COVID-19 Update
August 11, 2020

Northeast Tri County
HEALTH DISTRICT

Statewide cases per 100K (for reporting period July 22 through Aug 4)
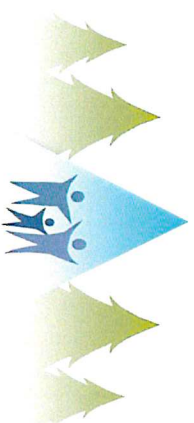
Washington State

7 Day ◯ ⬤ 14 Day

Rate of newly diagnosed cases per 100K people

—— Case rate   ⬤ Latest case rate   —— Case rate (incomplete data)   – – Goal <25 case rate
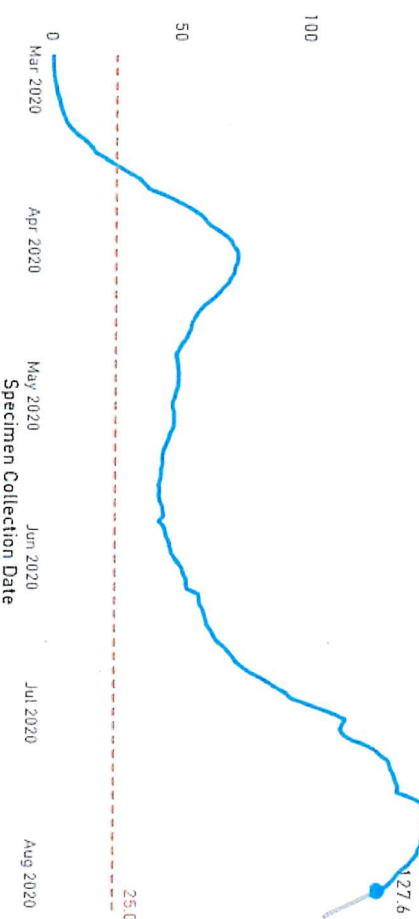
Rate per 100K of newly diagnosed cases during the prior two weeks — **127.6**

Meeting goal of fewer than 25 cases per 100,000 people — **No**

Supporting detail

Population — **7.55M**

Confirmed cases in the prior two weeks — **9,631**

100

50

0

27.6

25.0

Mar 2020   Apr 2020   May 2020   Jun 2020   Jul 2020   Aug 2020

Specimen Collection Date

Sources: Washington State Department of Health and the Washington State Office of Financial Management

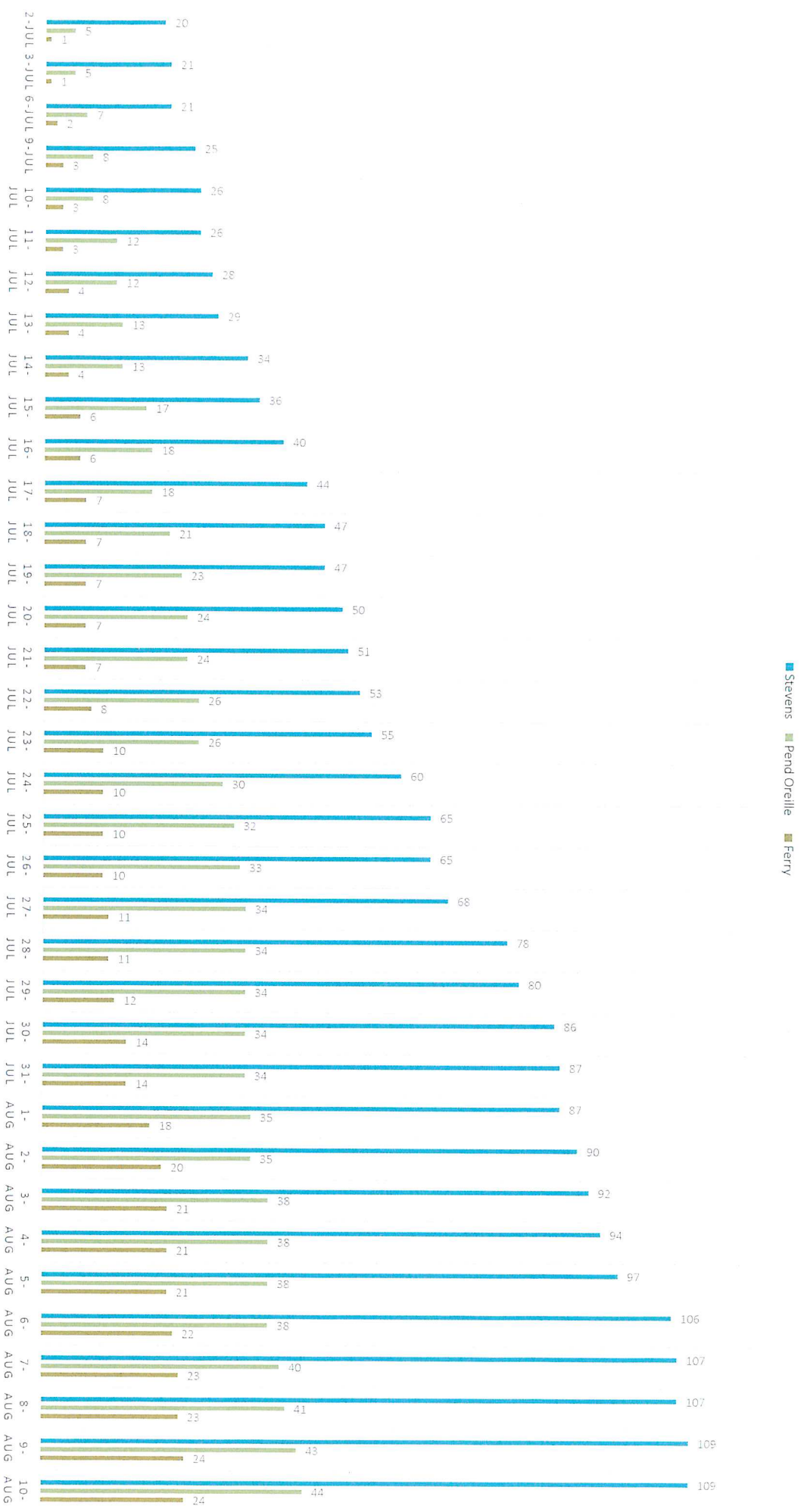# WA Forecast for COVID-19- from SitRep 11 issued on August 7st

The slight deceleration in the growth of new cases is an improvement over the rate of increase noted in our last few reports. However, it is too early to know with certainty whether this represents a real turnaround. Further, the observation at the state level that cases continue to increase in the older age groups and particularly in those 70 and older is concerning. We expect that if the increase in cases in these older age groups continues unabated this will result in an increase in hospitalization and deaths.

The decline in Re correlates with the statewide order to wear masks followed by a no-mask, no-service announcement and restrictions pausing the Safe Start program. We cannot definitively attribute this trend to the mask mandates because mask wearing is generally accompanied by heightened awareness and physical distancing, but a preponderance of evidence indicates that widespread use of masks significantly reduces transmission . Strict adherence to masking and physical distancing policies and limits on social contacts remain necessary to further suppress COVID-19 transmission in Washington state and protect groups at higher risk for severe disease.

Tri County Area Trends

Cumulative Case Count- Month to Month

New Positive COVID-19 Cases per Month
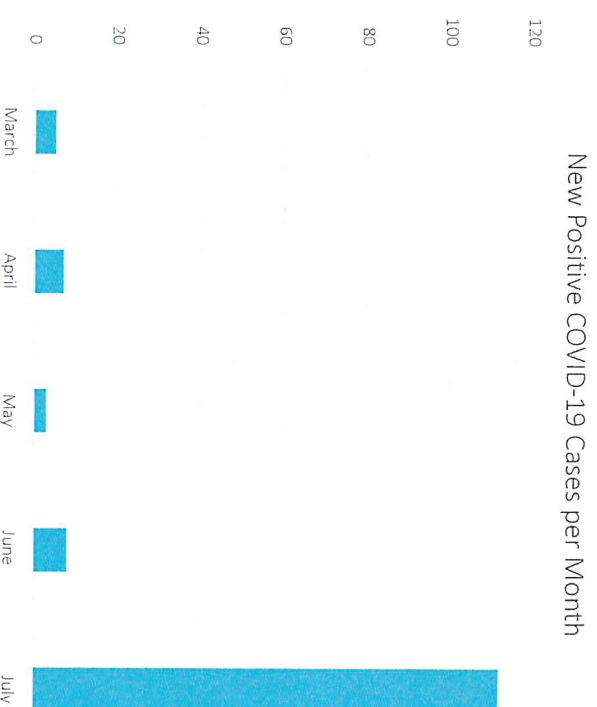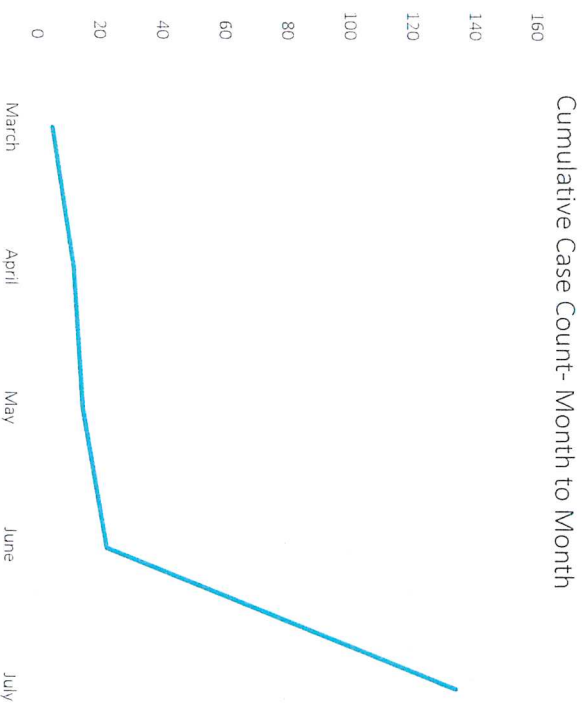
CUMULATIVE POSITIVE COVID-19 CASES BY COUNTY

Legend: Stevens, Pend Oreille, Ferry

Date	Stevens	Pend Oreille	Ferry
2-JUL	20	5	1
3-JUL	21	5	1
6-JUL	21	7	2
9-JUL	25	8	3
10-JUL	26	8	3
11-JUL	26	12	3
12-JUL	28	12	4
13-JUL	29	13	4
14-JUL	34	13	4
15-JUL	36	17	6
16-JUL	40	18	6
17-JUL	44	18	7
18-JUL	47	21	7
19-JUL	47	23	7
20-JUL	50	24	7
21-JUL	51	24	7
22-JUL	53	26	8
23-JUL	55	26	10
24-JUL	60	30	10
25-JUL	65	32	10
26-JUL	65	33	10
27-JUL	68	34	11
28-JUL	78	34	11
29-JUL	80	34	12
30-JUL	86	34	14
31-JUL	87	34	14
1-AUG	87	35	18
2-AUG	90	35	20
3-AUG	92	38	21
4-AUG	94	38	21
5-AUG	97	38	21
6-AUG	106	38	22
7-AUG	107	40	23
8-AUG	107	41	23
9-AUG	109	43	24
10-AUG	109	44	24

County of Residence	Confirmed Positive Cases	New Cases as of: 8/10	New Cases in Last 14 Days	Negative Tests	Currently Hospitalized	Deaths
Ferry	24	0	13	536	0	0
Pend Oreille	44	1	10	1109	3	0
Stevens	109	0	43	2859	5	1
Total	177	1	66	4504	8	1

As of August 5th, cases per 100,000 in last two weeks

-Ferry (pop 7,780) =   167
-Pend Oreille (pop 13,350)=   75
-Stevens (pop 45,030)=   95

Using same unit of measurement, in comparison.... (July 22-Aug 4)

Spokane Co =   214
Lincoln Co=   119
Adams Co=   372
Okanogan Co=   569
King Co=   85
Whitman=   60
Statewide Ave=   127

Reopening Schools

✔ Will be locally driven—unlikely there will be statewide determination

✔ Revised DOH K-12 Guidance. Included decision tree on reopening and reference coordination with local health officer.

✔ Conditions for reopening for in person instruction should include:

  - downward trend
  - low rates of COVID-19 of less than 25 new cases/per 100 K
  - readiness in other key areas (medical, public health, school ready with safety/health plan)
  - cautious approach

Decision Tree for Provision of in Person Learning among Public and Private K-12 Students during COVID-19

Should your community provide in person learning and for whom?
For School Administrators, Local Health Officers, and Community Stakeholders

The risk of COVID-19 being introduced into the school depends on the level of COVID-19 spread in the community and the health and safety measures taken by schools. Consider the following educational modalities based on community transmission and other health and education risks and benefits.

COVID-19 Activity Level	Education Modality*	Extracurricular
HIGH >75 cases/100K/14 days Other considerations: • Increasing trend in cases or hospitalizations • Test positivity >5% • Other health and education risks and benefits to children and their families	Strongly recommend distance learning with the option for limited in-person learning in small groups, or cohorts, of students for the highest need students, such as students with disabilities, students living homeless, those farthest from educational justice, and younger learners.	Strongly recommend canceling or postponing all in person extra-curricular activities, including sports, performances, clubs, events, etc.
MODERATE 25–75 cases/100K/14 days Other considerations: • Increasing trend in cases or hospitalizations • Test positivity >5% • Other health and education risks and benefits to children and their families	Recommend distance learning as described above. In addition, consider expanding in person learning to elementary students. Over time, consider adding hybrid in person learning for middle or high school students if limited COVID transmission occurs in schools.	Strongly recommend canceling or postponing all in-person extra-curricular activities. Consider low risk activities when all students have some level of in person learning.
LOW <25 cases/100K/14 days	Encourage full-time in person learning for all elementary students and hybrid learning for middle and high school. Over time and if physical space allows, consider full-time in person learning for middle and high school.	Consider low and moderate risk in person extra-curricular activities.

*Staff may work in school at any COVID-19 activity level if the school follows DOH and LNI health and safety guidance

Can the school(s) implement recommended COVID-19 health and safety measures?
For School Administrators and Staff

The risk of COVID-19 spreading in schools depends on the ability of the school to implement DOH's K-12 health and safety measures.

Does the school have the plans, staff, space, and supplies to do the following?

When any in-person:
- ✓ Protect staff and students at higher risk for severe COVID-19 while ensuring access to learning
- ✓ Transport or facilitate drop-off and pick-up of students

When all YES:
- ✓ Group students (required in elementary, recommended for middle and high school)
- ✓ Practice physical distancing of ≥6 feet among students and staff.
- ✓ Promote frequent hand washing or sanitizing
- ✓ Promote and ensure face covering use among students and staff
- ✓ Increase cleaning and disinfection
- ✓ Improve ventilation

Is the school and health system ready to monitor for and respond to suspected and confirmed cases of COVID-19?
For Schools and Local Public Health

COVID-19 cases in the school should be expected. The risk of COVID-19 spreading in schools depends on the ability to quickly identify and respond to suspected and confirmed cases and the level of community transmission.

- ✓ Can the school ensure monitoring of symptoms and history of exposure among students and staff? (attestation acceptable)
- ✓ Is the school prepared to manage students and/or staff who get sick onsite?
- ✓ Does the school have letters drafted to inform families and staff about confirmed cases or outbreaks?
- ✓ Is there adequate access to testing in the community health system for ill students and staff?
- ✓ Is there capacity in your local health department to investigate confirmed COVID-19 cases, quarantine their close contacts and assess whether transmission is occurring in the school?
- ✓ Are all staff trained on health and safety practices?
- ✓ Can local public health monitor the level of community spread to determine when a change in education modality is needed?

When all YES

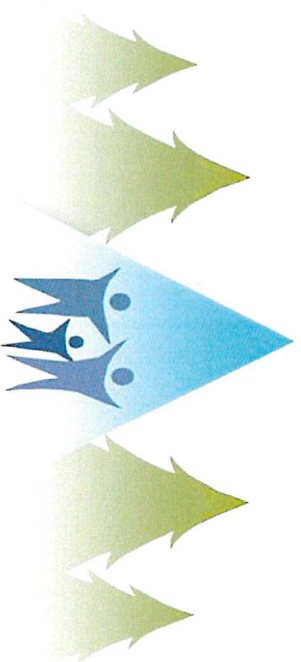## Begin in Person Learning Model and Monitor

Northeast Tri County
HEALTH DISTRICT

School Administration

Notification of **positive** COVID-19 in a visitor, student, employee

Notification of student or employee **tested** for COVID-19

Student or staff develop COVID-19 **symptoms** while at school. For student, call parent/guardian

School compiles list of <u>Close Contacts</u>. School coordinates with NETCHD.

School or NETCHD notifies Close Contacts of potential COVID-19 exposure and provides <u>"What to do if you were potentially exposed to someone with COVID-19"</u>

Those confirmed as close contacts are informed of 14-day quarantine requirement.

NETCHD conducts case investigation and requires individual to isolate through infective period.

Positive Test

Negative Test

Individual isolates while awaiting test results. Follows <u>"What to do if you have confirmed or suspected COVID-19"</u>

Use PPE and isolate individual. Provide <u>"What to do if you have symptoms of COVID-19"</u>

Provide advice to be tested

Clean and disinfect the area

No symptoms but close contact with COVID-19 confirmed case: Individual to quarantine for 14 days from date of last exposure.

No current symptoms and no close contact: may return to school when 24 hrs elapsed with no fever.

Symptomatic but no close contact: must stay in isolation until 24 hrs. elapsed with no fever. Follow school policies/procedures for illnesses

If not tested, then

Exclude until 24 hrs. elapsed with no fever AND 10 days from symptom onset AND symptoms improve.

Symptomatic and close contact: Advise contacting healthcare provider regarding testing. Exclude until 24 hrs. elapsed with no fever AND 10 days from symptom onset AND symptom improve.

Questions

Northeast Tri County
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