

# A Time of Transition

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- While universal case investigation and contact tracing during the initial phase of the pandemic was justified as the phases of the pandemic evolve, public health experts agree this degree of response is no longer optimal
- Indiana's cases and hospitalizations have fallen significantly in recent weeks as we move past the Omicron surge
- Although COVID-19 is not going away, we have tools available today that we didn't have two years ago, including vaccines and therapies
- As a result, we are making significant changes to our COVID-19 response operations that impact schools and local health departments

# Empowering the Public

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- Focus on public education and messaging as we move toward endemic status
  - Educate on importance of vaccination, health strategies, protecting others who might be vulnerable
- Individuals who suspect a COVID-19 infection should
  - Get tested
  - Isolate to protect others (stay home when sick)
  - Rapidly notify their close contacts if they are positive
  - Seek healthcare if at higher risk

# Testing and Vaccination Clinic Changes

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- IMS testing and vaccination clinic closes Feb. 26
- Strike team deployments end Feb. 26
- Up to 10 mobile vaccination and testing units per week will remain available upon request: <https://www.coronavirus.in.gov/host-a-community-vaccination-and-testing-event/>
- Indiana National Guard support for long-term care facilities and hospitals will end March 14; no new requests will be accepted after Feb. 26
- Discontinue back to school phone line

# IDOH at Home Testing Program for Schools

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- IDOH is planning a program to provide tests for schools to send home
- IDOH will put out a survey March 1 to school districts to indicate interest
- We will allocate based on inventory and responses
- We will ship April 1 through April 15
- The intent of this program is not for schools to perform these tests and rather to provide them to parents to perform the tests at home
- Schools will not report the results of these tests to IDOH
- Schools may choose how they accomplish distribution

# Contact Tracing Update

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Several scientific and other factors reduce the utility and feasibility of universal case investigation and contact tracing for each COVID-19 case.

- Large number of asymptomatic and less severe cases
  - Vaccination has helped with this
- Many infections are not identified by public health agencies because individuals were asymptomatic, didn't get tested or used an at-home test
- Omicron has a shorter incubation period
- Highest risk of transmission to others occurs prior to symptom onset and during the first few days of symptomatic illness—contact tracing usually occurs too late

# Contact Tracing Update

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- IDOH recommends a shift from universal contact tracing, case investigation and exposure notification to a cluster or outbreak-based model
- Our centralized contact tracing center has shifted to a guidance and information center: <https://www.coronavirus.in.gov/quarantine-and-isolation-guidance-center/>
- No longer making outbound calls. Will end text messages to positive cases on March 1.
- Individuals have responsibility for notifying their close contacts, can use [www.tellyourcontacts.org](http://www.tellyourcontacts.org) to send confidential texts or emails
- Consider increased mitigation strategies in congregate/special environments when clusters or outbreaks occur that are associated with new variants

# What's Not Changing

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- Online maps for testing, vaccination and treatment will continue
- Mobile clinics continue
- Continue to reach out to [backtoschool@isdh.in.gov](mailto:backtoschool@isdh.in.gov) with K-12 or higher education questions
- Schools using BinaxNOW for in-school testing can continue to order
  - Through March 30 and may request enough to get through the end of the year
  - As part of the CLIA waiver any school that continues testing is required to report the results into the testing portal
- Federal supported testing programs (CDC, Battelle) will continue as planned and will also report results into the testing portal



# K-12 Isolation and Quarantine Guidance



# What This Means for Schools

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## Effective Feb. 23:

- IDOH no longer recommends contact tracing and quarantining in schools; LHDs in conjunction with their schools may elect to continue.
- If schools are made aware of a positive case, sharing the potential exposure with students/families can emphasize the importance of observation for symptoms associated with COVID-19
- Schools do not need to report any COVID-19 case information to IDOH, school dashboard will be discontinued
- Schools should continue to isolate positive individuals for at least 5 days per CDC
- Schools should continue to assist their LHD with exposure notification when there is a cluster of positive COVID-19 cases or an outbreak. Schools should notify their LHD when absenteeism reaches 10 percent for COVID-like illness or when schools are concerned about the level of illness.
- A negative test or doctor's note is no longer required to return to school. As with other illnesses, students should not return to school unless they are fever free for at least 24 hours without the use of fever reducing medication and their symptoms are resolving.

# K-12 Isolation Guidance

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## If an individual tests positive:

- Should stay home and isolate from other people for at least 5 full days (day 0 is the first day of symptoms or the date of the day of the positive viral test for asymptomatic persons)
- People who are in isolation may return to school on day 6 as long as fever free for 24 hours without the use of fever reducing medications and symptoms have improved
- They should wear a mask when around others at home, in public and at school for an additional 5 days (days 6-10)
- People who are confirmed to have COVID-19 regardless of their vaccination status or symptoms should isolate.

# Isolation and Quarantine Calculator

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## Isolation and Quarantine Calculator

People are considered fully vaccinated for COVID-19 at least two weeks after they have received the second dose in a 2-dose series (Pfizer/ Moderna), or at least 2 weeks after they have received a single-dose vaccine (Johnson and Johnson). **NOTE:** If it has been less than two weeks since you received the vaccine, or if you still need to get your second dose, you are **NOT** fully vaccinated.

Please select the situation that best describes you

- I tested positive for COVID-19
- I have [symptoms](#) of COVID-19 but have not been tested and don't know if I was exposed to COVID-19

# Institutions of Higher Education

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- CDC guidance was updated Feb. 7
- Guidance was updated for shared housing to consider broad-based testing if/when contact tracing becomes too difficult to manage
- Prevention strategies to reduce transmission of COVID-19 focus on:
  - Level of community transmission and COVID outbreaks within the school or surrounding community
  - Level of fully vaccinated/up to date individuals within the school community
  - Accessibility of COVID-19 testing resources including screening testing for the school community when transmission levels increase
- Continued emphasis on prevention strategies



# Early Childhood Education



Indiana  
Department  
of  
Health

# What to do if a Child Tests Positive in Early Child Care



## Children 5 and older:

- Children testing positive for COVID-19 should isolate at home for 5 days and may return on day 6 if fever free for at least 24 hours without the use of fever-reducing medications and show improvement in symptoms
- Children should mask days 6-10 upon returning

# What to do if a Child Tests Positive in Early Child Care



## Children 2 (24 months) to 5 years of age:

- Children testing positive for COVID-19 should isolate at home for 5 days
- Children who are fever free for at least 24 hours without the use of fever-reducing medications and show improvement in symptoms may return on day 6 if they can correctly and consistently mask
- Children who cannot correctly and consistently mask should isolate at home for 7 days and may return on day 8
- The decision to return should be made by the child's parent and in conjunction with the childcare program. Families are their children's best and first teachers and as such know the capabilities of their child.

# What to do if a Child Tests Positive in Early Child Care



## Children ages 6 weeks to 24 months

- Children testing positive for COVID-19 should isolate at home for 7 days and may return on day 8 if fever free for at least 24 hours without the use of fever-reducing medications and show improvement in symptoms
- Infants and toddlers (up to 24 months) cannot wear a mask, as it is a hazard for them. Because masking is not an option, children who test positive will need to isolate for 7 days. This time period has been shortened from 10 days to 7 days because it is unlikely that the child will spread the virus after 7 days of isolation.



# What happens for children exposed to COVID-19?



- Children exposed to COVID-19, but without symptoms, no longer need to quarantine
- Childcare program should still notify families if a child or teacher tests positive in their child's cohort. This notification will allow families to be diligent in looking for symptoms such as fever, cough, nasal congestion, etc., indicating that the child should stay home.

# Early childhood updates



- Link to the page where guidance will be posted is:  
<https://www.in.gov/fssa/carefinder/covid-19-coronavirus-guidance-for-oecosl-stakeholders/>
- Childcare providers will also get an SMS message when things are dropped. Sign up here:  
<https://public.govdelivery.com/accounts/INOECOSL/subscriber/new>