

Response to Questions from School Committee Member Kirsi Allison-Ampe
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Communicable Disease surveillance and investigation

The Arlington Health Department is responsible for all communicable disease surveillance and investigation in our community. The primary role of the public health nurse is to monitor the status of communicable diseases in our community, investigate these diseases, and provide direction to individuals, the community, and other stakeholders on how to prevent the spread of communicable diseases. We do the same for COVID-19, just on a much larger scale. Cases of communicable disease (including COVID-19) are reported by laboratories into a statewide public health database called MAVEN. Our Health Department has access to this database and is notified of all cases in Arlington. MAVEN is the primary system used by the Massachusetts Department of Public Health to report such information to local health departments throughout the Commonwealth. Massachusetts Law outlines specific diseases which are categorized as reportable communicable diseases and mandates that they are reported to both the State and local health departments. As such, the Department monitors this system daily. Case counts of COVID-19 in our community are reported daily (except on weekends which are reported on Monday's) on our website www.arlingtonma.gov/covid19. We have been reporting this information to the public since March 2020, before the state started reporting the numbers for individual communities.

In response to tracking data, the Health Department participates in multiple calls per week with officials from the Mass Department of Public Health and other stakeholder organizations such as the Department of Education and Secondary Education, Early Education and Care, Division of Labor Standards, and the Department of Energy and Environmental Affairs to name a few. The purpose of these meetings is for local health departments to receive updates and information on Covid-19 guidelines and policies. This also provides an opportunity for local health departments across the Commonwealth to ask questions and hear from our colleagues about what is going on in their communities. While we do not necessarily monitor data in other communities, we are provided with updates on a weekly basis which gives us an understanding of what is going on across the State.

Contact Tracing:

Contact tracing (investigation of COVID-19 cases) for Arlington is conducted by our Health Department and done on a daily basis (including weekends). The State has set up a contact tracing program; however, based on our experience, we do not feel that it provides the same level of investigation and protection that we can provide to our community. As such, we have opted out of utilizing this service and conduct all contact tracing ourselves. This provides us with a very clear picture and understanding of all cases in our community. For content, I have outlined what this contact tracing process includes:

1. The Health Department receives notification of a COVID-19 case through MAVEN,
2. A contact tracer from our team reaches out to the individual to conduct an investigation and gathers information about the case.
 - a. Information is collected such as their place of employment, onset of symptoms, possible sources of exposure prior to illness, and information about all of their close contacts.
3. Upon review of the information provided, we determine the isolation period of the case
 - a. This all depends on date of symptom onset and/or the date of the test-only if individual is asymptomatic.
 - b. symptomatic cases need to isolate for at least 10 days since their date of symptom onset and until they are fever free for at least 24 hours without the use of fever-reducing medication and their other symptoms have significantly improved.
 - c. Asymptomatic cases need to isolate for at least 10 days since their date of positive test.
4. We then follow-up with their close contacts and instruct them to monitor their symptoms and quarantine.
 - a. A person is considered a contact if they were within 6 feet of a case for at least 15 minutes anytime starting 48 hours before the case's symptom onset or date of positive test.
 - b. Contacts must quarantine for 14 days from the date of last exposure.
 - c. It is recommended that all contacts get tested. Even with a negative test result, a contact must complete their 14 day quarantine.
5. The investigation and contact tracing often involves communication with health departments in other communities (contacts may live or work outside of Arlington) and/or business owners, health care organizations, schools, etc. (positive COVID-19 cases may work in or have had contact with someone in one of these facilities). Additionally, the Department works with these other organizations, schools, etc. to ensure proper public health and safety guidelines are followed.

Public Health and Safety Decision Making

In response to the pandemic, the Town convened a COVID-19 leadership group. This group has met on a daily basis since March to discuss COVID-19 matters in the community. Members of this group include the Town Manager, Assistant Town Manager, Superintendent of Schools, Public Information Officer, Human Resource Director, Planning Director, Public Works Director, Recreation Director, and both Police and Fire Chiefs. The Health Department provides updates to the group concerning case counts, guidelines issued by the Massachusetts Department of Public Health, and information about ongoing COVID-19 concerns raised by residents. This group works together to make decisions about how best to protect the public health, safety, and well-being of the community, including in a school setting.

Decisions about restricting activities in the community at large and/or in the public schools require us to look beyond the number of cases in the community and/or the percentage of cases per 100,000 residents in Arlington. While these data points are valuable, they are intended to be used as tools to help us in the decision making process, and not as deciding factors for local decisions. However, contact tracing provides us with information about why we are seeing positive cases, where they might be originating from, and how many people may be affected (placed under quarantine).

Looking at only one data point such as the number of cases per day or per week does not give us an adequate picture of what is going on in the community. For example, an increase of 30 cases in one day may look like a huge jump, however, through further investigation (contact tracing) we may realize the increase is affiliated with an outbreak in a long term care facility. As such, the Health Department would not likely take action to restrict community activities, however, we would look at what is going on in the facility and try to identify why there is an increase. For these reasons, there are no hard guidelines at this time that will dictate how each decision is made.

The Health Department will be working with the schools, through the COVID-19 school leader(s), to share information about positive COVID-19 cases affecting the schools. This will ensure that proper steps can be taken to contact and inform students (their families) and staff who will be required to isolate/quarantine. The Health Department will provide guidance to the Superintendent regarding the opening/closing schools or the need for modification of learning models as it pertains to the health, safety, and well-being of the school community. It is important to note that there may be other circumstances where schools may need to make adjustments based on school-related matters (staffing, facility issues, etc.) that are separate from public health matters. In these cases, the decision is up to the Superintendent.

Per your request, here are examples of COVID-19 situations in a school setting. These are fictional examples and are subject to change based on information available at the time of the event.

Classroom closure/switch to remote:

- An individual tests positive for COVID-19, all close contacts must be quarantined (this will include all individuals in the classroom, including the teacher). It would make sense for this entire classroom to switch to remote, as one cohort and the teacher need to quarantine- the other cohort may not have a teacher to teach them in person.
- Multiple students test positive in a classroom. There may or may not be a common connection.
- One, or multiple, teachers are out sick and/or isolating or quarantining and there is not enough staff in the classroom/building to cover classroom(s).

* NOTE: This example could be used in other scenarios above as well.

Entire Grade switches to remote:

- Multiple students in a particular grade test positive. It has been determined that they have all been connected to an event where it is likely they contracted COVID-19 (a birthday party, birthday boy/girl was feeling ill). No other students in any other grades have been identified as contacts or cases.

Entire School switches to remote

- Multiple students have tested positive and it is believed that they contracted COVID-19 in the school setting or a large number of children in the school are linked to an event/gathering that may have taken place outside of the school setting.
- Multiple teachers are out sick and/or isolating or quarantining and there is not enough staff in the building to cover classrooms.

* NOTE: This example could be used in other scenarios above as well.

Entire District switches to remote

- The Governor orders all schools to close
- There could be an increase in cases in Arlington that suggests there is significant community-wide spread

Testing

The Health Department worked with the School Department to provide voluntary testing of teachers and staff prior to the opening of school. These results were available within 48 hours but could take up to 72 hours. Ongoing testing of teachers and staff who have direct contact with students is being discussed with the Superintendent. Testing of students is not recommended by the CDC nor is it feasible at this time. However, DESE and the Massachusetts Department of Public Health (MDPH) have created an option where local school officials, both public and private, in consultation with public health authorities, will be able to request a state-sponsored mobile rapid response unit to test a group of students and/or staff when a potential cluster of COVID-19 cases has been identified and transmission occurred within the school.

More information regarding this program can be found on the DESE website:

<http://www.doe.mass.edu/covid19/>.

Additionally, free testing which is open to all Massachusetts residents is also available at any time through the “Stop the Spread” testing program. This program has been organized by the Massachusetts Department of Public Health and allows for anyone (contacts or non-contacts, and individuals with or without symptoms). Information about this program should be shared with teachers, staff, and families in the event that they are looking for additional testing options. More information about this program can be found here: <https://www.mass.gov/info-details/stop-the-spread>.

Lunches and eating in schools

School lunch protocols differ from those of restaurant dining protocols; in a school setting, students must be seated 6 feet apart while eating lunch. In a restaurant setting, patrons in the same party do not need to distance from one another. Although the tables in a restaurant are limited to 6 patrons per table, there are no restrictions on how close they can sit from one another.