MEMORANDUM

DATE: September 21, 2023

TO: School Administration and Nursing, Local Health Departments

FROM: Communicable Disease Section

RE: School COVID-19 Guidance

The IDPH and ISBE Joint Guidance for COVID-19 Prevention in Schools was updated in June 2023. The major change was discontinuing use of the COVID-19-specific Decision Tree for managing persons with confirmed or suspected COVID-19. Instead, the Communicable Disease School Guidance was updated to include COVID-19, along with the other communicable diseases schools typically encounter, and includes recommendations for isolation that have not changed for COVID-19.

Attached below is guidance sent last year on shifts in reporting COVID-19 cases and outbreaks in schools. In this document, we clarified that COVID-19 cases and outbreaks are no longer reportable unless directed by your local health department or when severe outcomes occur. The document provides guidance for schools to manage varying sizes of outbreaks independently but encourages schools to reach out to their local health departments whenever they have questions about managing communicable diseases in schools or need assistance.

December 13, 2022

COVID-19 Outbreak Reporting for Non-High-Risk Settings, including K-12 Schools, Day Cares, Workplaces, Colleges, and Businesses, Guidance (Effective January 1, 2023)

Background: On September 1, 2022, the Council of State and Territorial Epidemiologists (CSTE) issued the Revised COVID-19 K-12 School Surveillance Guidance for Identification and Classification of Outbreaks providing discretion for states to determine surveillance and outbreak reporting for schools. IDPH has decided to apply the CSTE justification and guidance to all non-high-risk settings in Illinois, allowing state and local resources to focus on outbreaks in high-risk settings. The revised CSTE guidance sites several important changes in the evolution of circulating SARS-Co-2 variants, population immunity, and the pandemic response, including:

- Shifting from universal case investigation and contact tracing for individual cases to prioritize local health departments (LHDs) work with high-risk congregate care settings, which limits the ability to identify cases associated with non-high-risk settings.
- Increased availability and use of at-home over the counter (OTC) SARS-CoV-2 rapid antigen tests, results of which are not reported to public health.
- Widespread availability of COVID-19 vaccines and therapeutics, including COVID-19 vaccines authorized under emergency use for school-aged children.
- Increasing immunity within the U.S. population due to either natural infection, vaccination, or both, leading to decreased numbers of individuals with severe illness and fewer hospitalizations.

Additionally, this approach is similar to national and Illinois outbreak and surveillance requirements for influenza.

For non-high-risk settings and effective January 1, 2023 (based on dates of first onset that are greater than or equal to January 1, 2023)**, outbreak reporting is no longer required (see exceptions noted in c).** Rather, in these settings, **facilities are encouraged to continue to monitor outbreaks internally in their settings and should respond with the following steps based on the size of the outbreak (a checklist is attached to assist facilities with managing an outbreak)**:

a) In situations where non-high-risk congregate settings have suspected COVID-19 outbreaks in a core-group[1] with at least 20% of a defined population OR at least five cases (including those identified via home testing), among individuals (whichever is lower) with symptom onset within seven days of each other:
    i. Recommend universal masking for all members of the core group until 10 days have passed from the onset date of the most recent case with no new cases in the cohort.
    ii. Notify workers/students/parents/caregivers of the outbreak/cluster and encourage them to:
        - Stay home if symptomatic and return with a negative lab-based PCR (molecular) test or two negative antigen tests at least 48 hours apart[2]. Encourage policies that allow

for employees with a positive test to stay home until at least day 6 or until symptoms resolve.

- If asymptomatic and masking, use home antigen testing kits every other day prior to entering the facility and only enter if testing negative (isolate if positive) [2].
- If asymptomatic and not masking, use home antigen testing kits daily and only enter the facility if testing negative[2] (isolate if positive).

iii. Improve ventilation (e.g., moving activities outdoors, opening windows and doors, using air filters, upgrading HVAC systems).

- Apply Ventilation tool to minimize transmission.

iv. Increase physical distance in indoor spaces where possible and consider activities that reduce risk.

b) If after implementing the above steps, cases continue to escalate:

i. Implement biweekly testing either via home testing kits, with SHIELD Saliva-based PCR testing, or another contracted testing company where available for seven days from the date the last case in the cohort was identified.

ii. Suspend high-risk activities, such as extracurricular activities (e.g., band, chorus, indoor sports, dances, or other events with close contact.

iii. Further increase physical distancing in indoor spaces.

c) Non-high-risk settings are encouraged to notify LHDs if assistance is needed to manage the outbreak/cluster. Notification should also occur if something unusual is occurring (e.g., burden of disease in the non-high-risk setting is greater than expected relative to community activity). The LHD only needs to enter outbreaks into ORS if any of the following is occurring:

- Hospitalization or deaths related to COVID-19 involving three or more in a core group of individuals within a 10-day period (consistent with current respiratory illness of unknown etiology outbreak definition).
- Facility is no longer able to safely operate and provide essential services (e.g., suspending in-person learning and/or meal services or going on an adaptive pause).

Outbreak reporting will continue to be required in high-risk congregate care settings (e.g., long-term care facilities, homeless shelters, jails/correctional facilities, group homes) serving vulnerable populations at high risk for severe outcomes. In the event of a new variant or change in transmission dynamics that cause more severe illness, IDPH will reevaluate the above changes.

[1] A “core group” includes but is not limited to a non-high-risk setting sanctioned extracurricular activity, cohort group, classroom, before/after school care, etc.

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

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/cluster 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.	□

[1] A "core group" includes but is not limited to a non-high-risk setting sanctioned extracurricular activity, cohort group, classroom, before/after school care, etc.

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