

#### **Mohammed Choudhury**

State Superintendent of Schools

**TO:** Members of the State Board of Education

FROM: Mohammed Choudhury

**DATE:** January 25, 2022

**SUBJECT:** School Logistics and Transmission Rates related to COVID-19 - Update

#### **PURPOSE:**

The purpose of this item is to provide an update on school logistics and transmission rates related to the COVID-19 pandemic.

#### **BACKGROUND/HISTORICAL PERSPECTIVE:**

Beginning with the September 28, 2021, State Board meeting, and for each subsequent State Board meeting, updates are provided on school logistics and transmission rates related to the COVID-19 pandemic.

#### **EXECUTIVE SUMMARY:**

Data on how the local school systems are addressing vaccinations, screening, testing, and contact tracing, and data on the number of students and staff who have needed to be quarantined, positivity rates, 7-Day moving average case rates per 100K by jurisdiction, community transmission levels, and statewide hospitalizations are included in the presentation. Newly added for the January 25, 2022, State Board presentation is information on local school system instructional modes and the Maryland Department of Health information on COVID-19 testing.

#### **ACTION:**

For discussion only.

#### **ATTACHMENT:**

School Logistics and Transmission Rates related to COVID-19 - Update PowerPoint January 25, 2022







## School Logistics and Transmission Rates Related to COVID-19 – Update Maryland State Board of Education January 25, 2022

#### Introduction

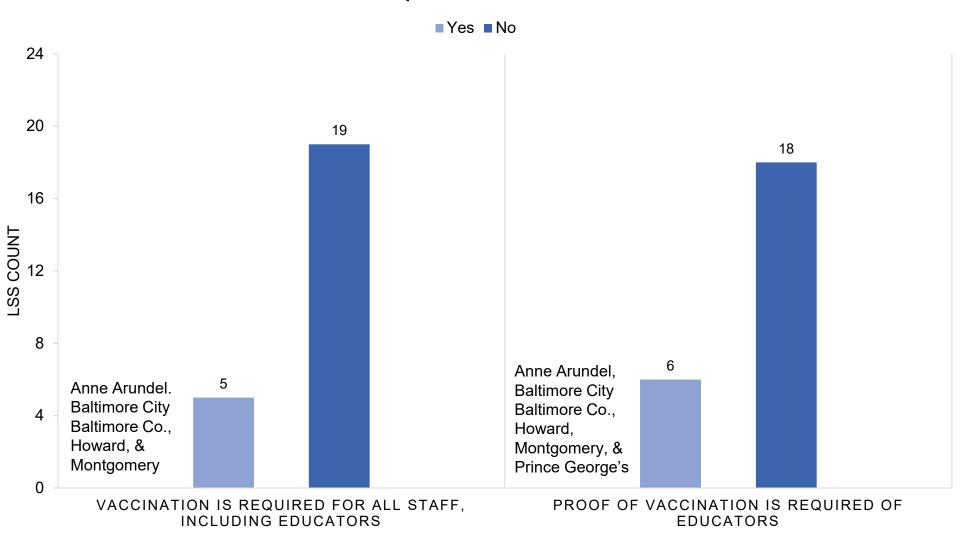


- The purpose of this presentation is to review data collected in a survey of the 24 local school systems (LSSs) through January 25, 2022 (LSSs are updating the data weekly). The survey contains certain core COVID-19 related questions pertaining to logistics, including:
  - (1) vaccinations;
  - (2) screening, testing, and contact tracing; and
  - (3) quarantine and COVID-19 data.
- The presentation also includes data published by the Maryland Department of Health (MDH) on the most recent positivity rates as well as the 7-day moving average case rates per 100K population for each jurisdiction, community transmission levels (CDC data), and statewide hospitalizations.
- Newly added for the January 25, 2022, State Board presentation are slides
  presenting data on LSS instructional modes, the methodologies LSSs are using to
  determine whether to shift to fully virtual instruction, and information about MDH and
  federal guidance and testing programs.



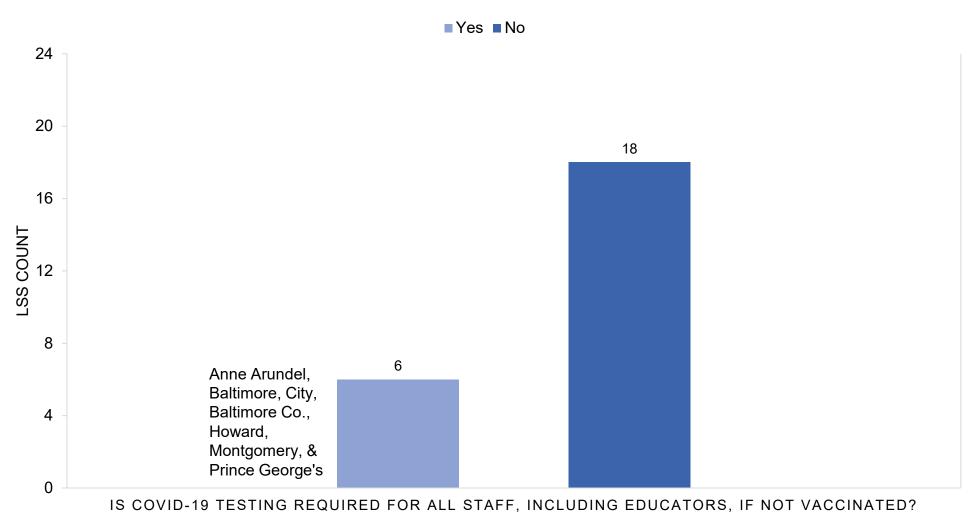


#### **VACCINATION REQUIREMENTS as of 1/12/2022**





#### **COVID-19 TESTING AS OF 1/12/2022**





Percentage of Teachers Vaccinated as of 1/12/2022								
Allegany County	75%+ all of staff	Charles County	70-80%	Prince George's County	88%			
Anne Arundel County	91% for all staff	o for all staff Dorchester County 48%		Queen Anne's County	Approximately 85%			
Baltimore City	93%	Frederick County	70%+	Somerset County	68%			
Baltimore County	83%	Garrett County	75%	St. Mary's County	Approximately 87%			
Calvert County	82%	Harford County	59% of teachers who are Harford County residents	Talbot County	85% all staff			
Caroline County	65-70% of all staff	Howard County	94%	Washington County	72%+			
Carroll County	85% for all staff based on health dept info	Kent County	80%	Wicomico County	Approximately 67%			
Cecil County	85%	Montgomery County	95% of all staff	Worcester County	66%			



## Screening, Testing, and Contact Tracing

#### **COVID-19 Testing Definitions**



- <u>Diagnostic Testing</u> is intended to identify current infection in individuals and is performed when a
  person has signs or symptoms consistent with COVID-19, or is asymptomatic, but has recent known or
  suspected exposure to SARS-CoV-2. Examples of diagnostic testing include:
  - > Testing persons with symptoms consistent with COVID-19, whether or not they are vaccinated.
  - > Testing persons as a result of contact tracing efforts.
  - > Testing persons who indicate that they were exposed to someone with a confirmed or suspected case of COVID-19.
- <u>Screening Tests</u> are recommended for unvaccinated (or vaccinated) people to identify those who are asymptomatic and do not have known, suspected, or reported exposure to SARS-CoV-2. Screening helps to identify unknown cases so that measures can be taken to prevent further transmission. Examples of screening tests include:
  - > Testing students, faculty, and staff in a school or university setting.
- <u>Test-to-Stay (TTS)</u> is a practice comprised of contact tracing and serial testing (testing that is sequentially repeated) to allow school-associated close contacts who are not fully vaccinated (or are fully vaccinated) to continue in-person learning during their quarantine period. While implementation of TTS may vary, contact tracing and testing as well as masking of contacts during their in-school quarantine period are integral to minimize risk of transmission.

Definitions retrieved from the Center for Disease Control (CDC) - Overview of Testing & Test-to-Stay

#### **MDH COVID-19 Testing in Maryland**



- COVID-19 testing sites are available across the State and are accessible by specific location, zip code, etc. on the MDH website.
- On January 11, 2022, the Governor and the MDH announced:
  - The opening of new COVID-19 testing sites across the state,
  - Expanded hours, and
  - Free walk-up or drive-through COVID-19 testing without an appointment.

Source: Maryland Department of Health

## MDH K-12 COVID-19 Screening Program Available to LSSs and Non-Public Schools



- Since July 2021, the MDH and the MSDE have offered the opportunity for LSSs and non-public schools to participate in a free K-12 COVID-19 Screening Testing Program.
- The testing program operates in conjunction with the Diagnostic Testing Program.
- Participating schools and school systems must complete an application and choose from a variety of State-contracted testing vendors who provide end-to-end testing services onsite in schools.
- Testing vendor services include:
  - conducting an assessment to assist in identifying school testing needs;
  - providing clinical staff to administer tests and assist with test collection;
  - transferring tests to laboratories;
  - o communicating test results through their resulting portal; and
  - o reporting results to schools and health authorities.

#### **MDH K-12 Testing Program - Overview**



**COVID Tests Conducted (as of 1/6/2022)** 1,043,550

**Screening Program** 960,525

POC Test 0 0% PCR Test 960,525 100%

**Diagnostic Program** 82,088

**POC** 37,212 45.33%

PCR 44,876 54.67% POC = Point-of-Contact

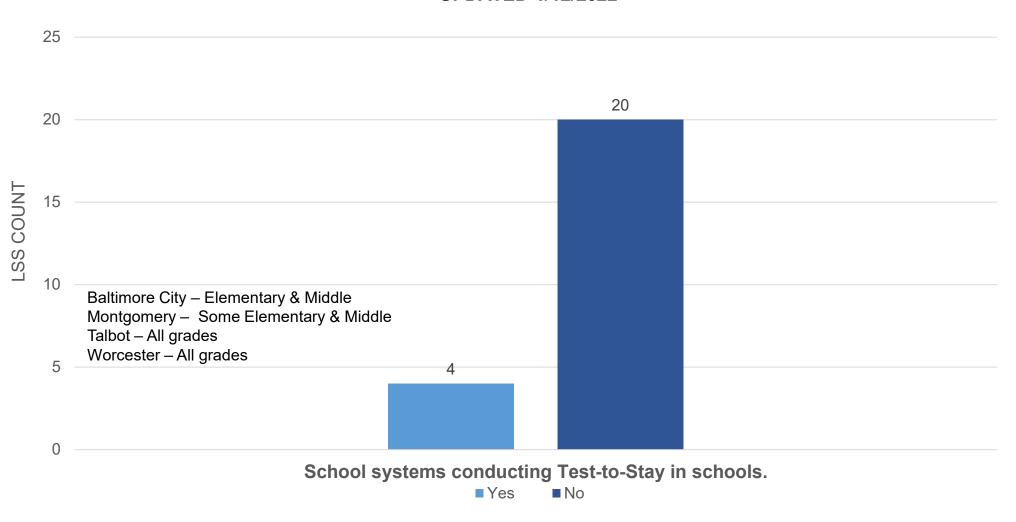
PCR = Polymerase Chain Reaction

Images pulled from MDH presentation titled K-12 Testing Program Overview – January 6, 2022

#### **Test to Stay**



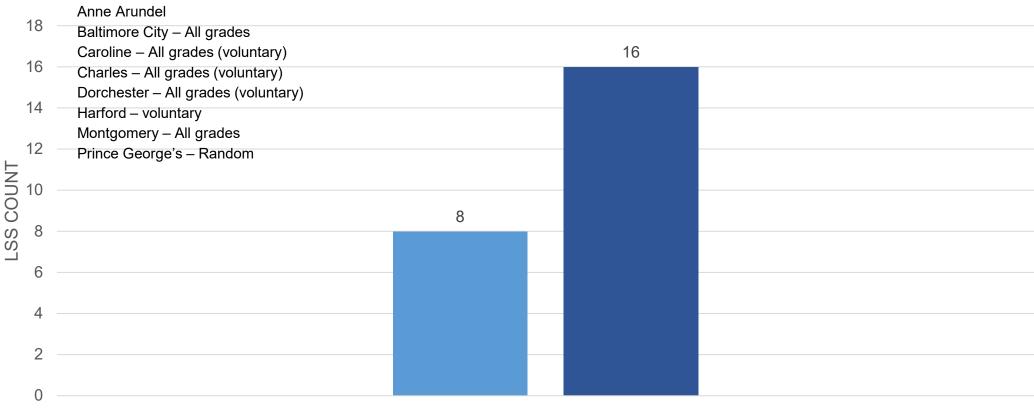
#### **UPDATED 1/12/2022**



#### LSSs conducting weekly testing



#### **UPDATED 1/12/2022**



School systems reporting that they are conducting weekly testing in schools for students.

#### **Additional Testing Models**



- Utilizing a centralized testing site.
  - Allegany and Carroll
- Testing for students in extracurricular activities e.g., athletics, clubs, etc.
  - Anne Arundel, Harford, Howard, Kent, Prince George's, Queen Anne's, Somerset, Talbot, and Wicomico
- Diagnostic Testing (testing for students with symptoms).
  - Baltimore County, Calvert, Cecil, Dorchester, Howard, Prince George's, Queen Anne's, Washington, and Wicomico
- Testing through Local Health Department or Wellness Centers.
  - Calvert and Caroline
- Testing voluntarily in various formats.
  - Caroline, Charles, Dorchester, Harford, Queen Anne's, Washington, Wicomico, and Worcester

## Factors Limiting Testing, Screening, and Contact Tracing Protocols



Local school systems report that factors include:

- Obtaining parent/guardian consent and family reluctance to test
- Sufficient staffing
- Test availability
- Sufficient resources, e.g., time, tests, etc.
- Managing the volume of cases
- Overall sustainability



## Quarantine and COVID-19 Data

## Interim K-12 School and Child Care COVID-19 Isolation and Quarantine Guidance



An **updated guidance document** was sent by the MSDE and MDH to all LSSs, non-public schools, and licensed childcare providers on January 7, 2022. The main recommendations (based on the latest CDC guidance) include:

- All persons who test positive for COVID-19 or have suspected COVID-19, regardless of vaccination status, should stay home for at least 5 full days from the date of symptom onset (if symptomatic) or the date of the positive test if no symptoms.
- Vaccinated persons (provided they meet specific criteria) do not need to quarantine if exposed to someone with COVID-19.
- Unvaccinated persons and those who have not received booster shots should quarantine for at least 5 days if exposed to someone with COVID-19.

#### **Staff Quarantine Progressions by LSS**



LSS	Oct 26	Nov 16	Dec 7	Jan 12
Allegany	18	0	2	46
Anne Arundel	55	286	183	731
Baltimore City	112	34	8	89
Baltimore County	49	13	10	62
Calvert	8	6	5	75
Caroline	6	0	0	4
Carroll	17	6	8	58
Cecil	240	120	59	521
Charles	*16	3	1	13
Dorchester	21	6	6	44
Frederick	28	4	8	92
Garrett	10	5	1	14
Harford	37	12	12	129
Howard	2	13	3	113
Kent	4	3	2	26
Montgomery	9	21	8	288
Prince George's	121	35	28	626
Queen Anne's	21	0	2	12
Somerset	11	14	1	14
St. Mary's	17	5	1	14
Talbot	13	0	0	15
Washington	50	0	0	4
Wicomico	28	7	17	48
Worcester	55	10	13	102

#### Column 1 (Oct 26)

represents the number of staff quarantines reported between the 09/28/2021 and 10/26/2021 State Board meetings.

### Column 2 (Nov 10 data reported on Nov 16) represents the number of staff quarantines reported between the 10/26/2021 and

11/16/2021 State Board meetings.

## Column 3 (Dec 1 data reported on Dec 7) represents the number of staff quarantines reported between the 11/16/2021 and 12/07/2021 State Board meetings.

Column 4 (Jan 5 data reported on Jan 12) represents the number of staff quarantines reported between the 12/07/2021 and 01/25/2022 State Board meetings.

#### **Student Quarantine Progressions by LSS**



LSS	Oct 26	(%)	Nov 16	(%)	Dec 7	(%)	Jan 12	(%)
Allegany	513	(6.3)	260	(3.2)	123	(1.5)	760	(9.4)
Anne Arundel	4,164	(5.0)	3,701	(4.4)	2,110	(2.5)	10,057	(12.0)
Baltimore City	1,884	(2.4)	1,032	(1.3)	531	(0.7)	1,864	(2.4)
Baltimore County	3,085	(2.8)	717	(0.6)	345	(0.3)	2,657	(2.4)
Calvert	665	(4.3)	96	(0.6)	39	(0.3)	899	(5.8)
Caroline	519	(9.3)	191	(3.4)	32	(0.6)	407	(7.3)
Carroll	2,691	(11.0)	889	(3.6)	523	(2.1)	3,213	(13.1)
Cecil	1,955	(13.1)	546	(3.7)	182	(1.2)	1,412	(9.5)
Charles	475	(1.7)	136	(0.5)	21	(0.1)	488	(1.8)
Dorchester	568	(12.4)	893	(19.5)	171	(3.7)	1,024	(22.3)
Frederick	857	(1.9)	204	(0.4)	172	(0.4)	2,683	(5.9)
Garrett	615	(17.6)	389	(11.1)	127	(3.6)	424	(12.1)
Harford	1,355	(3.6)	807	(2.1)	877	(2.3)	4,121	(10.8)
Howard	1,733	(3.0)	1,276	(2.2)	923	(1.6)	8,831	(15.3)
Kent	235	(13.8)	47	(2.8)	30	(1.8)	180	(10.5)
Montgomery	3,379	(2.1)	1,227	(8.0)	291	(0.2)	9,027	(5.7)
Prince George's	1,840	(1.4)	524	(0.4)	296	(0.2)	4,462	(3.4)
Queen Anne's	833	(11.1)	166	(2.2)	88	(1.2)	556	(7.4)
Somerset	198	(7.2)	46	(1.7)	33	(1.2)	124	(4.5)
St. Mary's	364	(2.1)	134	(8.0)	29	(0.2)	626	(3.6)
Talbot	865	(18.9)	318	(6.9)	108	(2.4)	754	(16.5)
Washington	1,095	(4.9)	165	(0.7)	162	(0.7)	456	(2.1)
Wicomico	1,065	(7.2)	386	(2.6)	373	(2.5)	1,084	(7.3)
Worcester	894	(13.2)	232	(3.4)	158	(2.3)	778	(11.4)

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#### **Staff COVID Case Progressions by LSS**



LSS	Oct 26	Nov 16	Dec 7	Jan 12
Allegany	27	14	6	120
Anne Arundel	100	47	56	773
Baltimore City	129	55	54	350
Baltimore County	223	61	40	1,957
Calvert	14	6	6	122
Caroline	23	10	2	51
Carroll	39	19	8	292
Cecil	77	18	29	245
Charles	28	23	15	477
Dorchester	10	8	7	60
Frederick	77	20	29	508
Garrett	11	6	1	45
Harford	*84	32	50	467
Howard	44	29	28	301
Kent	2	2	3	18
Montgomery	108	42	20	3,276
Prince George's	*108	44	21	1,136
Queen Anne's	25	5	2	44
Somerset	7	15	0	18
St. Mary's	68	12	3	162
Talbot	11	2	0	30
Washington	124	40	36	337
Wicomico	25	12	8	50
Worcester	27	10	11	61

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#### Student COVID Case Progressions by LSS



LSS	Oct 26	(%)	Nov 16	(%)	Dec 7	(%)	Jan 12	(%)
Allegany	170	(2.1)	99	(1.2)	61	(8.0)	568	(7.0)
Anne Arundel	565	(0.7)	356	(0.4)	308	(0.4)	4,049	(4.8)
Baltimore City	642	(8.0)	244	(0.3)	253	(0.3)	1,016	(1.3)
Baltimore County	957	(0.9)	257	(0.2)	120	(0.1)	3,311	(3.0)
Calvert	193	(1.2)	62	(0.4)	53	(0.3)	830	(5.4)
Caroline	122	(2.2)	91	(1.6)	12	(0.2)	211	(3.8)
Carroll	280	(1.1)	121	(0.5)	209	(0.9)	1,898	(7.7)
Cecil	423	(2.8)	65	(0.4)	74	(0.5)	611	(4.1)
Charles	158	(0.6)	76	(0.3)	48	(0.2)	1,593	(5.7)
Dorchester	93	(2.0)	36	(8.0)	12	(0.3)	282	(6.1)
Frederick	555	(1.2)	140	(0.3)	196	(0.4)	3,309	(7.3)
Garrett	103	(2.9)	73	(2.1)	39	(1.1)	164	(4.7)
Harford	*557	(1.5)	227	(0.6)	309	(8.0)	2,382	(6.3)
Howard	199	(0.3)	132	(0.2)	165	(0.3)	1,797	(3.1)
Kent	17	(1.0)	3	(0.2)	5	(0.3)	66	(3.9)
Montgomery	372	(0.2)	161	(0.1)	101	(0.1)	12,867	(8.1)
Prince George's	375	(0.3)	162	(0.1)	72	(0.1)	1,763	(1.3)
Queen Anne's	114	(1.5)	41	(0.5)	57	(8.0)	459	(6.1)
Somerset	69	(2.5)	17	(0.6)	7	(0.3)	48	(1.8)
St. Mary's	487	(2.8)	138	(8.0)	21	(0.1)	718	(4.1)
Talbot	90	(2.0)	35	(8.0)	26	(0.6)	174	(3.8)
Washington	659	(3.0)	271	(1.2)	241	(1.1)	1,501	(6.8)
Wicomico	199	(1.3)	45	(0.3)	33	(0.2)	129	(0.9)
Worcester	144	(2.1)	56	(8.0)	19	(0.3)	245	(3.6)

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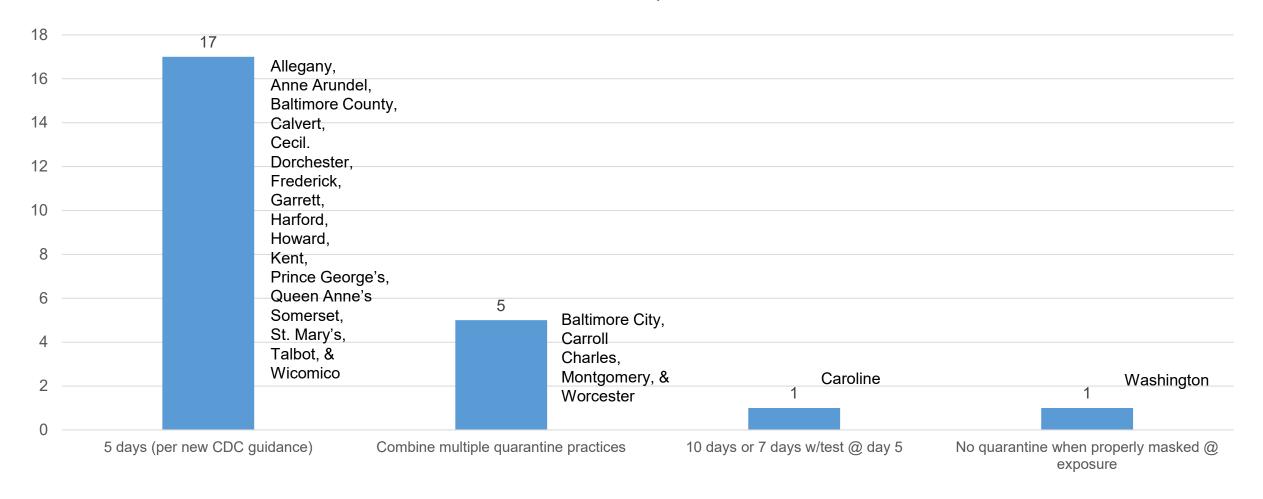
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#### **Quarantine Practices**



#### **Current and Modified Quarantine Practices**





# Positivity Rates, 7-Day Moving Average Case Rates per 100K by Jurisdiction, and Community Transmission Levels

#### **Daily Positivity Rate**

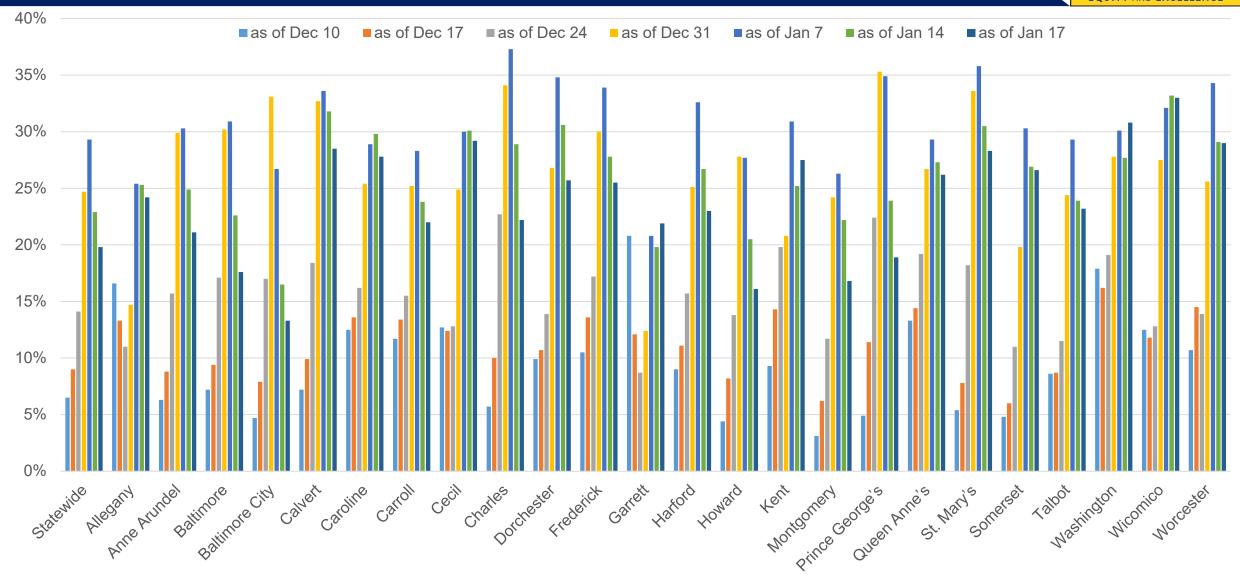


							QOTT AND EXCEPTINGE
County	Dec 10	Dec 17	Dec 24	Dec 31	Jan 7	Jan 14	Jan 17
Statewide	6.5%	9.0%	14.1%	24.7%	29.3%	22.9%	19.8%
Allegany	16.6%	13.3%	11.0%	14.7%	25.4%	25.3%	24.2%
Anne Arundel	6.3%	8.8%	15.7%	29.9%	30.3%	24.9%	21.1%
Baltimore	7.2%	9.4%	17.1%	30.2%	30.9%	22.6%	17.6%
Baltimore City	4.7%	7.9%	17.0%	33.1%	26.7%	16.5%	13.3%
Calvert	7.2%	9.9%	18.4%	32.7%	33.6%	31.8%	28.5%
Caroline	12.5%	13.6%	16.2%	25.4%	28.9%	29.8%	27.8%
Carroll	11.7%	13.4%	15.5%	25.2%	28.3%	23.8%	22.0%
Cecil	12.7%	12.4%	12.8%	24.9%	30.0%	30.1%	29.2%
Charles	5.7%	10.0%	22.7%	34.1%	37.3%	28.9%	22.2%
Dorchester	9.9%	10.7%	13.9%	26.8%	34.8%	30.6%	25.7%
Frederick	10.5%	13.6%	17.2%	30.0%	33.9%	27.8%	25.5%
Garrett	20.8%	12.1%	8.7%	12.4%	20.8%	19.8%	21.9%
Harford	9.0%	11.1%	15.7%	25.1%	32.6%	26.7%	23.0%
Howard	4.4%	8.2%	13.8%	27.8%	27.7%	20.5%	16.1%
Kent	9.3%	14.3%	19.8%	20.8%	30.9%	25.2%	27.5%
Montgomery	3.1%	6.2%	11.7%	24.2%	26.3%	22.2%	16.8%
Prince George's	4.9%	11.4%	22.4%	35.3%	34.9%	23.9%	18.9%
Queen Anne's	13.3%	14.4%	19.2%	26.7%	29.3%	27.3%	26.2%
St. Mary's	5.4%	7.8%	18.2%	33.6%	35.8%	30.5%	28.3%
Somerset	4.8%	6.0%	11.0%	19.8%	30.3%	26.9%	26.6%
Talbot	8.6%	8.7%	11.5%	24.4%	29.3%	23.9%	23.2%
Washington	17.9%	16.2%	19.1%	27.8%	30.1%	27.7%	30.8%
Wicomico	12.5%	11.8%	12.8%	27.5%	32.1%	33.2%	33.0%
Worcester	10.7%	14.5%	13.9%	25.6%	34.3%	29.1%	29.0%

 $Source: https://state-of-maryland.github.io/DailyPositivitybyJurisdiction/index\_fullscreen.html\\$ 

#### **Daily Positivity Rate**





#### 7-Day Moving Average Case Rate per 100K by Jurisdiction

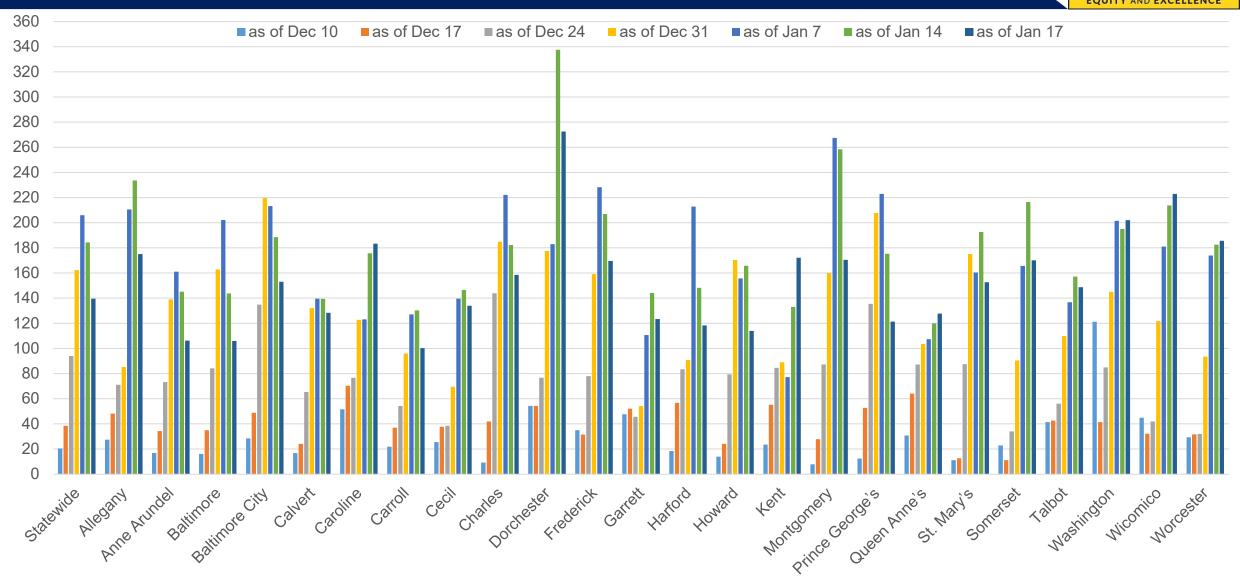


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County	Dec 10	Dec 17	Dec 24	Dec 31	Jan 7	Jan 14	Jan 17
Statewide	20.5	38.5	94.0	162.3	206.0	184.3	139.5
Allegany	27.4	48.2	71.1	85.3	210.5	233.6	175.0
Anne Arundel	16.9	34.3	73.3	139.1	161.0	145.1	106.2
Baltimore	16.1	35.0	84.2	162.9	202.2	143.7	105.9
Baltimore City	28.4	48.8	134.8	219.6	213.2	188.5	153.1
Calvert	16.7	24.1	65.4	132.1	139.5	139.4	128.4
Caroline	51.6	70.3	76.7	122.8	123.2	175.7	183.3
Carroll	21.9	37.0	54.3	95.9	127.1	130.3	100.2
Cecil	25.5	37.8	38.5	69.6	139.5	146.6	133.9
Charles	9.2	42.0	143.9	184.8	222.1	182.3	158.5
Dorchester	54.3	54.3	76.7	177.5	182.9	337.6	272.6
Frederick	35.0	31.5	77.9	159.1	228.3	206.9	169.6
Garrett	47.7	52.1	45.7	54.1	110.7	144.1	123.4
Harford	18.4	56.7	83.4	90.8	212.8	148.2	118.3
Howard	13.9	24.1	79.3	170.4	155.7	165.8	114.0
Kent	23.5	55.2	84.6	89.0	77.2	133.1	172.1
Montgomery	7.9	27.8	87.3	159.9	267.5	258.4	170.5
Prince George's	12.4	52.7	135.5	207.8	222.9	175.3	121.4
Queen Anne's	30.8	64.1	87.3	103.6	107.3	120.0	127.7
St. Mary's	11.1	12.7	87.5	175.1	160.4	192.6	152.7
Somerset	22.9	11.2	34.0	90.4	165.7	216.4	170.1
Talbot	41.5	42.6	56.1	109.9	136.8	157.1	148.7
Washington	121.2	41.4	85.0	145.0	201.5	195.0	202.1
Wicomico	44.9	32.1	42.0	121.8	181.0	213.7	222.9
Worcester	29.3	31.7	32.0	93.5	173.9	182.6	185.6

 $Source: https://state-of-maryland.github.io/DailyCaseRatebyJurisdiction/index\_fullscreen.html \\$ 

## 7-Day Moving Average Case Rate per 100K by Jurisdiction





## Level of Community Transmission over past 7 Days by Jurisdiction (as Reported by CDC)



County	Dec 9	Dec 23	Dec 30	Jan 6	Jan 13	Jan 20
Statewide	Substantial	High	High	High	High	
Allegany	High	High	High	High	High	
Anne Arundel	Substantial	Substantial	High	High	High	
Baltimore	Substantial	Substantial	High	High	High	
Baltimore City	Substantial	Moderate	High	High	High	
Calvert	Substantial	High	High	High	High	
Caroline	High	High	High	High	High	
Carroll	High	High	High	High	High	
Cecil	High	High	High	High	High	
Charles	Substantial	High	High	High	High	
Dorchester	High	High	High	High	High	
Frederick	High	High	High	High	High	
Garrett	High	High	High	High	High	
Harford	High	High	High	High	High	
Howard	Moderate	Substantial	High	High	High	
Kent	High	High	High	High	High	
Montgomery	Substantial	Moderate	High	High	High	
Prince George's	Substantial	High	High	High	High	
Queen Anne's	High	High	High	High	High	
St. Mary's	Substantial	Substantial	High	High	High	
Somerset	Substantial	Moderate	High	High	High	
Talbot	High	High	High	High	High	
Washington	High	High	High	High	High	
Wicomico	High	High	High	High	High	
Worcester	High	High	High	High	High	

How the CDC classifies transmission levels:

 $Source: https://covid.cdc.gov/covid-data-tracker/index.html\#county-view|Maryland|Risk|community\_transmission\_level$ 

Note: Due to a ransomware attack that affected MDH data reporting capabilities, there is missing or incomplete data reported for Maryland's counties on the CDC website for the period December 15-21, 2021.

<sup>•</sup> Low: 0-10 new cases per 100K residents over the past week or 0-5% positivity rate

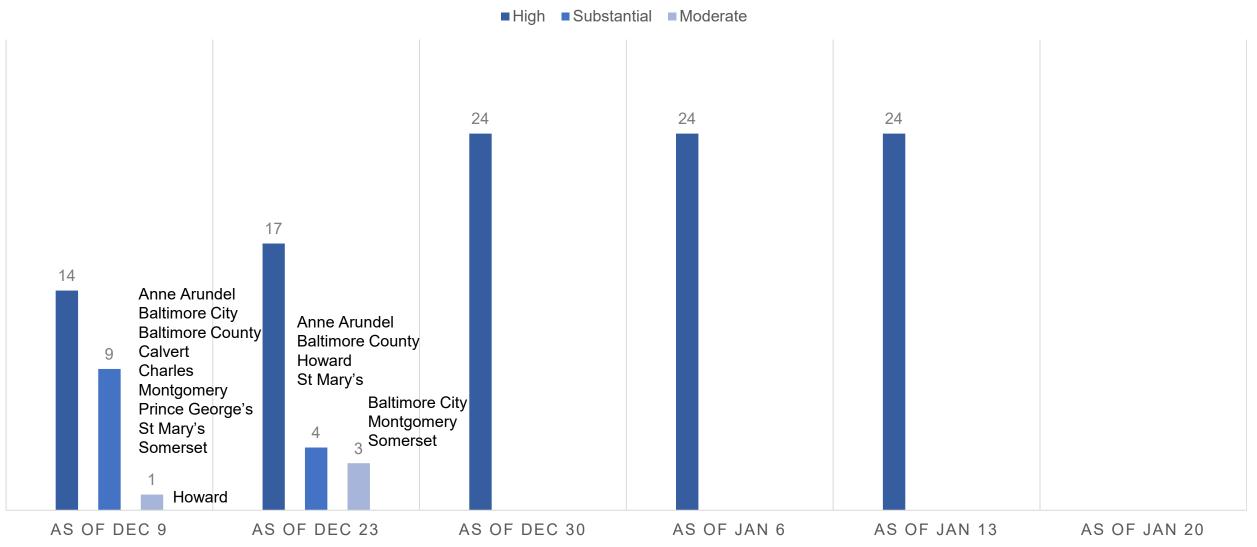
Moderate: 15-50 new cases per 100K residents over the past week or 5-8% positivity rate

<sup>•</sup> Substantial: 50-100 new cases per 100K residents over the past week or 8-10% positivity rate

<sup>•</sup> High: 100+ new cases per 100K residents over the past week or 10%+ positivity rate

## Level of Community Transmission over past 7 Days – Count by Jurisdiction (as Reported by CDC)





## Statewide Hospitalizations - ICU and Acute Hospital Beds for COVID-19, Currently in Use

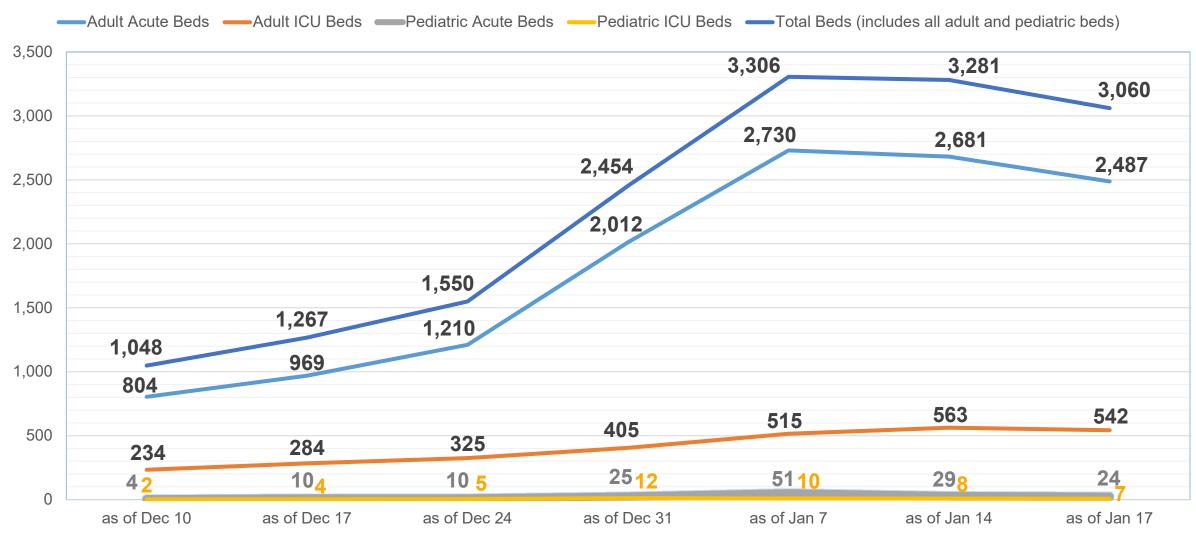


	Dec 10	Dec 17	Dec 24	Dec 31	Jan 7	Jan 14	Jan 17
Adult Acute Beds	804	969	1,210	2,012	2,730	2,681	2,487
Adult ICU Beds	234	284	325	405	515	563	542
Pediatric Acute Beds	4	10	10	25	51	29	24
Pediatric ICU Beds	2	4	5	12	10	8	7
Total Beds (includes all adult and pediatric beds)	1,048	1,267	1,550	2,454	3,306	3,281	3,060

Source: https://coronavirus.maryland.gov/

## Statewide Hospitalizations - ICU and Acute Hospital Beds for COVID-19, Currently in Use







## **Local School System** Instructional Modes and the Methodologies Used to Determine Whether to Shift to Virtual Instruction (as of January 18, 2022)

## Updated Definition of an Outbreak (Effective 1/2/2022)



#### Cohort outbreak definition:

 Three or more laboratory-confirmed COVID-19 cases among students/teachers/staff in a specified group with onsets (or, if asymptomatic, collection dates) within a 14-day period, and who are epidemiologically linked in the school setting, but not household contacts.

#### School-wide outbreak definition:

- Five or more classrooms or cohorts with cases from separate households that meet the cohort outbreak definition that occurs within 14 days; or
- Five percent or more unrelated students/teachers/staff have confirmed COVID-19 within a 14-day period [minimum of 10 unrelated students/teachers/staff].

Source: Maryland Department of Health

## MDH Statement Regarding the Suspension of In-Person Learning due to a COVID-19 Outbreak (Issued 1/6/2022)



- Maryland does not currently recommend any automatic trigger or threshold for suspension of in-person learning.
- School outbreaks, as defined by MDH, should be considered only as parameters to help administrators recognize increased risk of infection spread and plan accordingly.
- Declaration of an outbreak should not be considered an automatic trigger for the suspension of in-school learning.
- Decisions around the suspension of in-person learning for an entire school or a
  portion of a school due to COVID-19 as well as the duration of the suspension of inperson learning should be made in coordination with the local health department
  and the LSS as applicable.
- MDH encourages school administrators to make every possible effort to keep schools open for in-person learning, and suspension of in-person learning should be considered only as a last option, after exhausting all possible alternatives.

Source: Maryland Department of Health 34

## LSS Decision-Making Regarding Shifting Instruction to a Fully Virtual Mode



- No LSSs are currently (as of 1/18/2022) in a fully virtual instructional mode on a system-wide basis.
- LSSs are adopting methodologies determined at the local system level to make decisions regarding whether to shift instruction to a fully virtually mode (whether on a system-wide basis, individual school basis, or for select grades/subsets of students within an individual school).
- The MSDE has identified six LSSs that have published recently updated methodologies for determining whether to shift instruction to a fully virtual mode.

## Methodologies Used by LSS in Determining Whether to Shift to Virtual Instruction



#### Factors referenced in LSS methodologies include:

- Positivity rate among students and/or staff or the total number of students and/or staff testing positive (referenced by 5 LSSs).
  - ➤ 3 LSSs specifically refer to a 5 percent positivity rate in a school (per the MDH's updated definition of a school-wide COVID-19 outbreak) as a consideration.
- Staff attendance/absence rates (e.g., due to quarantining) (referenced by 3 LSSs).
- Student attendance/absence rates (e.g., due to quarantining) (referenced by 3 LSSs).
- Ability to conduct COVID-19 testing or high testing demand (referenced by 2 LSSs).

## Sample LSS Methodologies Used for Determining Shift to Virtual Instruction



- Baltimore County Will consider shifting a school to virtual instruction if 5% or more
  of unrelated students/teachers/staff (minimum of 10 of these individuals) test positive
  for COVID-19 in a 14-day period. Other factors that will be considered include: # of
  staff testing positive; # of students testing positive; # of staff in quarantine; # of
  students in quarantine; # of staffing vacancies; special program considerations; and
  other available information.
- Frederick County Will consider shifting to virtual instruction if the weekly average attendance rate at a school falls below 89% (based on a 7-day rolling average) and/or the staff positive case rate is greater than 5% (based on a 7-day rolling average), as well as factoring in other community metrics (such as transmission rates and vaccination levels in the attendance area).
- Montgomery County Will examine schools on a case-by-case basis. Factors
  considered will include the number of students and staff who have tested positive; the
  number of students in quarantine; the number of staff absent for COVID-related
  reasons; and the level of spread of the virus in the school.

## Individual Schools in Virtual Instruction – January 18, 2022



No Maryland school system is entirely virtually. The following school systems have individual schools, grades, or classes which are virtual:

- Anne Arundel County 1 school with approximately 350 students
- Baltimore City 3 schools with approximately 870 students
- Baltimore County 2 schools with approximately 1,970 students; 1 school with Pre-K only

   approximately 25 students
- Frederick County 1 school with one class approximately 20 students
- Kent County 1 school with one grade approximately 55 students