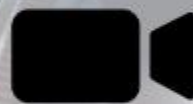


# Thank You for Joining Us!

The presentation will begin shortly. All participants are muted and video cameras are disabled for the duration of the presentation. If you would like to ask a question, please use the Q&A feature.



**All attendees are muted upon arrival and will remain muted throughout the meeting.**



**Video cameras will be disabled except for speakers and panelists.**



**Use the Q&A feature to ask questions. Type out your message and hit "Enter" to send.**



**The Chat feature may be disabled except to chat with the panelists.**



American Academy of Pediatrics  
Orange County Chapter  
INCORPORATED IN CALIFORNIA

# AAP-OC Chapter Chat for Providers

**Tuesday, February 1, 2022**

**6:30 - 7:30 PM**



# Welcome



## **Reshmi Basu, MD, FAAP**

Vice President, *AAP-OC*

Pediatrician, *Pediatric & Adult Medicine, Inc.*



# AAP-Orange County Chapter

**Our Mission:** To achieve optimal health for all Orange County children by promoting pediatric excellence.

**We accomplish this through:**

- ✓ Community Health Advocacy
- ✓ Education



# AAP-OC Community Partners

- CHOC
- UCI
- First 5 Orange County
- Illumination Foundation
- MOMS Orange County
- No Child Hungry
- Orange County Department of Education
- Regional Center of Orange County



# AAP-OC Focuses

**HEALTH  
ACCESS FOR  
HOMELESS  
YOUTH**



**REACH OUT &  
READ**



**NO CHILD  
HUNGRY**



**COVID-19  
RESOURCES &  
EDUCATION**



**MENTAL  
HEALTH**



**INJURY  
PREVENTION**  
Drowning &  
Passenger  
safety



**TEAM KIPOW**  
School-based  
nutrition &  
exercise



**EARLY  
CHILDHOOD  
HEALTH &  
DEVELOPMENT**






# COVID-19 Parent Webinar - *TOMORROW!*



Scan the QR code & Register to Attend

**Parent WEBINAR**  
ON COVID-19 UPDATES, PART 2


FEATURING LOCAL EXPERT PHYSICIANS:


    
Jasjit Singh, MD   Eric Ball, MD   Chulie Ulloa, MD






**Wednesday, February 2, 2022**  
**6:30-7:30 pm**

**Zoom Webinar with Live Spanish Interpretation!**

To Register for Part 2, **CLICK HERE** or scan the QR code



 **Watch the Parent Webinar Part 1 Here!**

     **For more information, visit**  
[www.aap-oc.org/covid-19-resources](http://www.aap-oc.org/covid-19-resources)

**Webinar PARA PADRES**  
SOBRE LAS ACTUALIZACIONES DE COVID-19, PARTE 2

CON MEDICOS EXPERTOS LOCALES

    
Jasjit Singh, MD   Eric Ball, MD   Chulie Ulloa, MD

**Miércoles, 2 de febrero de 2022**  
**6:30 - 7:30 PM**

**¡Webinar Zoom con interpretación en vivo en español!**

Para registrarse, **haga clic AQUÍ** o **escanee el código QR**



 **¡Vea la Parte 1 del Webinar para padres aquí!**

     **Para más información, visite**  
[www.aap-oc.org/covid-19-resources](http://www.aap-oc.org/covid-19-resources)

Download the English & Spanish flyers at  
[www.aap-oc.org/covid19-parent-resources](http://www.aap-oc.org/covid19-parent-resources)

# COVID-19 Champions

COVID-19 Champions in Orange County want to **help build COVID-19 vaccine confidence** in children and their families by answering questions about the vaccine!

## COVID-19 COMMUNITY CHAMPIONS

Interested in having a **COVID-19 Champion** provide education at a local event or meeting?



**COMPLETE THE  
INTEREST SURVEY!  
SCAN THE QR CODE  
WITH YOUR PHONE!**



[www.surveymonkey.com/r/COVID19Champs](https://www.surveymonkey.com/r/COVID19Champs)



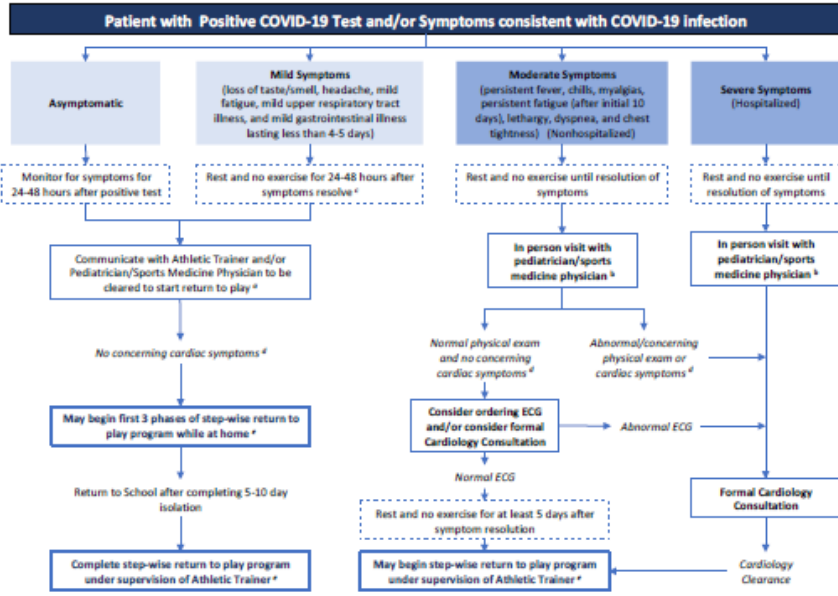


**Clearing an Athlete after a COVID-19 Infection**

Evidence shows that people infected with COVID-19 are at an increased risk for myocarditis. It is important to appropriately evaluate patients before they are cleared to return to play. This decision tree is intended as an aid for triaging patients and for providing consistent patient care. It is applicable to athletes who are in middle school or high school (12 years old or older) or who compete in high exertion activities (adult-led, advanced level, participates in activity more hours per week than age in years, etc.), but it can be used for other patients on an individual basis.

- The American Academy of Pediatrics does NOT require a cardiac workup or step-wise return to play if an athlete has already recovered from a past COVID-19 infection and has regained fitness back to full activity without symptoms.
- The athlete should contact their physician, school, athletic trainer, and/or organization after they test positive to determine what is needed to clear them to start a return to play program.

These are clinical guidelines based on expert consensus and available scientific evidence. As such, these guidelines should serve as a reference and do not replace clinical judgment at the point of care. Please refer questions to CHOC Cardiology or Sports Medicine.



<sup>a</sup> Depending on symptom profile and school/organization policy, in person or Telehealth physician visit may be required  
<sup>b</sup> In person visit should take place once minimum 5 day isolation is completed and symptoms have resolved (except persistent loss of taste/smell or mild fatigue consistent with deconditioning)  
<sup>c</sup> Especially cough, fever, myalgias, and shortness of breath. Persistent loss of taste/smell or mild fatigue consistent with deconditioning is reasonable to continue  
<sup>d</sup> E.g. chest pain/pressure, dizziness, difficulty breathing, fainting, or decreased ability to exercise  
<sup>e</sup> If symptoms return or new symptoms occur other than mild fatigue consistent with deconditioning during return to play, stop progression and return to physician for evaluation

Developed by Dr. Matthew Koraszewski and Dr. Chris Koutoures – Pediatric Sports Medicine, CHOC Children's Primary Care Network

**References:**

1. Kim JH, Levine BD, Phelan D, et al. Coronavirus Disease 2019 and the Athletic Heart: Emerging Perspectives on Pathology, Risks, and Return to Play. JAMA Cardiol. Published online October 26, 2020. doi:10.1001/jamacardio.2020.5890
2. Dean PN, Jackson LB, Paridon SM. Returning To Play After Coronavirus Infection: Pediatric Cardiologists' Perspective. ACC. Published Online July 14, 2020
3. California Interscholastic Federation Recommended Evaluation & Cardiac Testing for COVID-19 (+) Athletes Returning to Education-Based Athletics Updated 2/22/2021
4. American Academy of Pediatrics, COVID-19 Infection Guidance: Return to Sports and Physical Activity, Updated 12/01/2021

# Clearing an Athlete after COVID-19 Infection

*Updated January 15, 2022*

This decision tree is an aid for triaging patients and for providing consistent patient care to athletes in middle/high school (12 years old or older) or who compete in high exertion activities.

**Access & Download:** [www.aap-oc.org/wp-content/uploads/2022/02/CHOC-Clearing-an-Athlete-after-a-COVID-19-Infection-1-22.pdf](http://www.aap-oc.org/wp-content/uploads/2022/02/CHOC-Clearing-an-Athlete-after-a-COVID-19-Infection-1-22.pdf)



# Returning an Athlete/Student to Sports after COVID-19 Infection



## Returning an Athlete/Student to Sports after a COVID-19 Infection

After a COVID-19 infection, it is recommended that all athletes/students go through a gradual and step-wise return to play. This process is very similar to a concussion return to play protocol and should be performed under the supervision of a physician and/or an athletic trainer if possible. This protocol is a recommendation that should be implemented with clinical judgment by a health care professional. Decisions on when to start and complete a return to play program should take into consideration both an athlete's physical and mental health. An athlete is cleared to begin a return to play protocol after he/she:

1. Has contacted their physician, school, athletic trainer, and/or organization and is cleared to begin return to play progression
2. Has completed a quarantine for a minimum of 5 days from symptom onset or positive test\* AND asymptomatic for at least 24-48 hours
3. Is able to complete activities of daily living without symptoms\*

\* It is reasonable to begin this protocol despite persistent loss of taste/smell OR mild fatigue consistent with deconditioning.  
\* It is reasonable to begin the return to play protocol with individual activities within the 5-day isolation if the athlete has asymptomatic or mild disease. Up to the first 3 stages of the return to play protocol may, if appropriate, occur during the 5-day isolation.

Each stage should last at least 24-48 hours and should not cause return of symptoms. If the athlete/student experiences return of symptoms or develops unexpected fatigue, dizziness, difficulty breathing, chest pain/pressure, decreased exercise tolerance, or fainting, they should stop their return progression and return to their physician for further evaluation.

Stage	% of Maximum Heart Rate	Duration	Sample Activities	Strength Training Allowed?
1	70%	15-30 minutes	Fast walking, light jogging, and stationary bike	No
2	80%	30-45 minutes	Simple movements such as running drills, footwork drills, and cone drills	No
3	80%	60 minutes	Add sports specific activities and strength training such as one on one and passing drills	Yes
4	80%	60 minutes	Modified intensity practice	Yes
5	Full Practice	Normal training duration	Normal training activities or full intensity practice	Yes
6	Full return to competition without restrictions			

After COVID-19 infection, it is recommended that all athletes or students go through a gradual and step-wise return to play under the supervision of a physician and/or an athletic trainer if possible.

Access and Download: [www.aap-oc.org/wp-content/uploads/2022/02/CHOC-Return-to-Play-after-COVID-19-Infection-1-22.pdf](http://www.aap-oc.org/wp-content/uploads/2022/02/CHOC-Return-to-Play-after-COVID-19-Infection-1-22.pdf)



# COVID-19 Resources



## COVID-19 Vaccine

It's Up to Us: COVID-19 Vaccine PSAs in English, Spanish, and Vietnamese.  
Please share with your patients and families.



English COVID-19 Testimonial



Spanish COVID-19 Testimonial



Vietnamese COVID-19 Testimonial

## FAQ COVID-19 Vaccine for Kids



**Q What vaccine is available for children?**  
The Food and Drug Administration (FDA) and the Centers for Disease Control have approved the Pfizer BioNTech vaccine for children 5-18 years old. The vaccine is administered into the arm muscle in 2 doses given three weeks apart. Maximum immunity is achieved two weeks after the second dose.

**Q Are there any children who should not get the vaccine?**  
Any child with a known allergy to one of the vaccine's components, mainly polyethylene glycol, which is commonly used in medications, should not receive the vaccine. The likelihood of an allergic reaction is extremely rare and is treatable if it does occur. Just like adults, all children are monitored for 15 minutes after receiving the vaccine, and 30 minutes if they have a history of anaphylaxis to food or medications. If you have any questions about your child's specific allergies, please speak to your child's pediatrician.

**Q Is the vaccine dose different in children than in teenagers and adults?**  
The dose for children ages 5-11 is 10 micrograms, and for adolescents 12 years and older it is 30 micrograms. The reason that younger children have a smaller dose is because they have a more robust immune system and a relatively smaller dose creates strong antibodies to protect them.

**Q How effective is the vaccine in children?**  
Studies show that the COVID-19 vaccine in children ages 5-11 years is over 90% effective at preventing children from getting COVID-19, and it is even more effective at preventing serious and long-term disease if a child is exposed. This data is similar to what we have seen in the hundreds of millions of adults and adolescents who have been fully vaccinated over the past year.

**Q What is myocarditis and can my child get that from the vaccine?**  
A small number of adolescents and young adults have experienced a temporary inflammation of the heart called myocarditis. These cases are very rare and the symptoms completely resolve. If you get the COVID-19 virus however, you are ten times more likely to get myocarditis and symptoms are much more severe.

**Q If children are less likely to get sick from COVID-19, why do they need a vaccine?**  
More than 6 million children in the US have been infected with COVID-19. Over 8,000 children in the US have been hospitalized and sadly many have died, making COVID-19 a leading cause of death in children. Many more have developed chronic symptoms after being infected with COVID-19 such as fatigue, chest pain, dizziness, body aches, and anxiety. It is likely that every child will be exposed to the virus that causes COVID-19 at least once, and each exposure puts them at risk for serious and long-term effects. Getting your child vaccinated is the best way to keep them safe.

**Q Do children need a booster dose?**  
A booster dose is an extra dose over and above the initial two that are recommended, and there is currently no recommendation for a booster dose for children at this time. Adolescents who have weakened immune systems should receive an additional dose one month after completing the initial two doses.

[www.aap-oc.org/covid-19-resources](http://www.aap-oc.org/covid-19-resources)

Frequently Asked Questions  
on the COVID-19 Vaccine for  
Kids



# 8<sup>th</sup> Annual Cards for Kids Fundraiser & Gala

## 8<sup>th</sup> Annual Cards for Kids Fundraiser & Gala

SATURDAY, APRIL 23, 2022 • 6:30-11:00 PM  
PRETEND CITY CHILDREN'S MUSEUM



*Purchase a Sponsorship* ♠ *Get Your Tickets* ♠ *View all Event*

*Details!*

[www.aap-oc.org/gala](http://www.aap-oc.org/gala)



# 38<sup>th</sup> Annual Current Advances in Pediatrics Conference

SAVE THE DATE FOR AAP-  
ORANGE COUNTY CHAPTER'S

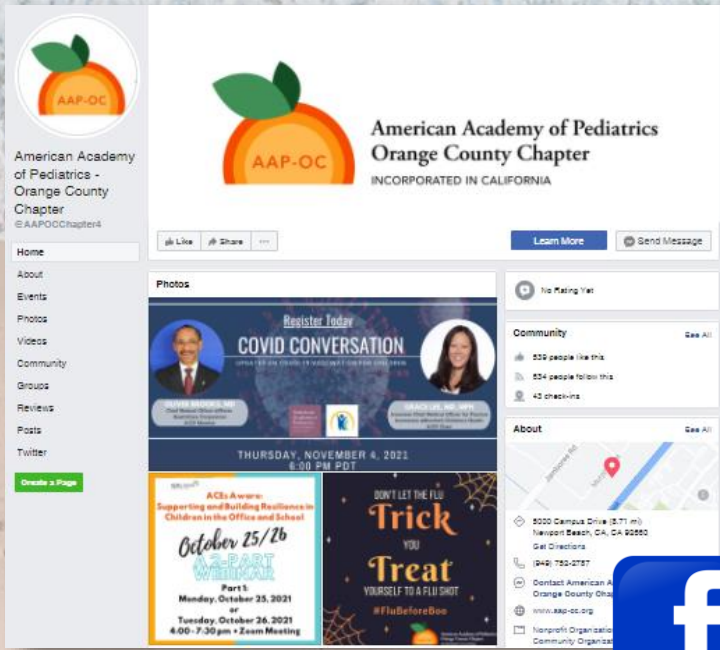
***38th Annual  
Current Advances  
in Pediatrics  
Conference***

September 23-25, 2022  
Irvine Marriott Hotel



American Academy of Pediatrics  
Orange County Chapter  
INCORPORATED IN CALIFORNIA

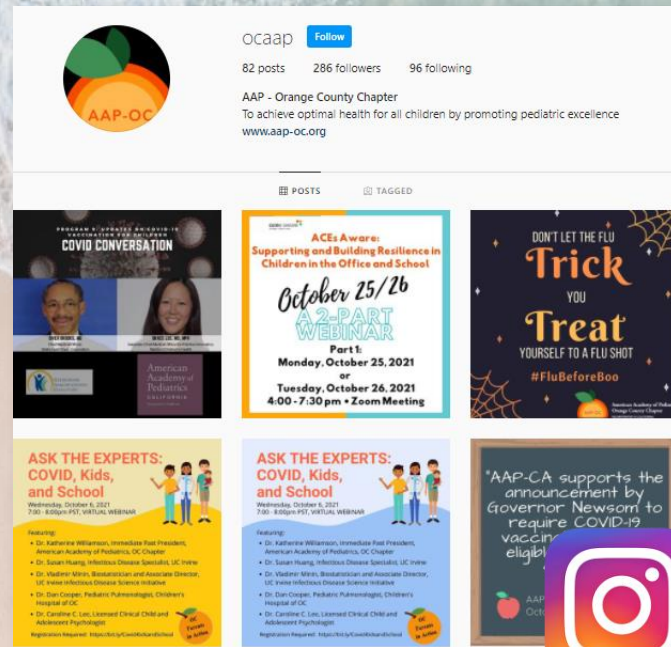
# Follow Us on Social Media!



A screenshot of the Facebook profile for the American Academy of Pediatrics - Orange County Chapter. The profile name is "American Academy of Pediatrics - Orange County Chapter" with the handle @AAPOCChapter4. The cover photo features the AAP-OC logo and the text "American Academy of Pediatrics Orange County Chapter INCORPORATED IN CALIFORNIA". The profile picture is the AAP-OC logo. The main content area shows a post for a "COVID CONVERSATION" event on Thursday, November 4, 2021, at 6:00 PM PDT. Below this, there are two promotional graphics for "ACEs Aware: Supporting and Building Resilience in Children in the Office and School" (October 25/26, 2021) and "DON'T LET THE FLU Trick YOU Treat YOURSELF TO A FLU SHOT #FluBeforeBoo". The left sidebar shows navigation options like Home, About, Events, Photos, Videos, Community, Groups, Reviews, Posts, and Twitter. A "Create a Page" button is visible at the bottom left.



@AAPOCChapter4



A screenshot of the Instagram profile for ocaap. The profile name is "ocaap" with the handle @OCAAP. The bio reads "AAP - Orange County Chapter To achieve optimal health for all children by promoting pediatric excellence www.aap-oc.org". The profile shows 82 posts, 286 followers, and 96 following. The main content area displays a grid of posts, including a "COVID CONVERSATION" event, a "2-Part Webinar" for "ACEs Aware: Supporting and Building Resilience in Children in the Office and School" on October 25/26, 2021, and a "Trick or Treat" flu shot promotion. The bottom navigation bar shows the Instagram logo and icons for Home, Search, Post, Activity, and Profile.



@ocaap



A screenshot of the Twitter profile for the AAP-OC Chapter. The profile name is "AAP - OC Chapter" with the handle @OCAAP. The bio reads "The American Academy of Pediatrics-Orange County Chapter Mission is to: Achieve Optimal Health for All Orange County Children by Promoting Pediatric Excellence." The profile shows 855 Following and 1,623 Followers. The main content area features a cover photo of five children holding hands on a beach, and a profile picture of the AAP-OC logo. The bottom navigation bar shows the Twitter logo and icons for Tweets, Tweets & replies, and Media.



@ocaap

# Chapter Chat Host

## **Dr. Katherine Williamson**

*Immediate Past President, AAP-OC  
Pediatrician, CHOC Primary Care Network*



# Chapter Chat Speakers



**Clayton Chau, MD, PhD**

*Orange County Health Care  
Agency Director and County  
Health Officer*



**Jasjit Singh, MD**

*Pediatric Infectious  
Disease Specialist, CHOC*



**Pam Kahn, RN, MPH**

*Coordinator, Health and  
Wellness, Orange County  
Department of Education*





# Orange County Updates



**Clayton Chau, MD, PhD**

*Orange County Health Care  
Agency Director and County  
Health Officer*



# Upcoming Legislation: SB 871 (Pan)

- Senator Dr. Richard Pan introduced the Keep Schools Open and Safe Act, to close the personal belief exemption loophole for school-based vaccination requirements for COVID-19.
- The Keep Schools Open and Safe Act builds on SB 277, also sponsored by Dr. Pan, which eliminated the personal belief exemption loophole for all other childhood vaccinations required for public and private school students when it became law in 2015. After passage of SB 277, vaccination rates dramatically increased for childhood diseases such as measles.
- Governor Gavin Newsom has announced a statewide school vaccination mandate, but under state law, only the Legislature may remove the personal belief exemption

# Upcoming Legislation: SB 866 (Wiener)

- Senator Scott Wiener (D-San Francisco) introduced Senate Bill 866, the Teens Choose Vaccines Act. SB 866 allows young people 12 years and older to get vaccinated without parental consent. SB 866 applies to all vaccines approved by the FDA that meet the recommendations of the ACIP of the CDC.
- Young people 12 and over are already allowed to make critical decisions about their bodies without parental consent, including getting the HPV and hepatitis B vaccines, accessing reproductive healthcare and mental healthcare, among other health services. “SB 866 would simply build on existing law to expand youth access to vaccines.”

# COVID-19 Pediatric Updates

**Jasjit Singh, MD, FAAP**

*Pediatric Infectious Disease  
Specialist, CHOC*



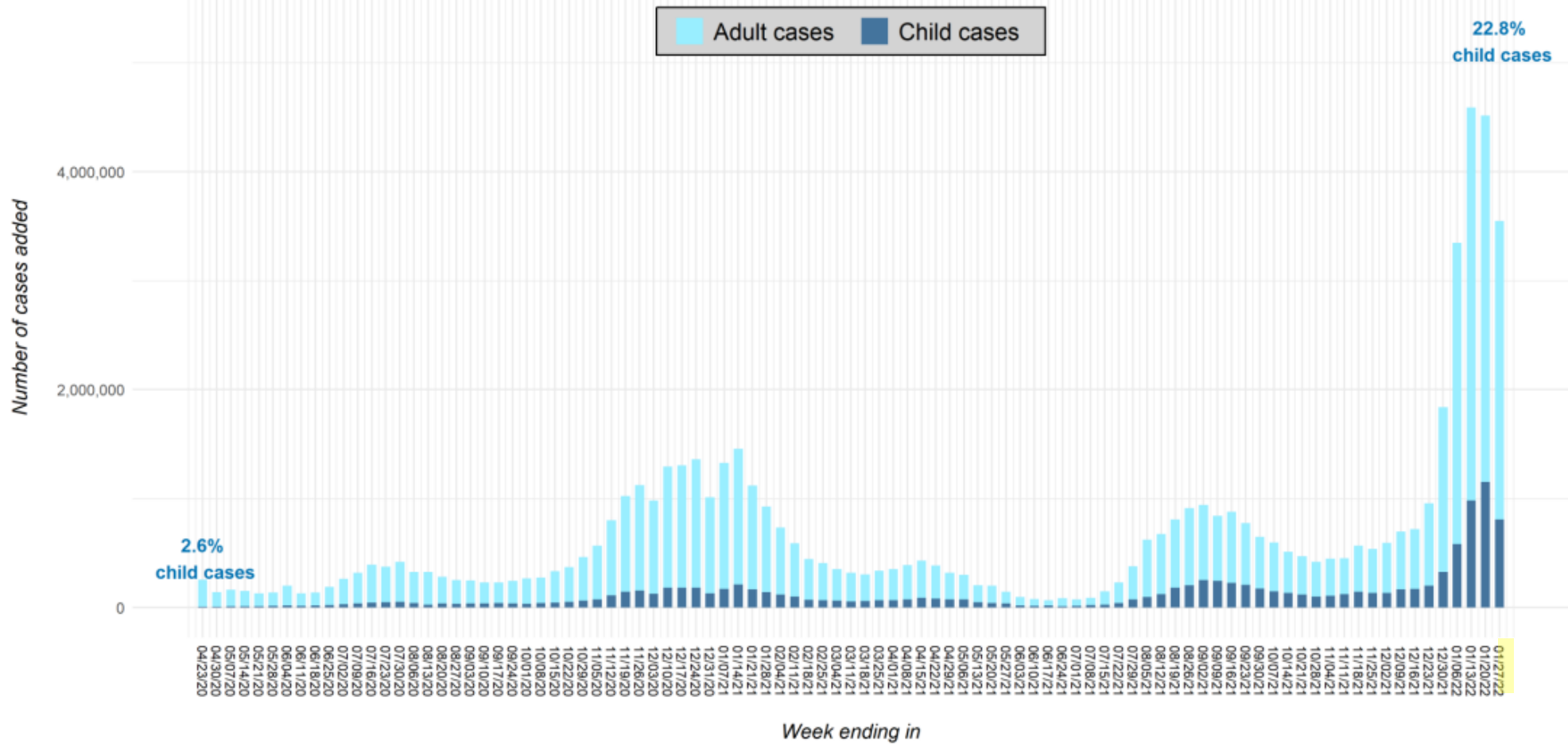


# Pediatric COVID-19

Jasjit Singh, MD

2/1/2022

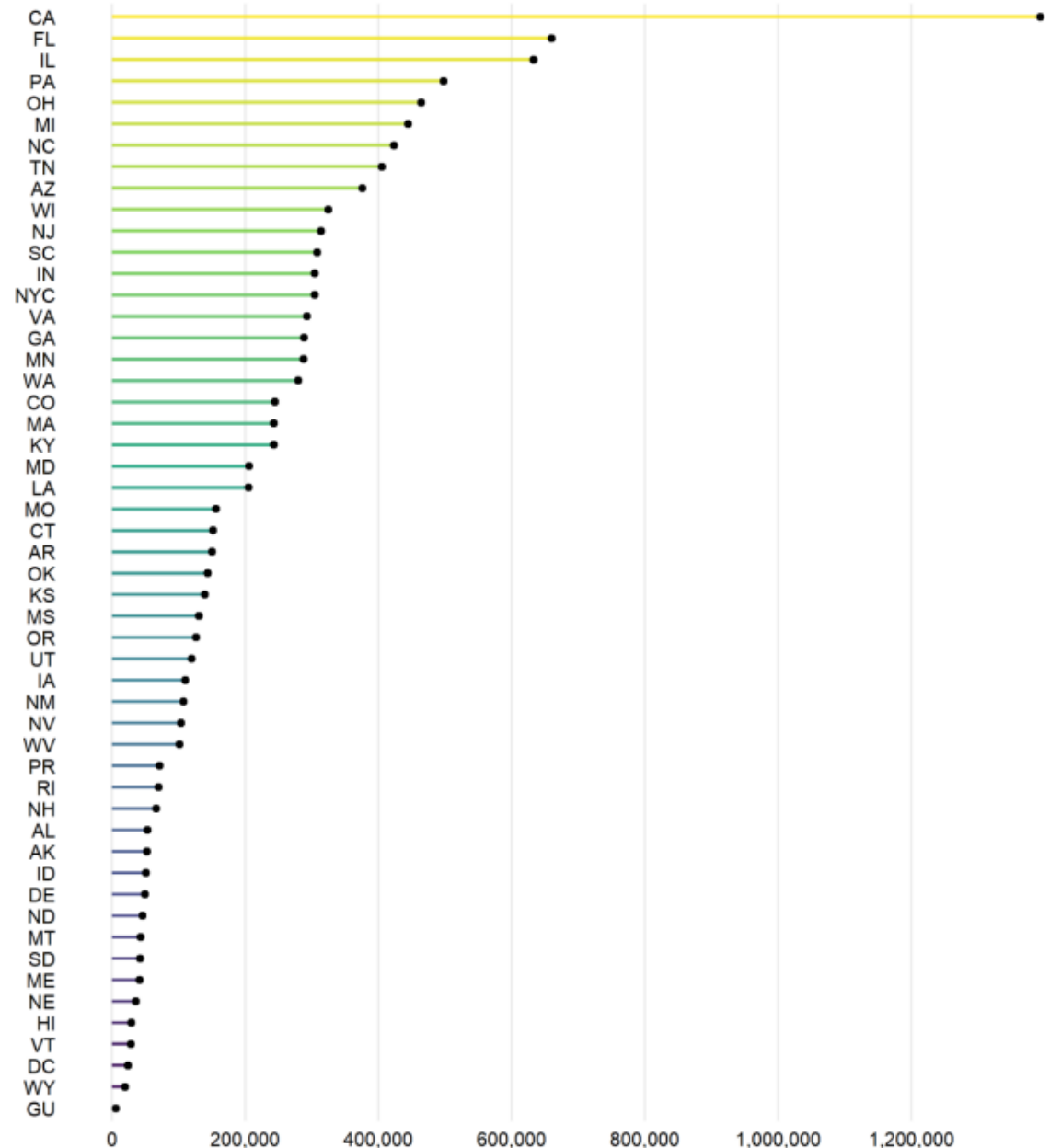
# Fig 8. United States: Number of COVID-19 Cases Added in Past Week for Children and Adults\*



\* Note: 5 states changed their definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20, WV as of 8/12/21;  
 On 1/14/22, TX released new data that is NOT included in cumulative case counts or figures but located [here](#) and in Appendix 3B of this report (774,083 cumulative child cases as of 1/20/22);  
 TX previously reported age for only a small proportion of total cases each week (eg, 2-20%); these cumulative cases through 8/26/21 are included (7,754)  
 As of 6/30/21, NE COVID-19 dashboard is no longer available; NE cumulative cases through 6/24/21  
 Due to available data and changes made to dashboard, AL cumulative cases through 7/29/21  
 Due to available data and calculations required to obtain MA child cases, weekly estimates fluctuate (eg, on 1/27/22 there were 2,718 fewer cumulative child cases)  
 On 1/27/22, due to available data, DC cumulative child cases and HI cumulative child cases and total cases through 1/13/22  
 On 1/27/22, due to available data, VA cumulative child cases and GU cumulative child and total cases through 1/20/22  
 See detail in Appendix: Data from 49 states, NYC, DC, PR and GU  
 All data reported by state/local health departments are preliminary and subject to change; Analysis by American Academy of Pediatrics and Children's Hospital Association

## Fig 2. Cumulative Number of Child COVID-19 Cases: 1/27/22

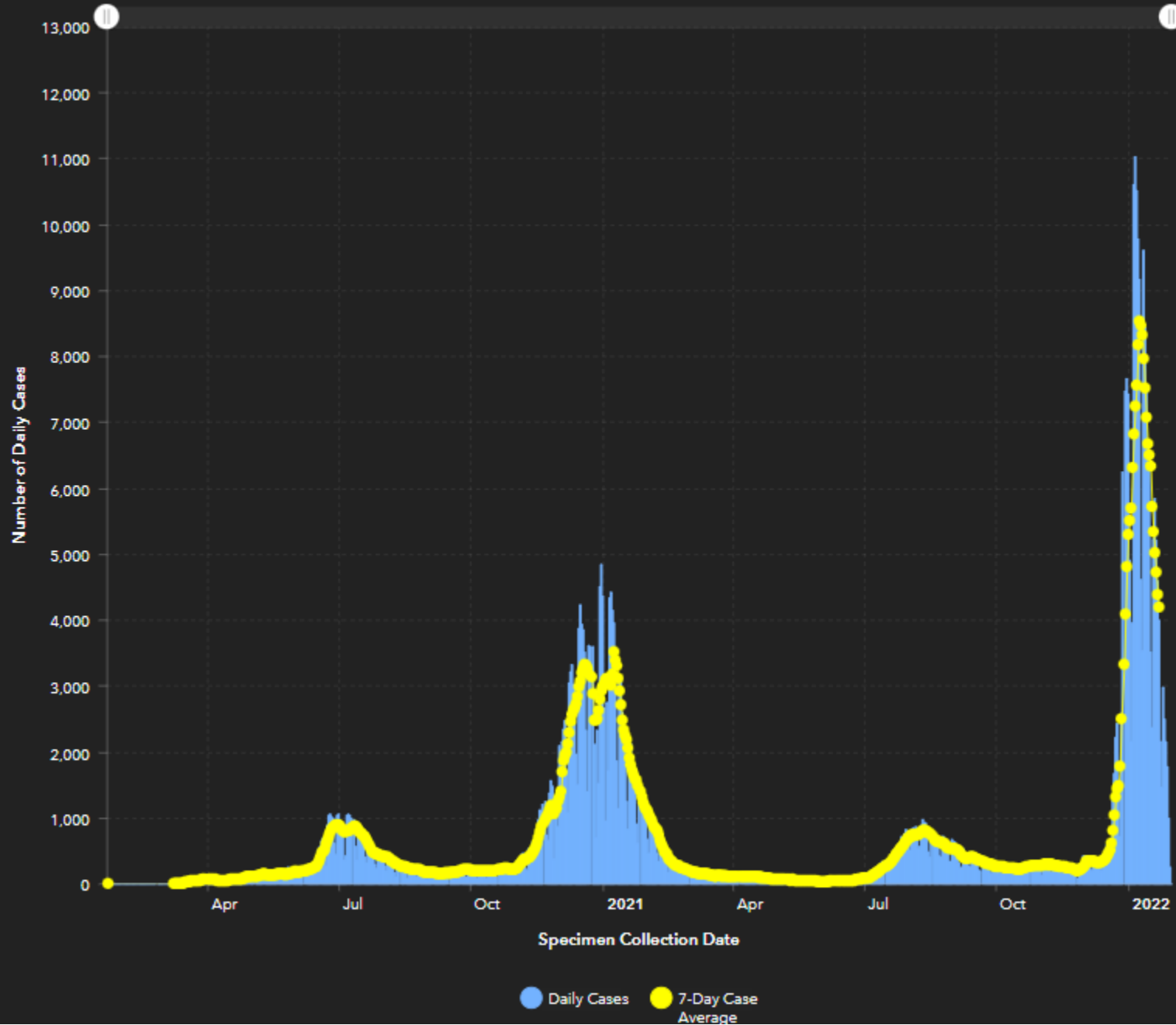
- 11,411,047 total child COVID-19 cases (cumulative)
- Fourteen states reported 300,000+ child cases
- One state reported fewer than 20,000 child cases



See detail in Appendix: Data from 48 states, NYC, DC, PR, and GU (TX excluded from figure)  
 All data reported by state/local health departments are preliminary and subject to change  
 Analysis by American Academy of Pediatrics and Children's Hospital Association  
 As of 6/30/21, NE COVID-19 dashboard is no longer available; NE cumulative cases through 6/24/21  
 Due to available data and changes made to dashboard, AL cumulative cases through 7/29/21



Daily Cases by Specimen Collection Date

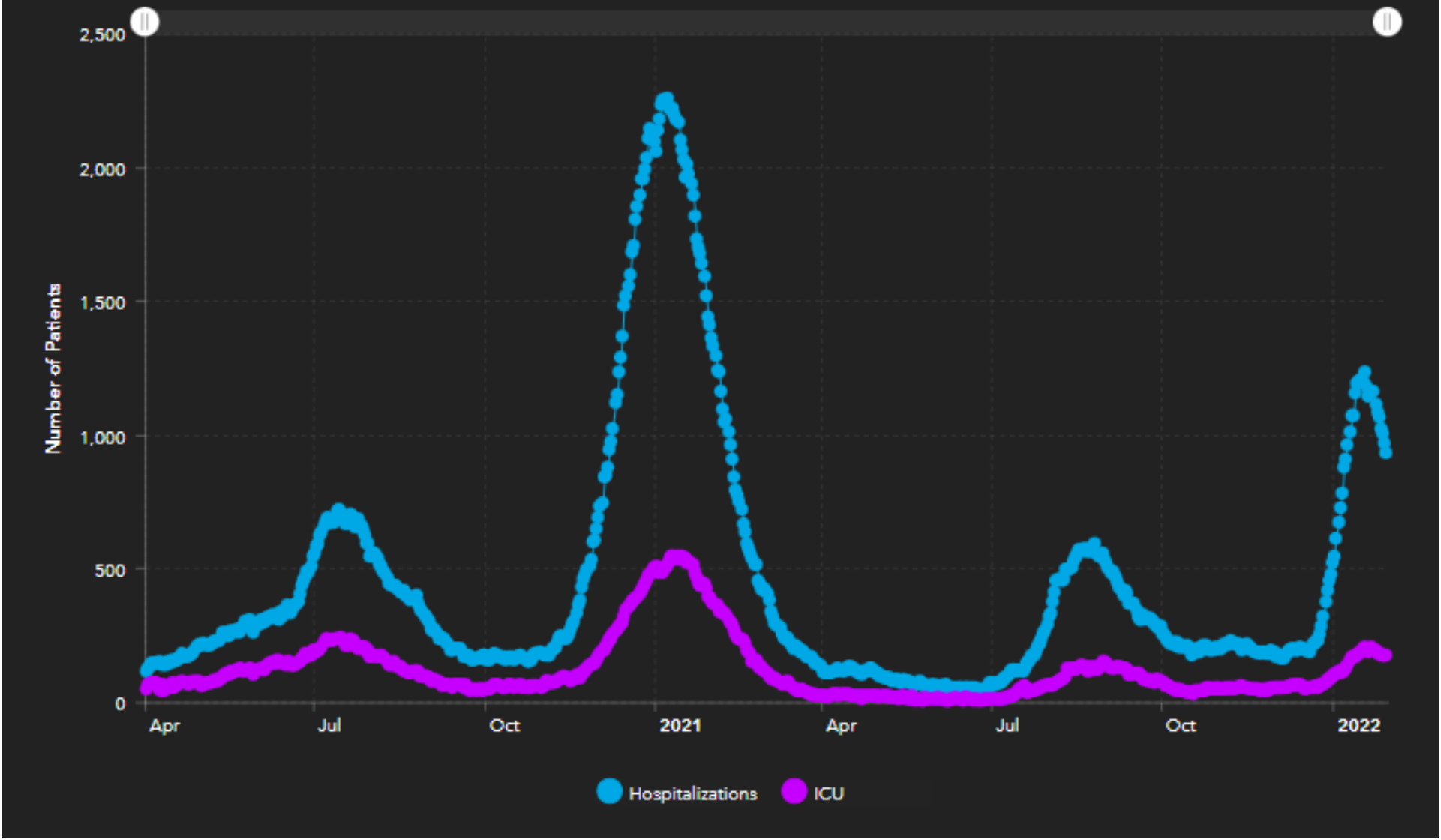


Data through  
1/31/2022





# Daily Hospital/ICU Patient Census



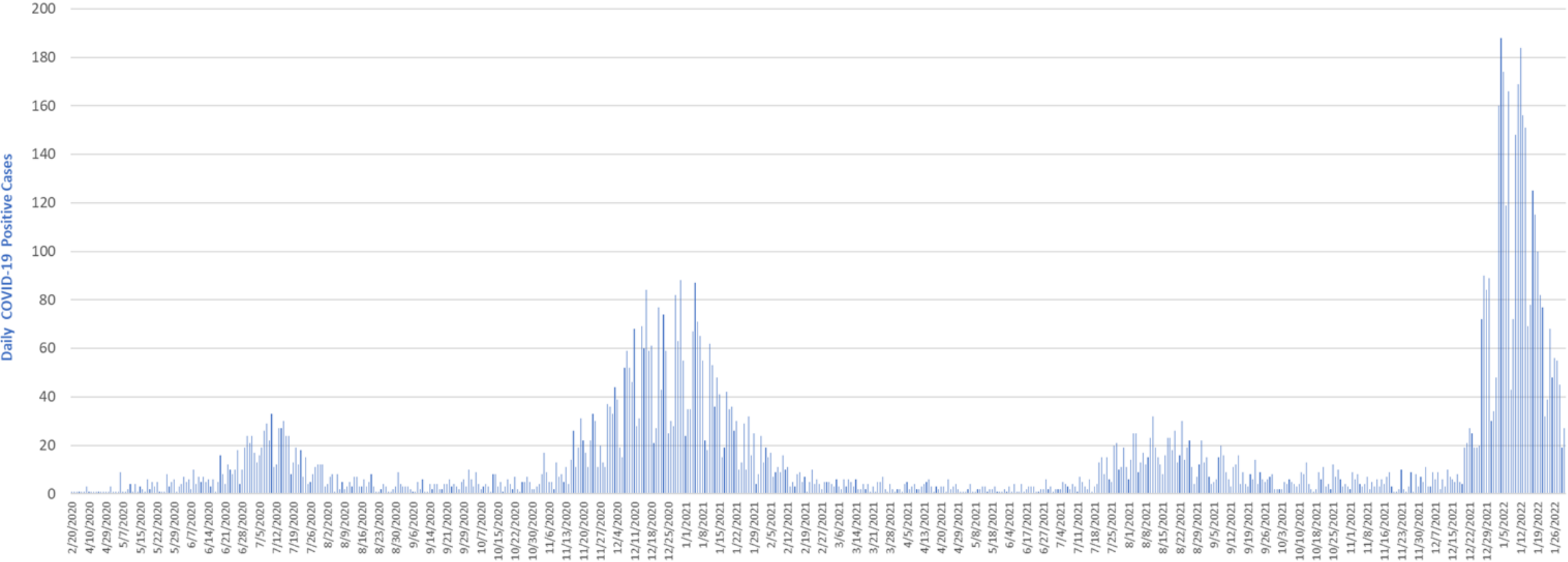
Data through 1/31/2022



### CHOC Orange: Total COVID-19 Positive Patients Volume

March 17, 2020 - January 31, 2022

N = 9,463

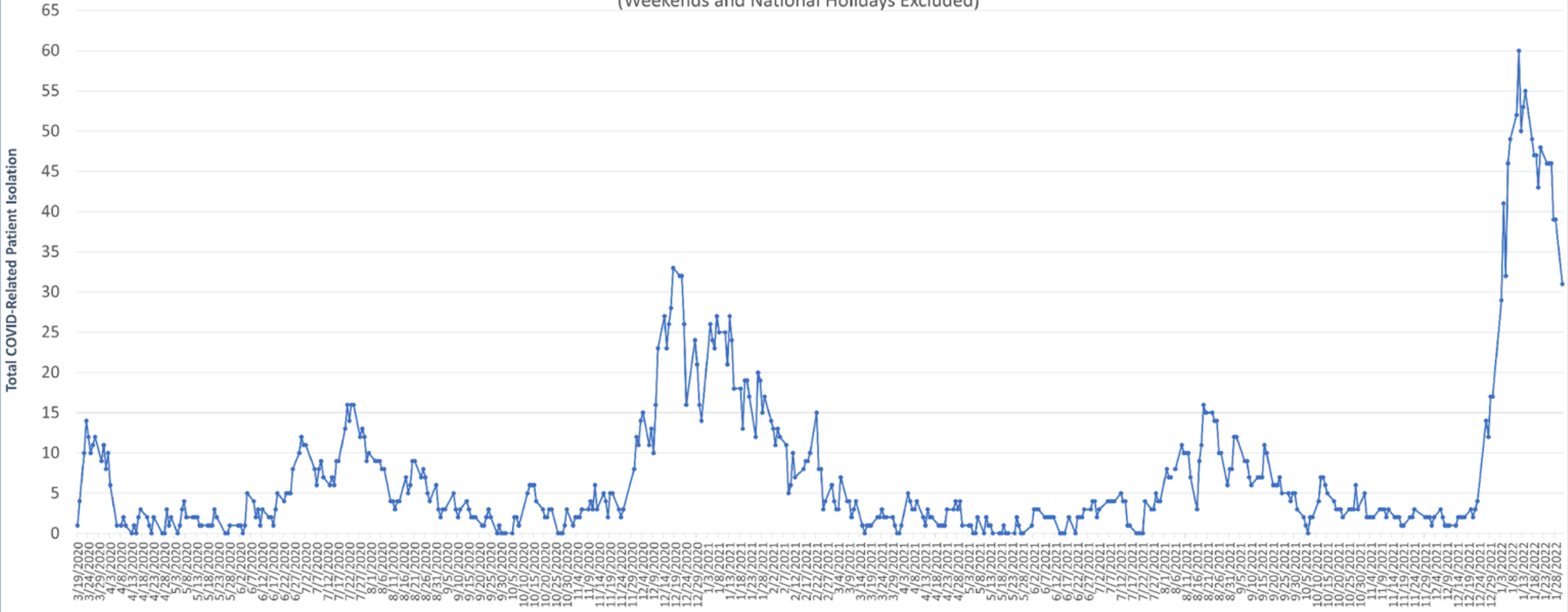


# CHOC Orange: Daily Patients in Isolation

(Includes Confirmed, Suspected, Exposed, and Travel-Related COVID-19)

March 19, 2020 - January 31, 2022

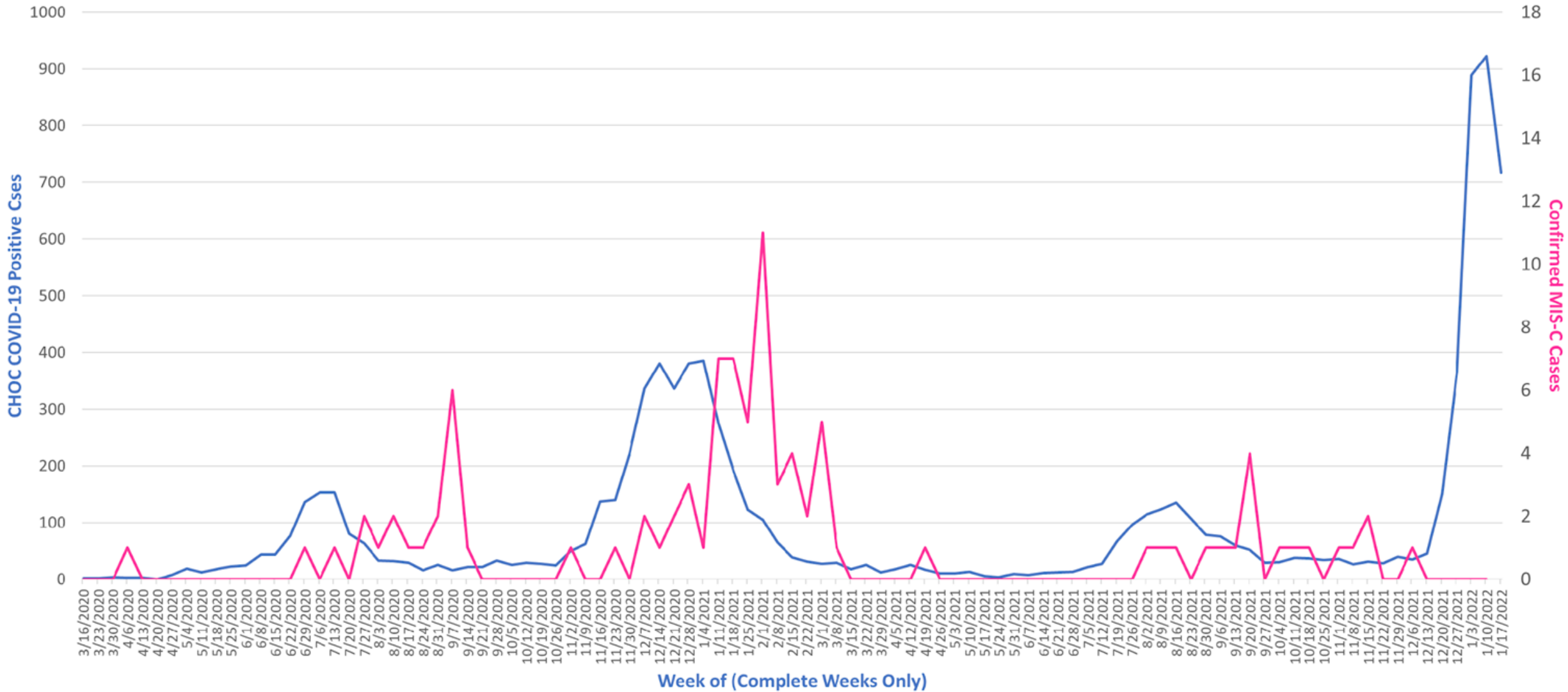
(Weekends and National Holidays Excluded)



# CHOC Orange COVID-19 Positive Cases and Confirmed MIS-C Cases

March 16, 2020 - January 30, 2022

— CHOC Positive Cases — CHOC Confirmed MIS-C



# Positive COVID-19 Patients by Location Tested

as of January 31, 2022

## CHOC Orange

Age	Clinic	ED	OECs	Inpatient – ICU	Inpatient – NON ICU	Total
< 12 months	265	674	81	26	185	1,231
1 – 5 years	1,003	876	315	27	171	2,392
6 – 10 years	1,096	448	306	33	127	2,010
11 – 15 years	1,166	505	274	51	186	2,182
16 – 17 years	440	193	109	32	91	865
18 – 19 years	233	77	54	9	38	411
20 – 25 years	81	72	11	15	24	203
26 – 29 years	1	31	0	3	5	40
≥ 30 years	1	128	0	0	0	129
<b>TOTAL</b>	<b>4,286</b>	<b>3,004</b>	<b>1,150</b>	<b>196</b>	<b>827</b>	<b>9,463</b>

## CHOC Mission Hospital\*

41 - Inpatients

330 - ED

\*CHOC network ambulatory/ED patients captured in CHOC Orange data.

CHOC tested a total of **51,442 patients.**

**Positivity Rate: 18.4%**

as of January 31, 2022

## Orange County Health Care Agency

as of January 31, 2022

Age	Total Cases Reported
0 – 17 years	74,924
18 – 24 years	67,078
<b>TOTAL</b>	<b>142,002</b>

**CHOC Children's MIS-C Patients = 94**



# Treatment Options for COVID-19 Infected Children

- Monoclonal antibodies – High-Risk Patients
  - Evusheld: pre-exposure prophylaxis
  - Sotrovimab: early infection
    - Only one currently available with activity against Omicron variant
    - Greater than 12 years and greater than 40 kilos
    - Limited supply
- Oral antivirals
  - Paxlovid
  - Molunupiravir
- IV Remdesivir - Inpatients (+/- Steroids or other agents)

## COVID-19 What a difference a quarter makes.....

	4/27/20	7/27/20	10/26/20	1/20/21	4/23/21	7/23/21	Then 10/21/21	Now 1/20/22
Confirmed Patients	13	736	1,155	3,943	4,621	4,778	5,795	8,922
Patients Hospitalized	0	79	140	366	502	541	661	944
Patients Tested	828	8,321	>15,400	>24,270	>31,000	>36,359	>44,386	>50,778
CHOC personnel positive	10	98	130	462	517	535	636	1,464
Exposures* Worked Up	25	348	793	2,554	2,846	3,781	4,256	6,658
HAI COVID-19 Cases	0	1 (NICU, Mom confirmed)	0	1 (NICU, Mom's test pending)	1- 5W (Dad symptomatic, test negative. Mom tested negative)	1 (NICU, parents not present for prior 14 days)	0	6

\* Exposures – include community, household or CHOC

# Trends in Disease Severity and Health Care Utilization During the Early Omicron Variant Period Compared with Previous SARS-CoV-2 High Transmission Periods — United States, December 2020–January 2022

**Summary**

**What is already known about this topic?**

The SARS-CoV-2 B.1.1.529 (Omicron) variant became predominant in the United States by late December 2021, leading to a surge in COVID-19 cases and associated ED visits and hospitalizations.

**What is added by this report?**

Despite Omicron seeing the highest reported numbers of COVID-19 cases and hospitalizations during the pandemic, disease severity indicators, including length of stay, ICU admission, and death, were lower than during previous pandemic peaks.

**What are the implications for public health practice?**

Although disease severity appears lower with the Omicron variant, the high volume of hospitalizations can strain local health care systems and the average daily number of deaths remains substantial. This underscores the importance of national emergency preparedness, specifically, hospital surge capacity and the ability to adequately staff local health care systems. In addition, being up to date on vaccinations and following other recommended prevention strategies are critical to preventing infections, severe illness, or death from COVID-19.





**SARS-CoV-2 Infection and Hospitalization Among Adults Aged  $\geq 18$  Years, by Vaccination Status, Before and During SARS-CoV-2 B.1.1.529 (Omicron) Variant Predominance — Los Angeles County, California, November 7, 2021–January 8, 2022**

### Summary

#### What is already known about this topic?

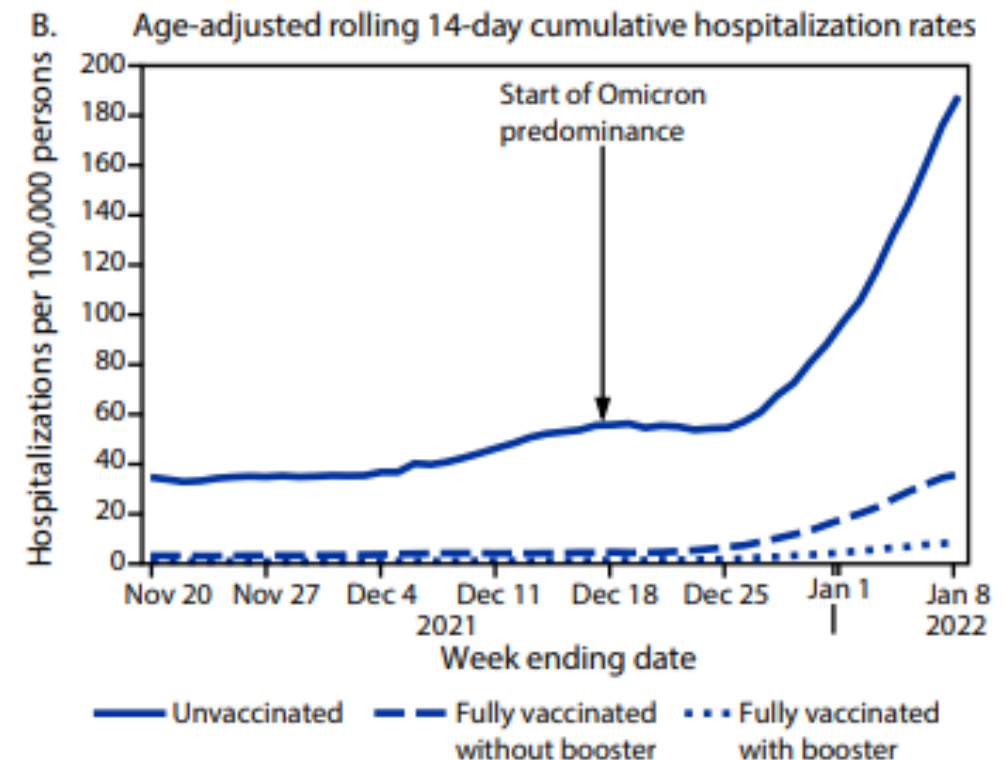
COVID-19 vaccines are highly effective against severe SARS-CoV-2–associated outcomes, including those caused by the Delta variant.

#### What is added by this report?

As of January 8, 2022, during Omicron predominance, COVID-19 incidence and hospitalization rates in Los Angeles County among unvaccinated persons were 3.6 and 23.0 times, respectively, those of fully vaccinated persons with a booster, and 2.0 and 5.3 times, respectively, those among fully vaccinated persons without a booster. During both Delta and Omicron predominance, incidence and hospitalization rates were highest among unvaccinated persons and lowest among vaccinated persons with a booster.

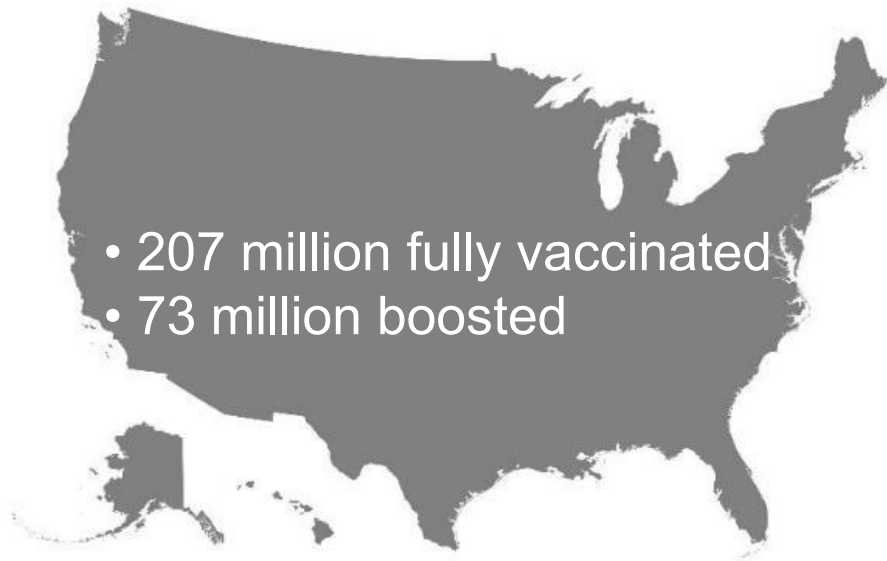
#### What are the implications for public health practice?

Being up to date with COVID-19 vaccination is critical to protecting against SARS-CoV-2 infection and hospitalization.



# COVID-19 Vaccinations

Data through January 12, 2022



© Vemaps.com

## Pediatric Vaccinations

Age Range	National received at least 1 dose	At least 1 dose %	National Fully Vaccinated	Fully Vaccinated %
5–11-year-old	7.5 million	27%	-	-
12–17-year-old	15.9 million	64%	13.3 million	53%

[American Academy of Pediatrics, 1/5/20212](#)

- **Fully Vaccinated:** Received A 2-dose series of an mRNA COVID-19 vaccine (*Pfizer-BioNTech* or *Moderna*), or a single-dose COVID-19 vaccine (*Johnson & Johnson's Janssen vaccine*)
- **Up-to-Date:** Fully vaccinated with booster doses per manufacturer-recommended timeline

# Other items of interest

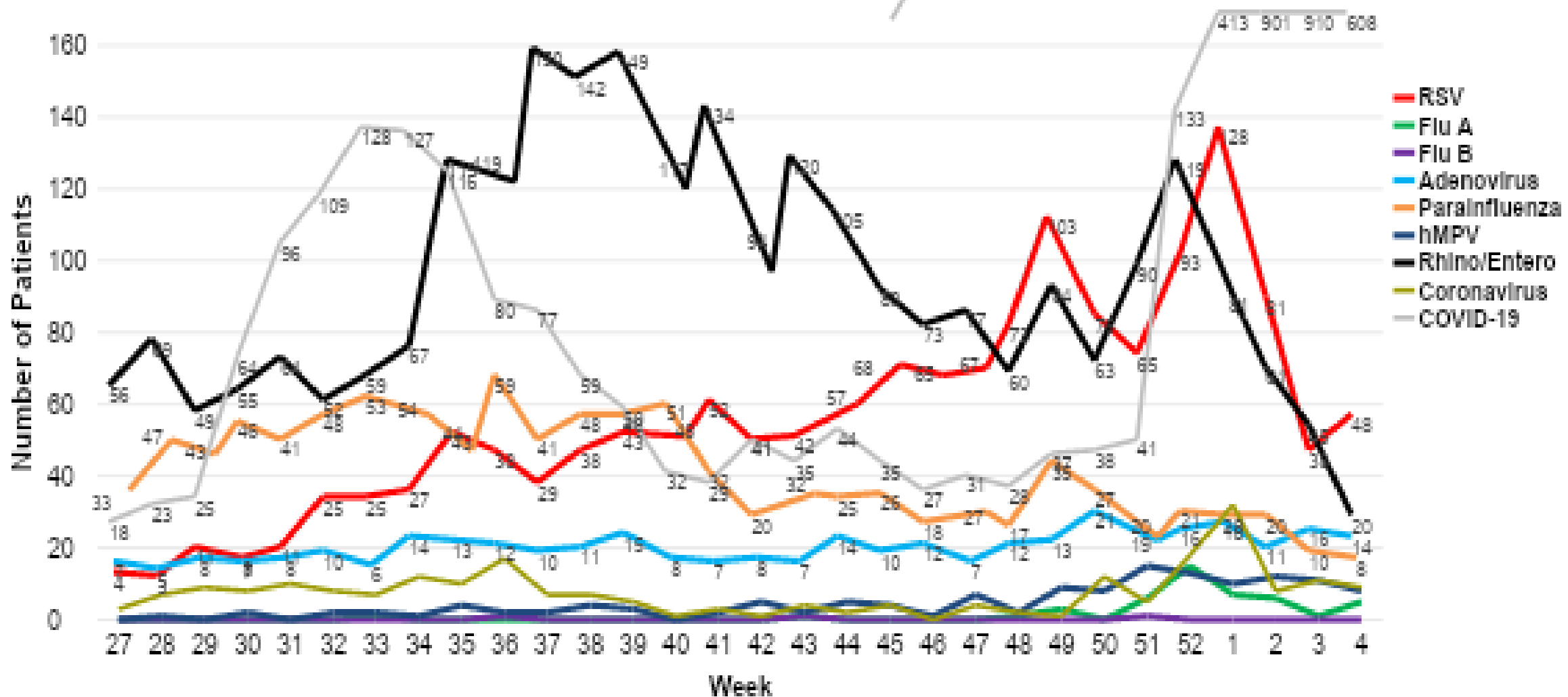
- **Researchers Identify Four Factors That May Predict Risk Of Post-Acute COVID-19 Sequelae**
  - Longitudinal investigation of 309 COVID-19 patients from initial diagnosis to convalescence (2-3 months later), integrated with clinical data, and patient-reported symptoms. Identified four PASC-anticipating risk factors at the time of initial COVID-19 diagnosis: Published in “Cell” DOI: <https://doi.org/10.1016/j.cell.2022.01.014>
    - Type 2 diabetes,
    - SARS-CoV-2 RNAemia,
    - Epstein-Barr virus viremia,
    - specific autoantibodies.
- **COVID-19 Transmission From Contaminated Hospital Surfaces Appears Unlikely**
  - Collected samples from several surfaces in the rooms of 20 patients with COVID-19 at one hospital and of the 347 samples, PCR testing found 19 that were positive for the virus, of which only one had the potential to be infectious. Published in “Clinical ID” <https://doi.org/10.1093/cid/ciac023>



# Respiratory Viral Trends

June 27, 2021 - January 22, 2022

608



# Thank You

[JSINGH@choc.org](mailto:JSINGH@choc.org)



# Kids in School: Student Decision Symptom Tree



**Pam Kahn, RN, MPH**  
*Coordinator, Health and  
Wellness, Orange County  
Department of Education*



**COVID-19**  
**in the**  
**School Setting**  
*(as of 2/1/22)*

**Pamela Kahn, RN, MPH, NCSN**  
**Orange County Department of Education**

SKIN

©2007 PITTSBURGH POST-GAZETTE  
CREATORS SYNDICATE

MOM, CAN I  
PLEASE NOT  
STAY HOME  
FROM SCHOOL  
TODAY?





# Decision Trees

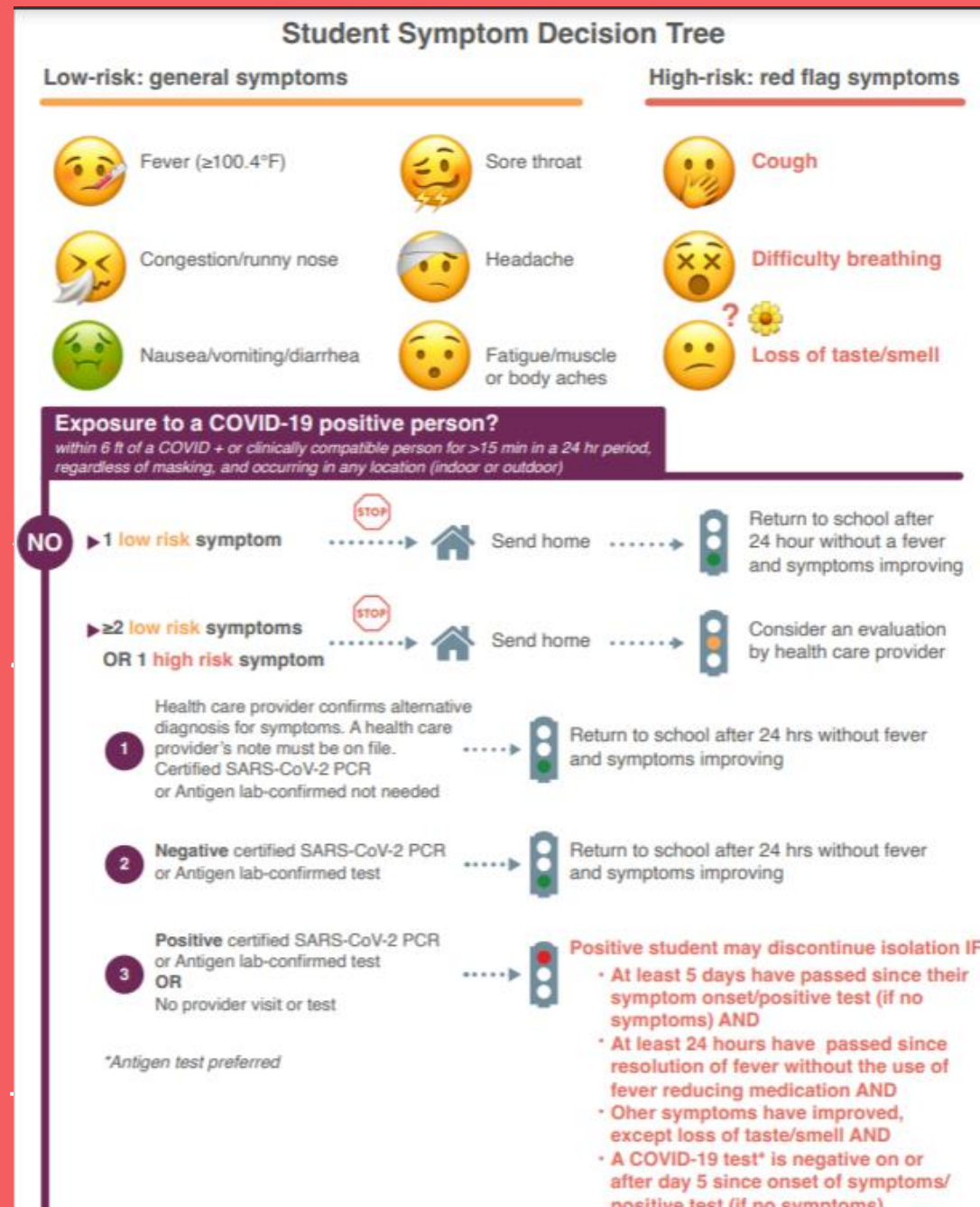
## “Flowcharts” for both students and staff

- Guide to help OC public and private schools triage COVID cases/exposures.
- Follows the County of Orange Health Officer’s Orders (1/14/22).
- Developed collaboratively by UCI, CHOC, OCHCA & OCDE.
- Updated monthly.
- Intended for school staff use, however have become a tool for parents as well.
- Most schools use them, may be found at:

<https://drive.google.com/drive/folders/1yxM5NNWuKKHTtSc95h8hVII8latWWBG>

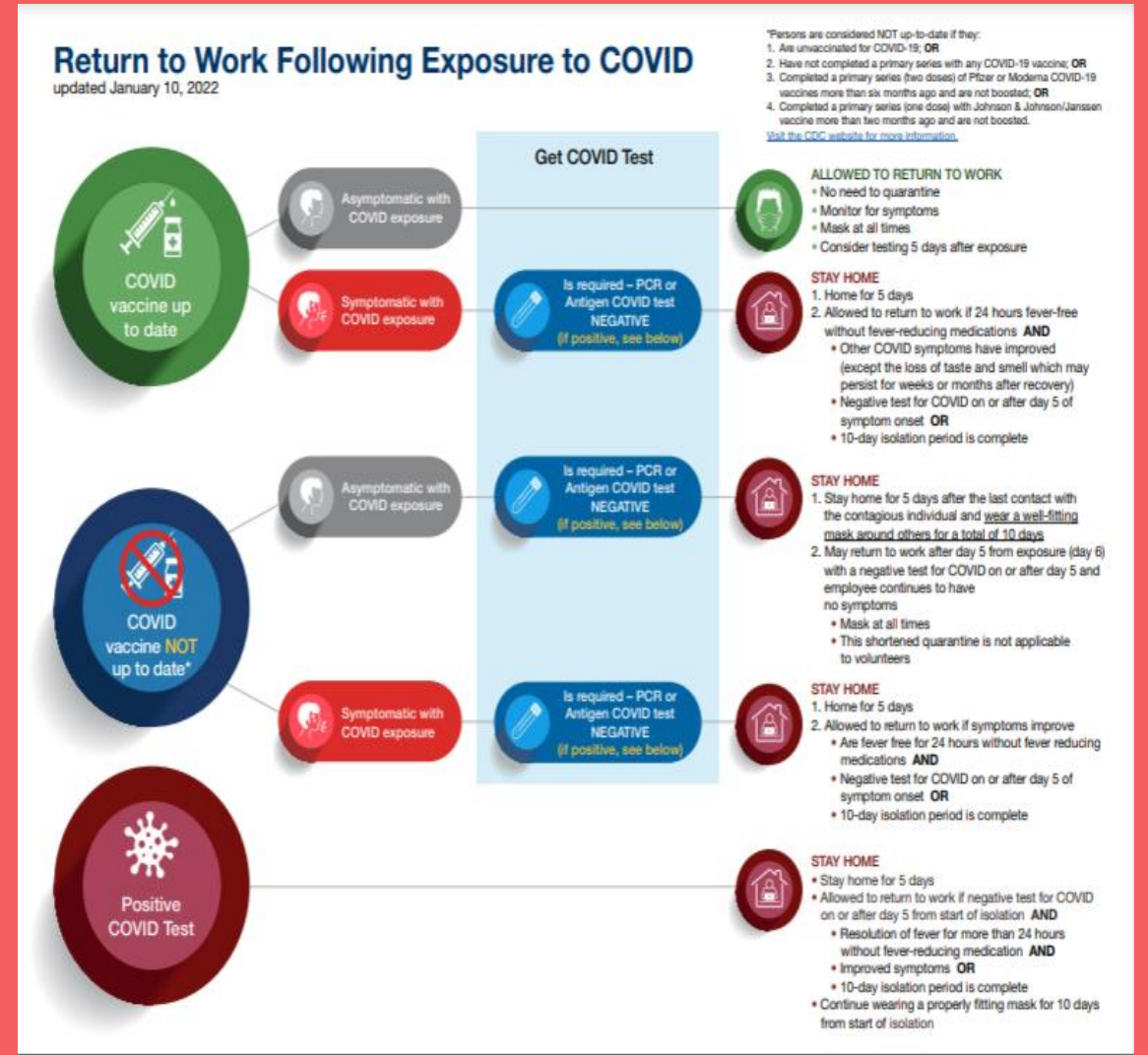
# Student Symptom Decision Tree

January, 2022 Version



# Staff Decision Tree

January, 2022 Version



# County of Orange Health Officer's Orders and Strong Recommendations (Revised 1/14/22)

## For Students

- Defines two types of exposures
  - In the school setting.
    - Two models for addressing students who are exposed to COVID-19.
  - Outside the school setting (i.e. household).
- Each type of exposure (inside/outside the school setting) has unique recommendations.
- <https://ocCOVID19.ocHealthInfo.com/article/oc-health-officers-orders-recommendations>

# Exposures within the School Setting - Option 1

## Individual Management

- Students shall follow isolation/self quarantine orders, but allows for Modified Quarantine.
- Modified Quarantine
  - Not-up-to-date, both wearing masks, may continue to attend IF all conditions are met:
    - Asymptomatic
    - Masks
    - Undergoes testing twice w/in 5 day quarantine period\*
    - No extracurriculars for duration of quarantine
    - 10 days quarantine if unable/unwilling to test

\*OCHCA has stated that due to difficulty accessing tests, one test within the 5 day period is acceptable

# Exposures within the School Setting - Option 2

## Group Tracing Approach

- Schools notify groups of students (instead of individual contacts), who have had close contact, regardless of vaccination status/previous infection.
- May continue to attend if:
  - Asymptomatic
  - Testing recommended 3-5 days after most recent exposure
  - Mask (if unable to mask, must quarantine at home until negative test)
  - No extracurriculars if unable to mask, until negative test (if testing weekly, may continue activities)

# Exposures outside the School Setting

## Students follow general public orders

- Not-up-to-date
  - Quarantine for 5 days
  - May test to end quarantine on day 5 or later (OTC tests are acceptable)
  - If unable/unwilling to test, must quarantine for 10 days
  - Mask
- Up-to-date
  - If asymptomatic, no quarantine needed
  - Recommend test on Day 5
  - Mask
- Previously infected
  - If less than 3 months from symptoms/positive test, and no new symptoms, no quarantine needed.
  - If a student is symptomatic, they should stay home until they are afebrile for 24hrs and symptoms are improving. If they've had documented COVID, per the OCHCA, no additional test is needed until 90 days have passed..

# Important Take-Aways

- Home tests are acceptable for ending quarantine/isolation; antigen tests are preferred.
- Day count begins either from first symptom onset OR positive test, whichever comes first.
- Districts may vary, but generally there is NO note needed from physician to return to school.
- After 10 days of quarantine/isolation, test result is moot, may return to school/work
- Pre-school/Childcare follows general guidelines.
- CDPH Safe Schools for All Hub: <https://schools.covid19.ca.gov/>



Pamela Kahn, RN, MPH, NCSN

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# COVID-19 Return-to-School Guidance

*Updated January 10, 2022*

**Access and Download:**  
[www.aap-oc.org/covid19-community](http://www.aap-oc.org/covid19-community)



## COVID19 Return-to-School Guidance

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Date sent home from school or first day kept home from school: \_\_\_\_\_

*Student was seen in the medical provider's office for either an exposure to a person with COVID-19 or symptoms concerning for COVID-19 or both. As a result of the medical visit, the following recommendations are made:*

**Please select one:**

1. \_\_\_\_\_ Student found to have another source of symptoms; may return to school based on school's guidance.  
\_\_\_\_\_ COVID-19 testing done and negative
2. \_\_\_\_\_ Student had a POSITIVE test for COVID-19; must stay home until 24 hours after fever has resolved and other symptoms improve, with a MINIMUM of 5 days from the onset of symptoms or positive test (if no symptoms). Isolation can end after day 5 if diagnostic test collected on day 5 or later is negative. Continue to mask indoors and outdoors for 10 days from symptom onset. If unable to test and symptoms are resolving, isolation can end after day 10.  
\_\_\_\_\_ Retest on day 5 or later negative
3. \_\_\_\_\_ Student vaccine status up to date or had recent infection with COVID-19 within 90 days and was exposed to someone with COVID-19.  
\_\_\_\_\_ has no symptoms. No quarantine. Test on day 5 or later. Wear a well-fitting mask around others for 10 days from exposure. Must monitor for symptoms through day 14.  
\_\_\_\_\_ Test on day 5 or later negative
4. \_\_\_\_\_ Student vaccine status not up to date and was exposed to someone with COVID-1  
\_\_\_\_\_ has no symptoms: Student must remain on home quarantine for at least 5 days after last contact with COVID contact. Test on day 5. Quarantine can end after day 5 if symptoms are not present and test negative on day 5 or later. Wear a mask around others for a total of 10 days. Without a test, the student will remain home for 10 days. May return to extracurricular activities on day 6 after last exposure if test negative on/after day 5. May return to extracurricular activities on day 11 from last exposure if no test.  
\_\_\_\_\_ Test on day 5 or later negative
5. \_\_\_\_\_ Student had a NEGATIVE test for SARS-COV2 but considered still at risk; may not return to school until 24 hours after fever has resolved and other symptoms improve, with a MINIMUM of 5 days from the onset of symptoms. Isolation can end after day 5 if repeat testing on day 5 or later negative. Continue to mask indoors and outdoors for 10 days from symptom onset. If unable to retest and symptoms resolving, isolation can end after day 10.  
\_\_\_\_\_ Retest on day 5 or later negative

Parent's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Per HIPAA guidelines, this form is for patient/parent use, but may be shared with the school if desired.*

The **earliest** this patient may return to school is: \_\_\_\_\_

This statement is valid based on relevant information on the date below, but may change based on new symptoms, exposures, or results. The patient's family has been instructed to notify the office of any changes.

Doctor's Name: \_\_\_\_\_ Stamp: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

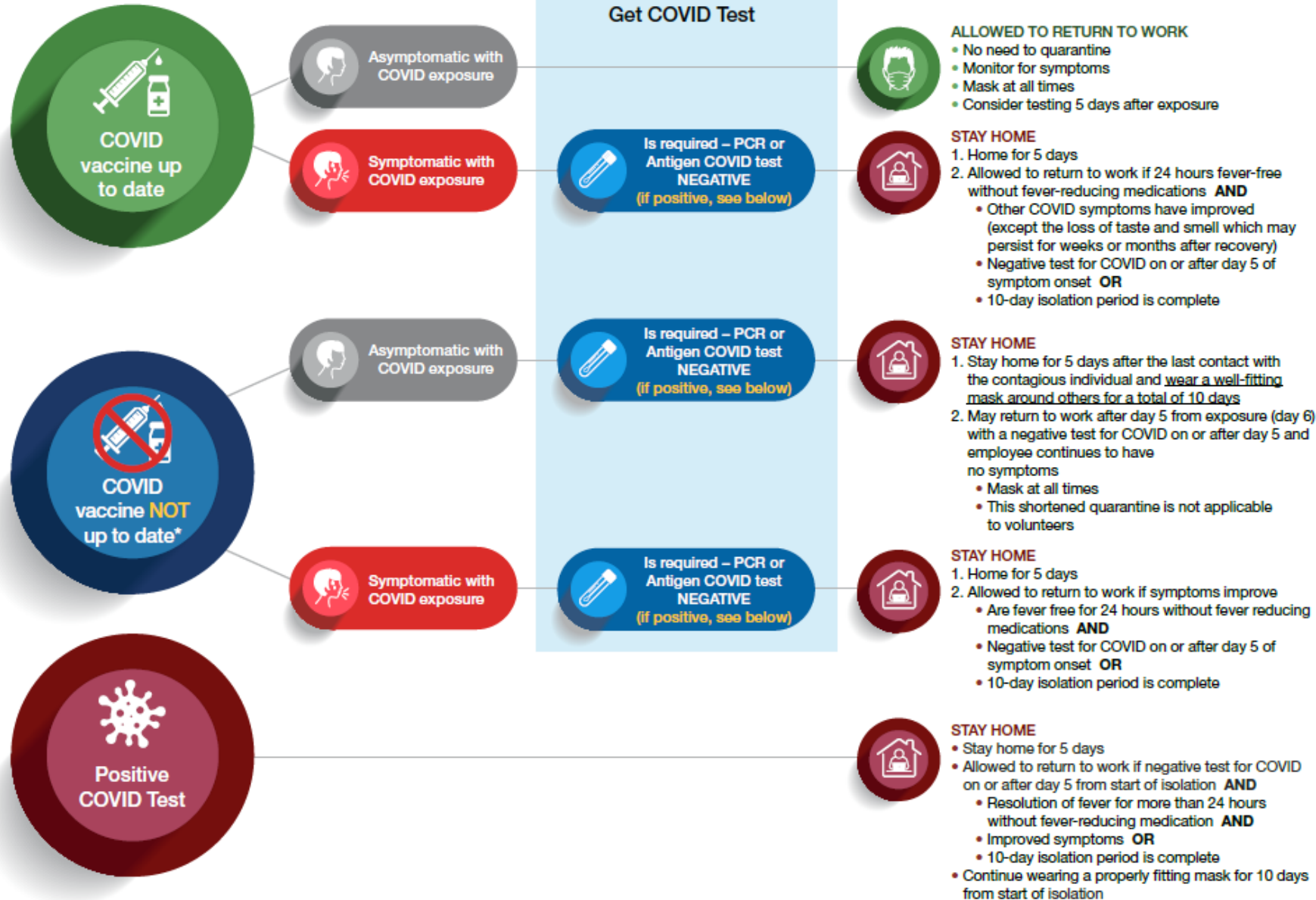
# Return to Work Following COVID-19 Exposure

Access and Download:

[www.aap-oc.org/covid19-community](http://www.aap-oc.org/covid19-community)

## Return to Work Following Exposure to COVID

updated January 10, 2022



\*Persons are considered NOT up-to-date if they:

1. Are unvaccinated for COVID-19; **OR**
2. Have not completed a primary series with any COVID-19 vaccine; **OR**
3. Completed a primary series (two doses) of Pfizer or Moderna COVID-19 vaccines more than six months ago and are not boosted; **OR**
4. Completed a primary series (one dose) with Johnson & Johnson/Janssen vaccine more than two months ago and are not boosted.

[Visit the CDC website for more information.](https://www.cdc.gov/covid19/)

# Return to Work



## COVID Symptoms

Fever > 100.4 F  
Loss of taste or smell  
Difficulty Breathing  
New Onset Cough  
Congestion/Runny Nose  
Nausea/Vomiting/Diarrhea  
Sore Throat  
Headache  
Fatigue/Muscle or Body Aches



Someone with COVID-19 is defined as anyone with laboratory-confirmed or a clinically compatible illness.

COVID exposure includes within 6 feet regardless of proper mask use (on either person) for greater than 15 cumulative minutes in a 24-hour period.

## If you test **POSITIVE** for COVID:

As a reminder, you are not eligible to get the COVID-19 vaccine while you are infected with COVID.

You will need to notify your supervisor and complete the COVID exposure workplace documentation where applicable.

You will be off work:

- At least 24 hours from improved symptoms and no fever without fever-reducing medication AND at least 5 days have passed since symptoms first appeared
- May return to work if negative test is taken on or after day 5 from symptom onset (day 6) **\*\*ANTIGEN TEST PREFERRED\*\***
- Routine surveillance testing is not required for staff who have had a lab-confirmed case of COVID-19 in the last 90 days.

If you develop worsening symptoms, do not delay and consult your primary care physician (PCP) or emergency department for care.

## If you test **NEGATIVE** for COVID:

If you are exposed and develop symptoms, we consider you a probable case and we expect 10 days of isolation regardless of results.

For continuing illness, you should consult your PCP. You will need to coordinate with your PCP and your supervisor to address your continuing symptoms and when you will be able to return to work.

When you return to work, you will need to meet the following:

- At least 1 day (24 hours) has passed since recovery, defined as resolution of fever without the use of fever-reducing medications.
- Improvement of symptoms (e.g., cough, shortness of breath); secretions can be properly maintained, and you feel capable of returning to work.
- Continue wearing a properly fitting mask for 10 days.

**TIP: If you have symptoms get tested right away. If you were exposed and don't have symptoms, it is best to wait 5-7 days after last exposure to be tested.**

*This care pathway was designed to assist school personnel and is not intended to replace the clinician's judgment or establish a protocol for all patients with a particular condition. Diagnosis and treatment should be under the close supervision of a qualified healthcare provider, including school nurses. This guidance is based on current evidence and the best data at the time of publication. Updates are provided to reflect changes in knowledge about the impact of the disease on children and adolescents (01-10-2022).*

# Thank you for Attending!

