



Montgomery County Office of Public Health

Quick Guide: COVID-19 for Schools

GENERAL INFORMATION

Infectious Agent: Coronavirus (COVID-19) is an illness caused by the SARS-CoV-2 virus.

Mode of Transmission: Person to Person via respiratory droplets (about 6 feet or two arm lengths) released when a with a person who has COVID-19 talk, cough or sneeze. The virus may spread to hands from contaminated surfaces and then to the nose or mouth.

Incubation Period: Symptoms may appear 2-14 days after exposure to the virus; average of 5-7 days

Infectious Period: 2 to 3 days prior to start of symptoms until recommended completion of isolation

Symptoms: 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

Testing: Real-Time Reverse Transcriptase (RT) - PCR Diagnostic Panel detects the SARS-CoV-2 virus in upper and lower respiratory specimens.

Treatment: Currently, there are no drugs or vaccines approved by the FDA to treat patients with COVID-19. However, the FDA recently granted an Emergency Use Authorization (EUA) to allow for remdesivir, hydroxychloroquine and chloroquine to be used only by health care providers for hospitalized patients with COVID-19 when clinical trials are not available or feasible. The authorization does not mean that these drugs are FDA-approved as safe and effective for treating COVID-19, and clinical trials are still needed to determine effectiveness.

COVID-19 CASE DEFINITION AND CASE CLASSIFICATION

Clinical Criteria:

- At least two of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorder(s)
OR
- At least one of the following symptoms: cough, shortness of breath, or difficulty breathing
OR
- Severe respiratory illness with at least one of the following:
 - Clinical or radiographic evidence of pneumonia, OR

- Acute respiratory distress syndrome (ARDS).
- AND
- No alternative more likely diagnosis

Laboratory Criteria:

Laboratory evidence using a method approved or authorized by the U.S. Food and Drug Administration (FDA) or designated authority:

- *Confirmatory laboratory evidence:*
Detection of severe acute respiratory syndrome coronavirus 2 ribonucleic acid (SARS-CoV-2 RNA) in a clinical specimen using a molecular amplification detection test
- *Presumptive laboratory evidence:*
Detection of specific antigen in a clinical specimen
Detection of specific antibody in serum, plasma, or whole blood indicative of a new or recent infection*

*Serologic methods for diagnosis are currently being defined.

Epidemiologic Linkage:

- One or more of the following exposures in the 14 days before onset of symptoms:
- Close contact** with a confirmed or probable case of COVID-19 disease; OR
- Close contact** with a person with:
 - clinically compatible illness AND
 - linkage to a confirmed case of COVID-19 disease.
- Travel to or residence in an area with sustained, ongoing community transmission of SARS-CoV-2.
- Member of a risk cohort as defined by public health authorities during an outbreak.
- ***Close contact is defined as being within 6 feet for at least a period of 10 minutes to 30 minutes or more depending upon the exposure. In healthcare settings, this may be defined as exposures of greater than a few minutes or more. Data are insufficient to precisely define the duration of exposure that constitutes prolonged exposure and thus a close contact.*

Case Classification:

Suspect: Positive IGG with no symptoms within the last 30 days

Probable

- Meets clinical criteria AND epidemiologic evidence with no confirmatory laboratory testing performed for COVID-19.
- Meets presumptive laboratory evidence AND either clinical criteria OR epidemiologic evidence.
- Meets vital records criteria with no confirmatory laboratory testing performed for COVID-19.

Confirmed: Meets confirmatory laboratory evidence.

OTHER COVID-19 SYNDROMES

Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID 19: condition where different body parts can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs. It is known that many children with MIS-C had the virus that causes [COVID-19](#), or had been around someone with

COVID-19. MIS-C can be serious, even deadly, but most children who were diagnosed with this condition have gotten better with medical care.

COVID CASE INVESTIGATION

Reporting:

- COVID- 19 is a disease that should be reported to MCOPH IMMEDIATELY.
- School Representatives can report cases directly to MCOPH by the following methods:
 - Phone: 610-278-6211
 - Email: MCSchoolsCOVID19@montcopa.org
- Disease investigation by MCOPH must be initiate within 12-24hrs of receipt of notification.

Contact Tracing: Completed by OPH with collaboration w/ school administration

OUTBREAK CONTROL:

During an outbreak in schools and childcare settings, a coordinated investigation that includes communication and collaborative decision making with education agencies and parents can increase the efficiency and success of the process. Health department should transparently communicate with the school and parents/guardians. Public health officials should anticipate media coverage and plan a collaborative strategy.

Outbreak Definition: Definitions for COVID-19 outbreaks are relative to the local context. A working definition of “outbreak” is recommended for planning investigations.

A recommended definition is a situation that is consistent with either of two sets of criteria:

- During (and because of) a case investigation and contact tracing, two or more contacts are identified as having active COVID-19, regardless of their assigned priority.
- OR
- Two or more patients with COVID-19 are discovered to be linked, and the linkage is established outside of a case investigation and contact tracing (e.g., two patients who received a diagnosis of COVID-19 are found to work in the same office, and only one or neither of the them was listed as a contact to the other).

RISK STRATIFICATION

- **Lowest Risk:** Students and teachers engage in virtual-only classes, activities, and events.
- **More Risk:** Small, in-person classes, activities, and events. Groups of students stay together and with the same teacher throughout/across school days and groups do not mix. Students remain at least 6 feet apart and do not share objects (e.g., hybrid virtual and in-person class structures, or staggered/rotated scheduling to accommodate smaller class sizes).
- **Highest Risk:** Full-sized, in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities

SCHOOL MITIGATION STRATEGIES

Guidelines are pending for Pennsylvania Department of Health and Pennsylvania Department of Education

The following course of action is recommended to prevent the spread of COVID-19 disease:

- School breaks, vacations, graduations, and transfers can disrupt the case investigation and contact tracing. In collaboration with school officials.
- School administrators should notify staff, and families immediately with collaboration with OPH.
- Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting in accordance with CDC and EPA.
- Exclusions: See MCOPH COVID 19 Exclusion Guide