



Guidance for Prevention of COVID-19 Transmission in K-12 School Settings and Activities

Updated 07/19/2021

Introduction

The Johnson County Department of Health and Environment (JCDHE) is providing updated guidance for the prevention of COVID-19 in K-12 school settings and activities. Working in partnership with the education community throughout Johnson County, our shared, primary goal remains to keep schools open so that our children can learn and benefit from interactions with others.

There have been cases in school-aged children in Johnson County throughout the pandemic. Since COVID-19 was first detected in Johnson County in March 2020, more than 8,000 cases in children 5-17 years old have been identified. These cases account for approximately 13% of total cases in Johnson County to date. The highly transmissible Delta variant is now the dominant strain in Johnson County, resulting in an increase in new cases and numerous outbreaks associated with summer camps and school-age programs. Currently authorized vaccines are highly effective at preventing COVID-19 transmission and severe illness, including against the Delta variant. However, less than 30% of children age 12-17 years in Johnson County have been fully vaccinated.

This updated guidance includes a multi-layered approach with four primary evidence-based mitigation strategies: (1) promote vaccination; (2) require indoor mask wearing among those who are not fully vaccinated; (3) exclude persons with suspected or confirmed COVID-19 infection; and (4) exclude close contacts of confirmed COVID-19 cases. These strategies are consistent with the recently updated K-12 school guidance from the U.S. Centers for Disease Control and Prevention (CDC).

Additional measures, such as collecting and maintaining COVID-19 vaccination status among students and staff, assigned seating, cohorting, increased ventilation, hand hygiene and cough and sneeze etiquette, and cleaning and disinfection, should be implemented by school personnel to ensure that timely and accurate contact tracing is possible to further prevent transmission. The guidance in this document may change as additional scientific evidence becomes available and the findings dictating best practice expand.

For questions and assistance, please contact your school's JCDHE liaison or email dhe-schools@jocogov.org.

Preventing COVID-19 Transmission

Vaccination

COVID-19 vaccines are safe and effective at preventing COVID-19, especially severe illness and death ([CDC, 2021](#)). They also reduce the risk of individuals transmitting SARS-CoV-2.

Vaccination among eligible staff and students will be an important mitigation strategy to reduce in-school transmission of COVID-19 in the 2021-2022 school year. Schools should work to promote vaccination among eligible staff and students.

The risk of outbreaks is lower if a majority of eligible students, staff and faculty are vaccinated, as it reduces the opportunity for the virus to spread.

The Centers for Disease Control and Prevention (CDC) released in May 2021 [updated guidance](#) for **fully vaccinated individuals**. Per this updated guidance, fully vaccinated individuals may ([CDC, 2021](#)):

- Resume activities without wearing masks or physically distancing, except where required by federal, state, local, tribal, or territorial laws, rules and regulations, including local business and workplace guidance.
- Resume domestic travel and refrain from testing before or after travel or self-quarantine after travel.
- Refrain from testing before leaving the United States for international travel (unless required by the destination) and refrain from self-quarantine after arriving back in the United States.
- Refrain from testing following a known exposure, if **asymptomatic**, with some exceptions for specific settings. (Table 1)
- Refrain from quarantine following a known exposure if **asymptomatic**. (Table 1)

Unvaccinated individuals are those of all ages, including children, that have not completed a two-dose vaccination series or have not received a single-dose vaccine. Persons for whom less than 14 days have elapsed since receiving a single-dose vaccine, or the second dose in a two-dose series, also will be considered **unvaccinated**. At this time, only the Pfizer-BioNTech vaccine is authorized for children age 12 years and older.

Masking

Wearing masks while indoors is a critical element of student and staff safety. In a recent review of the current scientific literature and available data on COVID-19 transmission and mitigation for K-12 schools, researchers with the ABC Science Collaborative concluded that proper mask wearing is effective in limiting in-school transmission, even with increased student presence, poor ventilation, and high community transmission. ([ABC, 2021](#))

An internal analysis by JCDHE also demonstrates the effectiveness of mask wearing—even during full, in-person learning. Based on data from the 2020-2021 school year, among masked classmates who were within three feet of a positive individual, less than 1% were infected. (JCDHE unpublished data, 2021)

Per CDC guidelines, masks should be worn indoors by all individuals (age 2 and older) who are not fully vaccinated. Consistent and correct mask use by people who are not fully vaccinated is especially important indoors and in crowded settings, when physical distancing cannot be maintained.

In general, people do not need to wear masks when outdoors. However, particularly in areas of substantial to high transmission, CDC recommends that people who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.

The [CDC](#) recommends a well-fitting mask of at least two layers of breathable, washable fabric as an important mitigation strategy in K–12 schools. Double masking is not necessary so long as an individual is wearing a **properly fitting** mask that fits snugly around the nose and chin with no large gaps around the sides of the face. Further, the CDC does NOT recommend the use of masks made from loosely woven fabric (i.e., allows light to pass through) or masks with exhalation valves or vents as they allow respiratory droplets with viral particles to escape. Mesh masks of any kind do not provide adequate coverage and are not recommended. The effectiveness of gators is unknown, but they are likely less effective than other masks because many only have a single layer of fabric.

School districts and boards should implement a policy that requires indoor mask wearing among persons who are not fully vaccinated. If masking policies are applied consistently, the risks to close contacts are low and **contact tracing will not be needed unless transmission within a class is identified.**

Management of Suspected/Confirmed COVID-19 Individuals and Contacts

Exclusion of Persons with Suspected or Confirmed COVID-19 Infection

Any person, including student, faculty or staff member, diagnosed with COVID-19 infection must be excluded from school and school activities for the appropriate period of isolation. Per K.S.A. 65-122, school principals and other persons in charge have a duty to exclude persons affected with a disease suspected of being infectious or contagious. This includes persons under investigation for COVID-19 until they are determined to be uninfected.

Unvaccinated, symptomatic individuals with no known exposure should consult with a health care provider to be tested for COVID-19. Individuals who exhibit one primary symptom OR two or more secondary symptoms and are either not tested or test positive for COVID-19 should remain out of school and all school-related activities for 10 days after their symptoms began AND 24 hours after their fever (if present) has resolved without the aid of medication AND their initial symptoms have improved. Refer to Table 2 and Appendix A for additional information.

Currently or recently symptomatic students and staff members awaiting COVID-19 test results should be excluded from school and activities until confirmatory laboratory results are received and COVID-19 infection is ruled out.

Individuals who test negative for COVID-19 may return to school 24 hours after their symptoms improve. If a physician indicates the symptoms are due to a *non-infectious* diagnosis (e.g., allergies, asthma), they may return to school prior to symptom resolution.

It is likely that several days will pass between a person being sent home with symptoms and test results coming back. The 10-day isolation period is always based on the first day the individual became symptomatic, regardless of testing. The infectious period for asymptomatic individuals (not showing any symptoms) is 48 hours before the laboratory specimen was collected until 10 days after their lab test.

Exclusion of Persons Exposed to COVID-19

Contact Tracing and Exclusion of Contacts

According to guidance from Kansas Department of Health and Environment (KDHE), school administrators (including nurses and teachers) are considered mandated reporters of infectious diseases under [K.S.A. 65-118](#). A mandated reporter may share information on close contacts of a case WITHOUT consent from the contacts.

JCDHE staff and school officials will partner on contact tracing activities to ensure that transmission chains in schools or at school-related activities are broken. Where school districts elect to perform contact tracing in partnership with JCDHE, school officials will only be asked to contact trace within the school, while JCDHE will be responsible for identifying and quarantining contacts outside of the school setting.

Susceptible (i.e., those who are not fully vaccinated and without a confirmed history of COVID-19 infection in the previous six months) close contacts of infected individuals should be quarantined, regardless of where the exposure occurred (i.e., within or outside the school setting).

Each school should designate an individual (large buildings should designate multiple individuals) to be the point person on contact tracing. Please do not hesitate to reach out to your building's designated JCDHE staff contact or email us at dhe-schools@jocogov.org for additional assistance.

Contact tracing should be completed the same day a school is notified (by JCDHE, the individual/family, or laboratory) of a confirmed positive COVID-19 case. Generally, contact tracing should only be conducted on confirmed positive cases; exceptions may be made when an individual with an exposure to a positive case becomes symptomatic. In this case, the individual is presumed positive and contact tracing should be conducted before schools/JCDHE receives confirmatory results.

Factors such as duration of contact, amount of physical distance, mitigation measures in place and symptoms of the infectious individual must be considered when assessing potential exposures. JCDHE and school/district leaders will consult on complex or unclear cases.

To assist with the contact tracing process, the following activities may be considered **high risk**:

- Eating breakfast/lunch/snack less than six feet apart.
- Indoor or outdoor activities which include physical exertion, less than six feet for longer than 15 cumulative minutes.
- Athletic activity that involves “close, sustained contact between participants, lack of significant protective barriers, and high probability that respiratory droplets will be transmitted between participants.” The National Federation of State High School Associations classifies specific sports where these conditions are present as “high-risk.”
- Playing woodwind and brass instruments without other precautions (mask, distance).
- Singing/shouting without other precautions.

Examples of activities that may be considered **low risk** include:

- Being in the same classroom with proper mask wearing.
- On the same bus with mask wearing, ventilation, 3' distance.
- Playground, even if unmasked (if social distancing and cohorts have been maintained); this moves into a high-risk exposure if children have sustained contact with physical exertion for more than [15 minutes](#).

Activities such as walking, while masked, in the same hallway or attending class during the class period after a positive individual would be considered **no exposure**.

Exposures in Vaccinated Individuals

Per guidance from the Centers of Disease Control and Prevention, **fully vaccinated** individuals do not need to be excluded for quarantine following an exposure to COVID-19 so long as they remain **asymptomatic** following their exposure. To be exempt from quarantine exclusions, exposed staff members and students must provide documentation of vaccination that includes patient name, date of birth, vaccine manufacturer, date(s) of vaccination(s), and clinic or facility name where the vaccination was performed. **It will not be feasible for JCDHE staff to access vaccination records on patient's behalf.**

Exposed vaccinated individuals should monitor themselves for symptoms for 14 days following exposure. Any person who develops symptoms during the 14-day period should self-isolate, get tested and be excluded from school until it is determined if their symptoms are due to COVID-19. ([CDC, 2021](#)) Refer to Table 1 for further guidance.

Exposures in Unvaccinated, Susceptible Individuals

Susceptible unmasked individuals who were within three feet for [15 cumulative minutes](#) or more, or participated in a high-risk activity with a COVID-19 positive individual during their infectious period will be considered exposed. To prevent transmission of COVID-19, the safest, lowest-risk quarantine protocol is 14 days from last exposure ([CDC, 2020](#)). However, guidance from CDC and KDHE, updated in December 2020, provides two shortened quarantine protocol options for individuals who remain symptom-free:

- **Option 1 (with testing):** Exposed individuals who remain **asymptomatic** may test on or after day six following the last day of exposure. With a negative result and **no symptoms**, individuals may return to normal activities on day eight post-exposure. Only PCR test results will be considered for shortened quarantine; antigen and antibody tests are not allowed for this purpose. To return to school under this option, documentation of test results must be provided that includes patient name, date of birth, lab result, and identification of the testing entity or laboratory. **It will not be feasible for JCDHE staff to access negative results on patient's behalf.**
- **Option 2 (without testing):** Individuals who are exposed and remain **asymptomatic**, but do NOT take a PCR test, must quarantine for 10 days, returning to activities on day 11 after exposure.

All close contacts should self-monitor for symptoms for 14 days from last exposure. If symptoms develop during the 14-day period, person should self-isolate and get a PCR test.

If an individual develops symptoms **at any time** following exposure, then they no longer meet the criteria for a shortened quarantine period. If they have a PCR-negative test with specimen collected **AFTER** symptoms develop, then no contact tracing is required. For more information, please refer to the [CDC's Science Brief](#) regarding the options to reduce quarantine ([CDC, 2020](#)).

Exposures in Unvaccinated Staff and Students with a History of Previous Infection

Close contacts with evidence of previous infection **within the past six months** that is documented by a positive PCR or antigen test may be exempt from quarantine exclusion if they remain **asymptomatic** following their exposure. Positive serology or antibody tests may not be substituted for either the PCR or antigen test. If the close contact becomes symptomatic following their exposure, but during the 90 days after recovery from a prior infection, then there is a possibility of reinfection. Antigen testing in such circumstances is preferred, with the specimen collected within the first five to seven days from symptom onset ([KDHE, 2021](#); [CDC, 2021](#)).

Exclusion of a Group

The risk of COVID-19 transmission is low if public health mitigation techniques such as vaccination, proper masking, physical distancing and hand hygiene are being followed. If transmission is occurring within a group setting (such as a classroom, sports team, bus route, etc.), it is an indication that public health measures have not been followed. **If there are two or more positives in a group (e.g., classroom, sports team bus riders, clubs, etc.) contact your JCDHE liaison to determine if there is evidence of COVID-19 transmission.** If transmission is identified, the entire group may be excluded per current public health recommendations.

Table 1. Guidelines for Exclusions in Exposed Individuals

| Vaccination Status or Disease History | Is a COVID-19 test recommended? | Test Type | Test Result | When can the individual return to school? | Contact Tracing |
|---|--|---|-------------|--|-----------------|
| Screening Results: Symptomatic AND EXPOSURE within previous 14 days. | | | | | |
| Fully vaccinated OR Documented history of COVID-19 infection within the past 6 mos. | YES <i>If individual is symptomatic and has a COVID-19 exposure, they are presumed positive and should be treated as such until they receive a negative test result.</i> | PCR <i>If the individual has had COVID-19 within the past 90 days, then a PCR test is <u>NOT</u> recommended.</i> | Positive | At least 10 days have passed since symptoms first appeared AND at least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms. | YES |
| | | | Negative | May return no earlier than at least 24 hours since symptom resolution. | NO |
| | | Antigen <i>If the individual has had COVID-19 within the past 90 days, then an antigen test within the first five to seven days from symptom onset is recommended over PCR testing.</i> | Positive | At least 10 days have passed since symptoms first appeared AND at least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms. | YES |
| | | | Negative | May return no earlier than at least 24 hours since symptom resolution. | NO |
| Unvaccinated OR Incompletely vaccinated | YES <i>If individual is symptomatic and has a COVID-19 exposure, they are presumed positive and should be treated as such until they receive a negative test result.</i> | PCR <i>If the individual has had COVID-19 within the past 90 days, then a PCR test is <u>NOT</u> recommended.</i> | Positive | At least 10 days have passed since symptoms first appeared AND at least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms. | YES |
| | | | Negative | Symptomatic contacts who are not fully vaccinated may not test out of quarantine. They must quarantine for 14 days <u>and</u> their symptoms must be improved. | NO |
| | | Antigen <i>If the individual has had COVID-19 within the past 90 days, then an antigen test within the first five to seven days from symptom onset is recommended.</i> | Positive | At least 10 days have passed since symptoms first appeared AND at least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms. | YES |
| | | | Negative | Symptomatic contacts who are not fully vaccinated may not test out of quarantine. They must quarantine for 14 days <u>and</u> their symptoms must be improved. | NO |
| Screening Results: Exposure to a person with COVID-19 in the last 14 days (NO symptoms) | | | | | |
| Fully vaccinated OR Documented history of COVID infection within the past 6 mos. | NO | Exclusion and testing are NOT indicated. | | | NO |
| Unvaccinated OR Incompletely vaccinated | YES | NO TEST | | 10 days from last exposure to a person with COVID-19. If the person remains symptom-free, they may return to activities on day 11 after exposure. | NO |
| | | PCR <i>A PCR test must be conducted on day six or later to be eligible for a shortened quarantine.</i> | Positive | 10 days from date the specimen was collected; they may return to activities on day 11 if no symptoms develop. If symptoms develop, see above. | YES |
| | | | Negative | Seven days from last exposure to a person with COVID-19. They may return on day 8 after exposure. After the test is collected, if the person develops symptoms during the 14-day period, then the individual needs to self-isolate and be excluded from school REGARDLESS of the results of the test. | NO |
| | | Antigen <i>Antigen testing does not meet the requirements for shortened quarantine.</i> | Positive | PCR test is recommended due to the chance of false positive results in asymptomatic individuals. | -- |
| Negative | 10 days from last exposure to a person with COVID-19. If the person remains symptom-free, they may return to activities on day 11 after exposure. PCR testing is required to be eligible for shortened quarantine. | | -- | | |
| All close contacts should self-monitor for symptoms for 14 days from last exposure. If symptoms develop during the 14-day period, person should self-isolate and get a PCR test. | | | | | |

Table 2. Guidelines for Exclusion in for Individuals with NO Known Exposure

| Vaccination Status or Disease History | Is a COVID-19 test recommended? | Test Type | Test Result | When can the individual return to school? | Contact Tracing |
|---|---|---|-------------|--|-----------------|
| Screening Results: Symptomatic AND NO EXPOSURE within previous 14 days. | | | | | |
| Fully vaccinated OR Documented history of previous COVID infection within the past 6 months | MAYBE <i>Fully vaccinated individuals with no known exposure should consult with their provider to determine if a COVID-19 test is needed.</i> | A provider may determine that a COVID-19 test is recommended. If a test is conducted, then follow return guidelines based on test results. | | Dependent on test results and test type. | NO |
| | | NO TEST | | At least 24 hours since symptom resolution. | |
| Unvaccinated OR Incompletely vaccinated | YES <i>If an unvaccinated individual has symptoms consistent with COVID-19, then a COVID-19 test is recommended.</i> | PCR <i>If the individual has had COVID-19 within the past 90 days, then an PCR test is <u>NOT</u> recommended.</i> | Positive | At least 10 days after symptoms first appeared AND at least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms | YES |
| | | | Negative | May return no earlier than at least 24 hours since symptom resolution. | NO |
| | | Antigen <i>If the individual has had COVID-19 within the past 90 days, then an antigen test is recommended.</i> | Positive | At least 10 after symptoms first appeared AND at least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms | YES |
| | | | Negative | At least 24 hours since symptom resolution. | NO |
| NO TEST | | 10 days from symptom onset AND at least 24 hours since resolution of fever w/o fever reducing medications AND improvement in symptoms OR 14 days from last exposure and symptoms improved (whichever is longer) | | NO | |

Preventing COVID-19 Transmission in School-Related Activities

Activities Guidance

Individuals who are fully vaccinated no longer need to wear a mask or physically distance in any setting, including while participating in sports and extracurricular activities. People who are fully vaccinated can also refrain from quarantine following a known exposure if asymptomatic, facilitating continued participation in in-person learning, sports, and extracurricular activities. Due to increased exhalation that occurs during physical activity, some [sports](#) can put players, coaches, trainers, and others who are not fully vaccinated at [increased risk](#) for getting and spreading COVID-19. Close contact sports and indoor sports are particularly risky. Similar risks might exist for other extracurricular activities, such as band, choir, theater, and school clubs that meet indoors.

Prevention strategies for those who are not fully vaccinated in these activities remain important and should comply with school day policies and procedures. Students should refrain from these activities when they have symptoms consistent with COVID-19 and should be tested. Students who are not fully vaccinated and participate in indoor sports and other higher-risk activities should continue to wear masks and keep physical distance as much as possible. Schools should consider using screening testing for student athletes and adults (e.g., coaches, teachers, advisors) who are not fully vaccinated who participate in and support these activities to facilitate safe participation and reduce risk of transmission – and avoid jeopardizing in-person education due to outbreaks.

Coaches and school sports administrators should also consider specific sport-related risks for people who are not fully vaccinated:

- **Setting of the sporting event or activity.** In general, the risk of COVID-19 transmission is lower when playing outdoors than in indoor settings. Consider the ability to keep physical distancing in various settings at the sporting event (i.e., fields, benches/team areas, locker rooms, spectator viewing areas, spectator facilities/restrooms, etc.).
- **Physical closeness.** Spread of COVID-19 is more likely to occur in sports that require sustained close contact (such as wrestling, hockey, football).
- **Number of people.** Risk of spread of COVID-19 increases with increasing numbers of athletes, spectators, teachers, and staff.
- **Level of intensity of activity.** The risk of COVID-19 spread increases with the intensity of the sport.
- **Duration of time.** The risk of COVID-19 spread increases the more time athletes, coaches, teachers, staff and spectators spend in close proximity or in indoor group settings. This includes time spent traveling to/from sporting events, meetings, meals, and other settings related to the event.
- **Presence of people more likely to develop severe illness.** People at increased risk of severe illness might need to take [extra precautions](#).

All athletic conditioning (e.g., weight training or similar) would be assessed on a case-by-case basis, but mitigation measures should be implemented wherever possible in these settings to potentially avoid exclusion. During periods of significant or high transmission, JCDHE does *not* recommend large group gatherings that increase the risk for transmission of COVID-19. Gatherings where mitigation measures would be difficult to enforce or absent altogether should be avoided to prioritize in-person instruction.

Appendix A: Key Terms and Concepts

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| <p><u>Antigen OR Rapid Diagnostic Test (RDT):</u></p> | <p>Antigen tests detect a protein on the virus. Results for most antigen tests are available onsite in 15-30 minutes. They may be useful as an initial data point, but because antigen tests may not detect lower levels of the virus, false negatives are a concern. If COVID-19 is suspected or there has been a known exposure, an RDT/antigen test should be followed by a confirmatory PCR to make a final diagnosis.</p> |
| <p><u>Contact tracing:</u></p> | <p>The Centers for Disease Control and Prevention (CDC) defines contact tracing as, “an evidence-based way to slow the spread of infectious disease. It is the process of interviewing individuals who have been infected with a disease, identifying close contacts that they may have unknowingly exposed, and providing those contacts with the information needed to monitor their own health and prevent the continued spread of the illness.” (CDC, 2021)</p> |
| <p><u>Close contact/exposure:</u></p> | <p>A close contact is defined as:</p> <ol style="list-style-type: none"> a. being directly exposed to infectious secretions (e.g., being coughed on); or b. being within six feet for 15 or more cumulative minutes over a 24-hour period. Additional factors like infected person/contact masking (i.e., both the infectious individual and the potential close contact have been consistently and properly masked), classroom-level mitigation measures, individual risk profiles and case symptomology may affect this determination. (CDC, 2021) <p>Either (a) or (b) is defined as close contact if it occurred during the case’s infectious period, which is defined as two days <i>before</i> their symptoms began until ten days <i>after</i> symptom onset <i>and</i> 24 hours after their fever (if present) has resolved without the aid of medication <i>and</i> initial symptoms have improved. For an asymptomatic individual who tests positive for COVID-19, their infectious period is two days before through 10 days after their specimen was collected.</p> |
| <p><u>Fully vaccinated:</u></p> | <p>Consistent with these updated guidelines, individuals are considered fully vaccinated for COVID-19 starting on day 14 after they receive the second dose in a two-dose series (Pfizer-BioNTech or Moderna), OR starting on day 14 after they have received a single-dose vaccine (Johnson & Johnson/Janssen). Currently, there is no time limit on fully vaccinated status (CDC, 2021).</p> |
| <p><u>Infectious period:</u></p> | <p>An individual is considered infectious (capable of spreading the virus) for two days <i>before</i> their symptoms began until ten days <i>after</i> symptom onset <i>and</i> 24 hours after their fever (if present) has resolved without the aid of medication <i>and</i> initial symptoms have improved. For an asymptomatic individual who tests positive for COVID-19, their infectious period is two days before through 10 days after their specimen was collected.</p> |
| <p><u>Isolation:</u></p> | <p>Isolation separates people who are infected with the virus from people who are not infected. If not all household members are fully vaccinated, individuals with confirmed or presumed COVID-19 should isolate within their household and use a separate bedroom and bathroom, if possible. Individuals should not spend time in common household areas (e.g., living room, kitchen). If face-to-face interactions must take place, the infected person and unvaccinated household members should mask. Disinfect frequently touched surfaces in the household often. (CDC, 2021)</p> |
| <p><u>Mask:</u></p> | <p>A well-fitted mask of at least two layers of breathable, washable fabric that fits snugly around the nose and chin with no large gaps around the sides of the face.</p> |

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|---|---|
| <u>New olfactory or taste disorder:</u> | New change/loss of taste or smell. |
| <u>PCR/molecular test:</u> | Polymerase chain reaction tests detect the presence of viral genetic material in specimens. These tests take longer (sometimes several days) because they must be sent to a lab for processing but are generally more sensitive than antigen tests. JCDHE currently offers free PCR tests (nasal swab version). Individuals associated with schools can use the red referral cards to get a test at the Olathe location without an appointment. JCDHE is providing saliva test kits to schools, which should be made available for all symptomatic students and staff in participating districts. |
| <u>Presumed Positive:</u> | <p>Symptomatic individuals with a known exposure to a COVID-19 positive individual within the 14 days prior to symptom onset are presumed positive. Becoming symptomatic while excluded for quarantine should trigger a move from quarantine to isolation and contact tracing activities should begin at school/JCDHE immediately.</p> <p>A new olfactory or taste disorder (e.g., loss of taste or smell) is characteristic for COVID-19 and individuals with this symptom and a history of exposure within the previous 14 days will be considered positive until a PCR-negative test has been obtained.</p> <p>Individuals with a positive antigen test without a subsequent negative PCR test within 48 hours of the initial antigen test will be considered presumed positive.</p> |
| <u>Quarantine:</u> | Keeps someone who has been exposed to the virus away from others. Individuals in quarantine should <u>stay home</u> . An individual who must be in public to seek medical assistance should practice masking and physical distancing as much as possible. Quarantine/exclusion timelines always begin at last exposure to a person with confirmed or presumed COVID-19. (CDC, 2021) |
| <u>Serology:</u> | Blood test that detects antibodies one may have to the virus from an immune system response. These are NOT diagnostic tests and should not be used as such. Serology tests do not provide sufficient evidence of immunity and cannot be used to release individuals from quarantine. |
| <u>Susceptible:</u> | Individuals who are not fully vaccinated per the most recent CDC guidelines for the vaccine received or have no previous history of infection in the past six months. |
| <u>Symptomatic:</u> | <p>Individuals meeting clinical criteria for COVID-19, defined as:</p> <ul style="list-style-type: none"> • Any one of the following primary symptoms: <ul style="list-style-type: none"> ○ New cough ○ Difficulty breathing ○ New olfactory or taste disorder <p>OR</p> <ul style="list-style-type: none"> • At least two of the following secondary symptoms: <ul style="list-style-type: none"> ○ Chills ○ Congestion/runny nose ○ Extreme fatigue ○ Fever ($\geq 100^{\circ}\text{F}$) ○ Headache ○ Muscle or body aches ○ Nausea/vomiting/diarrhea ○ Sore throat |
| <u>Vaccine (COVID-19) Breakthrough Case:</u> | A breakthrough case is defined as an individual who has SARS-CoV-2 RNA or antigen detected on a respiratory specimen collected ≥ 14 days after completing an FDA-authorized COVID-19 vaccine. |

Appendix B: References and Additional Resources

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