





















<u>Summary of Guidance for Minimizing the Impact of COVID-19 on Individual Persons,</u>
Communities, and Health Care Systems — United States, August 2022 | MMWR (cdc.gov)

Response to illness in schools



School Guidance

IDPH & ISBE Joint Guidance for COVID-19 Prevention in Schools



Updated June 13, 2023

The Illinois Department of Public Health (IDPH) and Illinois State Board of Education (ISBE) have updated this joint summary, fully adopting the Centers for Disease Control and Prevention (CDC)

Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe

In-Person Learning (released on August 11, 2022 and updated on May 11, 2023). This updated guidance supersedes all prior COVID-19 school guidance documents and applies to public and nonpublic schools that serve students in pre-kindergarten through grade 12 (pre-K-12).

Schools and local health departments should exercise their longstanding authority, including as described in the <u>Communicable Disease Code</u> and according to schools' infectious disease policies, to address all infectious disease cases among students and staff. IDPH and ISBE strongly encourage schools to follow the CDC's operational guidance on best practices and the recommendations of their local health department on <u>isolation</u> for confirmed and probable cases. Schools also are encouraged to follow the CDC's best practices for all infectious diseases to keep students home if ill and use testing to confirm or rule out COVID-19 and other infection.



Management of Cases and Exposures. Schools should manage ill
persons per the <u>Communicable Disease School Nurse Guidance (illinois.gov)</u>.
For those <u>exposed</u>, <u>quarantine is no longer recommended by CDC but masks should be worn when indoors and around others for 10 days after being exposed</u> (Note: CDC no longer defines Close Contacts but addresses <u>factors that indicate higher transmission risk</u>.) Staff, volunteers, and students who have been exposed should follow <u>CDC's recommendations</u> to wear a well-fitted mask and get tested.



COVID-19 INTERIM GUIDANCE FOR SCHOOLS¹

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

Isolate if ANY of the following symptoms² are present: Fever (100.4°F or higher), new onset of moderate to severe persistent beadache, 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, <u>see</u> <u>Post Vaccination Guidance</u>)	Quarantine Close Contacts? ⁵	Additional Guidance
A. COVID-19 diagnostic test positive (confirmed with PCR test or probable with antigen test³) 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 calendars 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 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).	Isolate 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 ⁵ 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 in individual is not tested within 24 hours of first notification of symptoms, household members do not need to be sent nome unless COVID-like symptoms exists or develop over the next 10 days.

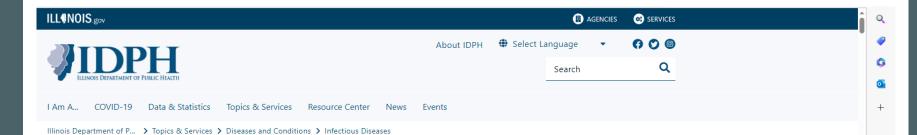
¹ Based on available data and science, schools must make local decisions informed by local context in consultation with their local public health department. This chart provides recommendations that should be consider in conjunction with the <u>Centers for Disease Control and Prevention Guidance for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

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

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.



Diseases & Conditions

Viral Hepatitis Tickborne Illnesses Mpox	•
<u> </u>	•
Viral Hepatitis	•
	•
Heart & Stroke	
HIV/AIDS	•
Diseases A-Z List	
Diabetes	•
Chronic Diseases	•
Cancer	•
Asthma	•
Alzheimer's Disease	•

Communicable Disease School Nurse Guidance

Download Communicable Disease School Nurse Guidance

Eye, Ear, Nose, Throat, and Respiratory

Teach effective, handwashing, good respiratory hygiene and cough etiquette Colds are caused by viruses; antibiotics are not indicated.

For all diseases:

Good handwashing and hygiene practices; proper disposal of soiled tissues; avoid sharing linens; proper disinfection of surfaces and toys; cough into elbow or clothing when tissues unavailable.

Bronchiolitis, Bronchitis, Common Cold, Croup, Ear Infection, Pneumonia, Sinus Infection and Most Sore Throats (Respiratory diseases caused by many different viruses and occasionally bacteria)

Mode of Transmission

Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs -Direct contact with respiratory secretions from an infected person -Touching a contaminated object then touching mouth, nose or eyes

	Disease/ Illness	Mode of Transmission	Symptoms	Incubation Period	Period of Communicability	Criteria for Exclusion from School*	Reporting Requirement	Prevention & Control Measures
	Bronchiolitis, Bronchitis, Common Cold, Croup, Ear Infection, Pneumonia, Sinus Infection and Most Sore Throats (Respiratory diseases caused by many different viruses and occasionally bacteria)	Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs -Direct contact with respiratory secretions from an infected person -Touching a contaminated object then touching mouth, nose or eyes	Variable, including runny nose, watery eyes, fatigue, coughing, and sneezing. May or may not have fever	Variable	Variable, often from the day before symptoms begin up to 5 days after onset	No exclusion unless febrile or other symptoms meeting exclusion criteria are present	May depend of etiology/organism Report unusual illness, clusters of cases above baseline for group and time of year, or increased/unusual severity of illness to the local health department	Teach effective, handwashing, good respiratory hygiene and cough etiquette Colds are caused by viruses; antibiotics are not indicated. For all diseases:
RESPIRATORY	Conjunctivitis, Bacterial or Viral (Pink eye) http://www.cdc.gov/conjuncti vitis/index.html	Contact with an infected person's skin, body fluid or though contact with a contaminated surface and then touching mucus membranes/eyes	Red eyes, usually with some discharge or crusting around eyes; may be itchy, sensitive to light, or watery Bacterial: may have yellow/greenish discharge; may affect one or both eyes Allergic and chemical conjunctivitis usually affects both eyes	Bacterial: Unknown. Viral: Varies with etiology	Bacterial: from onset of symptoms until after start of antibiotics, or as long as there is discharge form the eye Viral: variable, before symptoms appear and while symptoms are present (Allergic and chemical conjunctivitis is not contagious.)	Bacterial, Viral, or unknown etiology: Exclude if conjunctivitis is accompanied by symptoms of systemic illness or if the child is unable to keep hands away from eye. Childcare rules: exclude if purulent drainage until after 24 hours of treatment http://www.laa.gov/commission/icar/adminc.ode/089/089004070G0310R.html	Not required to be reported May notify local health department of large clusters of cases or cases with unusual severity of illness	Good handwashing and hygiene practices; proper disposal of soiled tissues; avoid sharing linens; proper disinfection of surfaces and toys; cough into elbow or clothing when tissues unavailable
EYE, EAR, NOSE, THROAT, AND RE	https://dph.illinois.gov/topics-services/diseases-and-conditions/infectious-diseases/cd-school-nurse-guidance/flu-facts-for-parents.html http://www.flu.gov/ http://ilga.gov/commission/icar/admincode/077/07700690 0D04650R.html http://ilga.gov/commission/icar/admincode/077/07700690 0D04680R.html http://ilga.gov/commission/icar/admincode/077/07700690 0D04680R.html	Person to person by respiratory droplets created by coughing or sneezing, or though contact with a contaminated surface and then touching mucus membranes/eyes The virus can live on surfaces for several hours.	Sudden onset of fever, chills, headache, malaise, body aches, and nonproductive cough	1-4 days	Variable, from 24 hours before onset of symptoms, peaks during first 3 days of illness through 7 days	Until fever-free for 24 hours Criteria may differ in pandemic or novel/variant strain influenza situation.	Influenza deaths in persons<18 years of age. ICU admissions are reportable within 24 hours. Influenza A, variant virus cases are required to be reported immediately within 3 hours by healthcare providers.	Influenza: Annual influenza vaccine recommended for everyone 6 months and older
	Mumns	Contact with dronlets from eves or	Fever with swelling and	12 to 25 days	Peak infectious time	Exclude cases from school	Report case to local	Mumns: Timely immunization

Communicable Disease School Nurse Guidance (illinois.gov)



RSV https://dph.illinois.gov/topics- services/diseases-and- conditions/infectious- diseases/cs-chool-nurse- guidance/rsv-facts-for- parents.html https://www.cdc.gov/rsv/	Highly contagious; contact with droplets from nose, eyes or mouth of infected person; virus can live on surfaces (toys, tissues, doorknobs) for several hours	Fever, runny nose, cough. May have wheezing	2 to 8 days (4 to 6 days most common)	Variable, from the day before until 3 to 8 days or longer; may last up to 3 to 4 weeks	No exclusion unless febrile or other symptoms meeting exclusion criteria are present	Individual cases do not have to be reported.	Respiratory Syncytial Virus: Avoid sharing linens, toys, and other items
SARS-CoV-2 (COVID-19) https://dph.illinois.gov/topics- services/diseases-and- conditions/infectious- diseases/cd-school-nurse- guidance/covid19-facts-for- parents.html	Breathing in air when close to an infected person who is exhaling small droplets and particles that contain the virus. Having these small droplets and particles that contain virus land on the eyes, nose, or mouth, especially through splashes and sprays like a cough or sneeze. Touching eyes, nose, or mouth with hands that have the virus on them.	May have no symptoms or can have any of the following: Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat Congestion or runny nose, Nausea or vomiting, Diarrhea, dermatologic manifestations	2-14 days	From 2 days before symptom onset through Day 10 after symptom onset	For those that can mask upon return, isolate for at least five calendar days from onset of symptoms; return after the five calendars 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 or immunocompromised, isolate for 10 days.	Report case to local health department within 24 hours	
Strep throat/Scarlet Fever https://dph.illinois.gov/topics-services/diseases-and-conditions/infectious-diseases/cd-school-nurse-guidance/strep-throat-facts-for-parents.html http://www.cdc.gov/groupastrep/http://www.ilga.gov/commission/icar/admincode/077/0770 06900D06700R.html	Contact with droplets from nose and mouth; close crowded contact, direct contact	Fever, sore throat with pus spots on tonsils, tender swollen glands Scarlet fever has above symptoms plus a sandpaper-like rash Symptoms may vary.	2 to 5 days	Highest during acute infection; no longer contagious within 24 hours after antibiotics	Schools: Exclude until fever free without the use of fever-reducing medications or symptoms improving if fever not present AND on appropriate antibiotics for AT LEAST 12 hours. However, during outbreaks or in the setting of recurrent infection, IDPH recommends individuals stay home for at least 24 hours after on effective antibiotics AND fever free or symptoms improving if fever not present. Child Care: rules: Exclude until 24 hours after treatment has	Clusters of 10 epidemiologically linked cases of strep throat/scarlet fever within a 10 day period are reportable to the local health department. Invasive disease from streptococcal bacteria is reportable.	Strep Throat: Avoid kissing, sharing drinks or utensils; exclude infected adults from food handling; symptomatic contacts of documented cases should be tested, and if results are positive, should be treated.





RESPIRATORY SYNCYTIAL VIRUS (RSV) FACT SHEET FOR PARENTS

Some cases of respiratory syncytial virus (RSV) have been reported from your child's school or classroom. RSV is a common respiratory virus that usually causes mild, cold-like symptoms. Most people recover in a week or two, but RSV can be serious, especially for infants and older adults.

HOW DOES RSV SPREAD?

RSV spreads between people when an infected person coughs or sneezes near others and you get virus droplets in your eyes, nose, or mouth. Or you touch a surface that has the virus on it, and then touch your face before washing your hands

SYMPTOMS AND CARE Symptoms

People infected with RSV usually show symptoms within 4 to 6 days after getting infected. Symptoms of RSV infection usually include runny nose, decrease in appetite, coughing, sneezing, fever, and/or wheezing. These symptoms usually appear in stages and not all at once.

Care

Most RSV infections go away on their own in a week or two. You can take steps to relieve symptoms, such as managing fever and pain and drinking enough

HOW TO PREVENT RSV?

The Centers for Disease Control and Prevention recommends the following steps to prevent the spread of RSV, especially if you or your child is experiencing cold-like symptoms.

- 1. Cover your coughs and sneezes with a tissue or your upper shirt sleeve, not your hands.
- 2. Wash your hands often with soap and water for at least 20 seconds.
- Avoid close contact, such as kissing, shaking hands, and sharing cups and eating utensils, with others.
- 4. Clean frequently touched surfaces, such as doorknobs and mobile devices.

Ideally, people with cold-like symptoms should not interact with children at high risk for severe RSV disease. If this is not possible, carefully follow the prevention steps listed above and wash your hands before interacting with highrisk children.

Steps to Take When Sick with COVID-19

When to Seek Emergency Medical Attention: If someone is showing any emergency warning signs, call 911.



Stay home and separate from others

When and How to Isolate



Improve ventilation (air flow) at home to help prevent COVID-19 from spreading to other people

Use this interactive tool to learn how to improve air flow at home.

Improving Ventilation in Your Home



Monitor symptoms and follow healthcare provider instructions

Rest, drink fluids, and use over-the-counter medicines for fever.

Symptoms of COVID-19



Practice every day hygiene and cleaning and avoid sharing personal household items

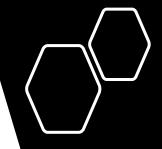
- · Wash your hands often.
- · Cover coughs and sneezes.

Cleaning Your Home



Wear a high-quality mask or respirator when around other people

Wear a mask with the best fit, protection, and comfort.



After Being Exposed to COVID-19



Immediately

What to Do If You Were Exposed to COVID-19 | CDC

Wear a mask as soon as you find out you were exposed Start counting from Day 1

- Day 0 is the day of your last exposure to someone with COVID-19
- Day 1 is the first full day after your last exposure

What to Do If You Were Exposed to COVID-19





What to Do If You Were Exposed to COVID-19 | CDC

You can still develop COVID-19 up to 10 days after you have been exposed

Take Precautions

Wear a high-quality mask or respirator (e.g., N95) any time you are around others inside your home or indoors in public ¹

 Do not go places where you are unable to wear a mask, including travel and public transportation settings.

Take <u>extra precautions</u> if you will be around people who are <u>more likely to get very sick from COVID-19</u>.

More about how to protect yourself and others >

Watch for symptoms

- fever (100.4°F or greater)
- cough
- shortness of breath
- other COVID-19 symptoms

If you develop symptoms

- isolate immediately
- get tested
- stay home until you know the result

If your test result is positive, follow the <u>isolatio</u> recommendations.



What to Do If You Were Exposed to COVID-19 | CDC

Get tested at least 5 full days after your last exposure

Test even if you don't develop symptoms.

If you already had COVID-19 within the past 90 days, see specific testing recommendations.



IF YOU TEST

Negative

Continue taking precautions through day 10

 Wear a high-quality mask when around others at home and indoors in public

You can still develop COVID-19 up to 10 days after you have been exposed.



IF YOU TEST

Positive

<u>Isolate immediately</u>

Choosing a COVID-19 Test

COVID-19 Testing: What You Need to Know | CDC

I am in a circumstance where I should get tested and:



I have not had COVID-19 or I have not had a positive test within the past 90 days.

You may choose NAAT or antigen tests.

If you use an antigen test and your result is negative, multiple tests may be necessary.



I tested positive for COVID-19 in the last 90 days.

My first positive test result was within:

30 days or less

I have symptoms

Use antigen tests. If negative, multiple tests may be necessary.

I do not have symptoms

Testing is not recommended to detect a new infection.

My first positive test result was within:

31-90 days

I have symptoms

Use antigen tests. If negative, multiple tests may be necessary.

I do not have symptoms

Use antigen tests. If negative, multiple tests may be necessary

Effective
January 1,
2023,
Outbreak
Reporting in
Non-HighRisk Settings
is No Longer
Required

Checklist Actions	Complete?
Response to a Single Case in a Cohort	
Ensure exclusion of individuals who have tested positive for five days. Day 0 = date of	
symptom onset or positive test.	
Ensure positive individual returns wearing mask days 6-10 post symptom onset or	
positive test date.	
If individual cannot mask, either exclude days 6-10 OR require two NEGATIVE rapid tests	
48 hours apart, NO SOONER than day 6.	
Notify classroom/ cohort(s) of outbreak via parent letter.	
Encourage masking of individuals in cohort for 10 days post exposure.	
Encourage testing (rapid antigen) at day 3 and day 5, if available. Supply tests if resources	
allow.	
Maintain awareness of any additional cases that arise in the same cohort within next	
seven days.	
Response to Five Cases or 20% of a Cohort	
Ensure exclusion of individuals who have tested positive for five days. Day 0 = date of	
symptom onset or positive test.	
Ensure positive individuals return wearing mask days 6-10 post symptom onset or	
positive test date.	
Ensure individuals are not coming to a non-high-risk setting with symptoms.	
Notify classroom/ cohort(s) of outbreak via parent letter.	
Recommend and enforce masking in affected cohort for 10 days after last case.	
Recommend testing every other day for seven days after last case in the cohort (or daily if	
cohort cannot mask). Supply tests if feasible.	
Maintain awareness of any additional cases that arise in the same cohort within next	
seven days.	
Increase ventilation by holding class outside, opening windows, or adding HEPA purifier.	
If Cases Continue to Escalate	
Continue to follow the guidelines for 20% attack rate.	
Conduct case interviews to evaluate for common source of exposure.	
Use targeted messaging to focus on activities that are increasing risk.	
Consider requiring two negative tests 48 hours apart to return.	
Consider site visit to determine areas for improvement on infection prevention.	
Consider pausing extracurricular activities.	

Response to a Single Case in a Cohort

Ensure exclusion of individuals who have tested positive for five days. Day 0 = date of symptom onset or positive test.	
Ensure positive individual returns wearing mask days 6-10 post symptom onset or positive test date.	
If individual cannot mask, either exclude days 6-10 OR require two NEGATIVE rapid tests 48 hours apart, NO SOONER than day 6.	
Notify classroom/ cohort(s) of outbreak via parent letter.	
Encourage masking of individuals in cohort for 10 days post exposure.	
Encourage testing (rapid antigen) at day 3 and day 5, if available. Supply tests if resources allow.	
Maintain awareness of any additional cases that arise in the same cohort within next seven days.	

Response to Five Cases or 20% of a Cohort	
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If Cases Continue to Escalate

Continue to follow the guidelines for 20% attack rate.	
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Consider requiring two negative tests 48 hours apart to return.	
Consider site visit to determine areas for improvement on infection prevention.	
Consider pausing extracurricular activities.	

*Distribution Plan

Option 1- Direct to Patient - Facility will place order - LabCorp provides ordering provider - LabCorp will follow-up with facility	Option 2- De-identified Bulk Order to Facility - High risk congregate settings w/assisted collection - Must have ordering provider - Order uploaded by facility; results received by facility - No follow-up provided by Lab Corp		
 LHDs Assisted Living Facilities Schools* Jails* 	 Skilled Nursing Facilities Developmental/MH Centers Correctional Facilities- IDOC FQHCs 		

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Review Article | Published: 13 January 2023

Long COVID: major findings, mechanisms and recommendations

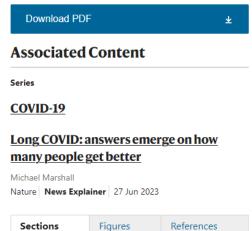
Hannah E. Davis, Lisa McCorkell, Julia Moore Vogel & Eric J. Topol

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An Author Correction to this article was published on 17 April 2023

This article has been updated



Sections



People who experience Long COVID most commonly report:

General symptoms (Not a Comprehensive List)

- Tiredness or fatigue that interferes with daily life
- Symptoms that get worse after physical or mental effort (also known as "postexertional malaise")
- Fever

Respiratory and heart symptoms

- Difficulty breathing or shortness of breath
- Cough
- Chest pain
- Fast-beating or pounding heart (also known as heart palpitations)

Neurological symptoms

- Difficulty thinking or concentrating (sometimes referred to as "brain fog")
- Headache
- Sleep problems
- Dizziness when you stand up (lightheadedness)
- Pins-and-needles feelings
- Change in smell or taste
- Depression or anxiety

Digestive symptoms

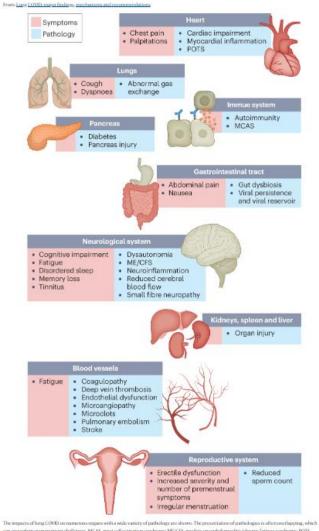
- Diarrhea
- Stomach pain

Other symptoms

- Joint or muscle pain
- Rash
- Changes in menstrual cycles



Fig. 1: Long COVID symptoms and the impacts on numerous organs with differing pathology.



The impacts of lung (GMD in runnerma segans with a wide variety of pathology are shown. The presentation of pathologies is offer overlapping, which can exceed the running amount of softeness, MCAS, must cell activation syndrome; ME/CFS, mydge encephalisms/tio/chamic fatigue syndrome; POFS, position or inhibitatic techpearties syndrome.

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Morbidity and Mortality Weekly Report (MMWR)

Post-COVID-19 Symptoms and Conditions Among Children and Adolescents — United States, March 1, 2020–January 31, 2022

Weekly / August 5, 2022 / 71(31);993-999

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View suggested citation

Summary

What is already known about this topic?

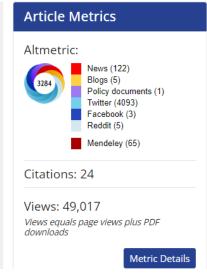
Children and adolescents might be at risk for certain post-COVID symptoms and conditions.

What is added by this report?

Compared with patients aged 0–17 years without previous COVID-19, those with previous COVID-19 had higher rates of acute pulmonary embolism (adjusted hazard ratio = 2.01), myocarditis and cardiomyopathy (1.99), venous thromboembolic event (1.87), acute and unspecified renal failure (1.32), and type 1 diabetes (1.23), all of which were rare or uncommon in this study population.

What are the implications for public health practice?

COVID-19 prevention strategies, including vaccination for all eligible persons aged ≥6 months, are critical to preventing SARS-CoV-2 infection and subsequent illness, and reducing the public health impact of post-COVID symptoms and conditions among persons aged 0–17 years.





Other conditions

ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH CHAPTER I: DEPARTMENT OF PUBLIC HEALTH SUBCHAPTER k: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS PART 690 CONTROL OF COMMUNICABLE DISEASES CODE

The General Assembly's Illinois Administrative Code database includes only those rulemakings that have been permanently adopted. This menu will point out the Sections on which an emergency rule (valid for a maximum of 150 days, usually until replaced by a permanent rulemaking) exists. The emergency rulemaking is linked through the notation that follows the Section heading in the menu.

SUBPART A: GENERAL PROVISIONS

- Section 690.10 Definitions
- Section 690.20 Incorporated and Referenced Materials
- Section 690.30 General Procedures for the Control of Communicable Diseases

SUBPART B: NOTIFIABLE DISEASES AND CONDITIONS

- · Section 690.100 Diseases and Conditions
- Section 690.110 Diseases Repealed from This Part

SUBPART C: REPORTING

Section 690.200 Reporting

SUBPART D: DETAILED PROCEDURES FOR THE CONTROL OF NOTIFIABLE DISEASES AND CONDITIONS

- Section 690,290 Acquired Immunodeficiency Syndrome (AIDS) (Reportable By Mail or By Telephone) (Repealed)
- Section 690.295 Any Unusual Case of a Disease or Condition Caused by an Infectious Agent Not Listed in this Part that is of Urgent Public Health Significance (Reportable by telephone immediately (within three hours))
- Section 690.300 Amebiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
- Section 690,310 Animal Bites (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
- Section 690.320 Anthrax (Reportable by telephone immediately, within three hours, upon initial clinical suspicion of the disease)
- Section 690.322 Arboviral Infections (Including, but Not Limited to, Chikungunya Fever, California Encephalitis, St. Louis Encephalitis, Dengue Fever and West Nile Virus)
 (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- Section 690,325 Blastomycosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
- Section 690.327 Botulism, Foodborne, Intestinal Botulism (Formerly Infant), Wound, or



 Section 690.30 General Procedures for the Control of Communicable Diseases

- Schools, Child Care Facilities, and Colleges/Universities
 - Except in an emergency, the occurrence of a case of a communicable disease in a school, child care facility or college/university should not be considered a reason for closing the school, facility or college/university.
 - 2) Persons suspected of being infected with a reportable infectious disease for which isolation is required, or persons with diarrhea or vomiting believed to be infectious in nature, shall be refused admittance to the school or child care facility while acute symptoms are present.
 - School, child care facility, and college/university authorities shall handle contacts of infectious disease cases as prescribed in this Part, or as recommended by the local health authority.
 - When outbreaks of disease occur in any child care facility, staff and attendees of the facility may be considered to be contacts to cases and may be required by the local health authority to submit specimens for testing.

d) Release of Specimens

- Whenever this Part requires the submission of laboratory specimens for release from imposed restrictions, the results of the examinations will not be accepted unless the specimens have been examined in the Department's laboratory or an acceptable laboratory. The number of specimens needed for release, as detailed under specific diseases, is the minimum and may be increased by the Department as necessary. Improper storage or transportation of a specimen or inadequate growth of the culture suggestive of recent antibiotic usage can result in disapproval of the submitted specimen by the Department's laboratory or an acceptable laboratory and result in the need for an additional specimen to be collected.
- The local health authority may require testing of food handlers for specific pathogens, including, but not limited to, Norovirus, as necessary in response to an outbreak.
- e) Persons with diarrhea or vomiting of infectious or unknown cause shall not work in sensitive occupations or as food handlers until 48 hours after diarrhea and vomiting have resolved and shall adhere to restrictions specified in this Part specific to each etiologic agent.
- f) Persons with draining skin lesions shall not work as food handlers unless the drainage is contained by a dressing and lesions are not on the hands or forearms.



Fever-free

CDC recommends that schools use 100.4°F or greater as the threshold for fever. And the CD Code also defines a fever as Fever" — The elevation of body temperature above the normal (typically considered greater than or equal to 100.4 degrees Fahrenheit).

Other Outbreaks

Not Reportable, but Communication with LHD Always OK

- Influenza
- RSV
- Respiratory illness
- Parainfluenza

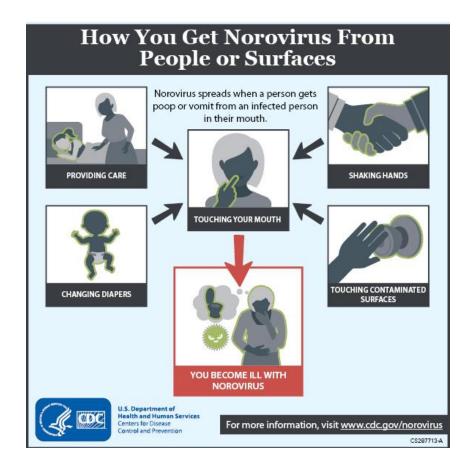
Outbreaks that are REPORTABLE:

- AGE (4 or more in a classroom or 10% of school)
- Norovirus or other Foodborne
- MRSA
- Varicella (5 or more cases)
- Adenovirus (5 or more with at least 2 hospitalizations and two lab confirmed)
- Conjunctivitis (10 or more)
- Non-iGAS (10 epi linked in 10 day period)
- Mumps (3 or more)
- Pertussis (5 or more within 42 days)
- Hand, Foot and Mouth (10 epi linked within 10 days)



Transmission

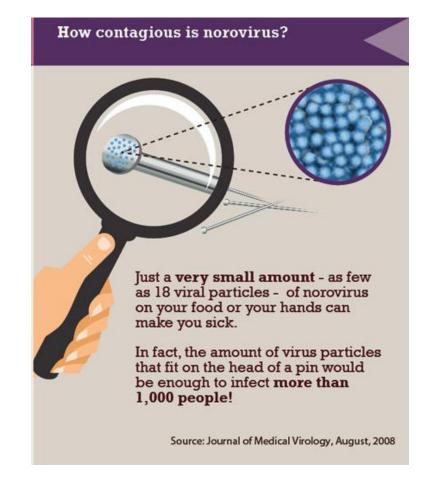
- Person-to-person contact
- Consuming contaminated food or water
- Contaminated surfaces
- Aerosolization





Things you may not know about norovirus

- 20 million people get sick annually
- Infected food workers cause about 70% of norovirus outbreaks
- People sick with norovirus can shed billions of tiny viral particles in their stools and vomitus
- People are most infectious when sick, but can infected others before and when feeling better
- Norovirus can stay alive on surfaces for up to 2 weeks
- Norovirus vomitus can travel nearly 10 feet forward and laterally with projectile vomiting



Control Measures

WASH YOUR HANDS

USE GOWN AND GLOVES

CLEAN SURFACES







WASH LAUNDRY









Q and A Time







