

MI COVID RESPONSE DATA AND MODELING UPDATE

January 18, 2022

Executive Summary

Current statistics and where we may be going

The Detroit MERC Region (Preparedness Regions 2N and 2S) have plateaued, but other regions are increasing

Exponential growth and the highest case numbers of entire pandemic: 20–29-year-olds currently have the highest case rate of any age group

Omicron reported in 48 counties in Michigan; Models project cases & hospitalizations to peak by the end of Jan 2022 (latest end of Feb)

Preventing Death and Severe Outcomes

- Deaths rates have decreased over the last week for all age groups
- Cases in long term care facilities are increasing, crucial to get LTC residents and staff up to date on vaccination

Protect Health Care Capacity

- COVID+ census in hospitals has plateaued; Pediatric COVID+ census down slightly from last week's record high
- The peak number of hospitals in Michigan reporting critical staff shortages remains the highest during the pandemic (n=59)
- Federal support teams are deployed and will continue to support surges and hotspots in Michigan

Keep Vital Infrastructure Functioning

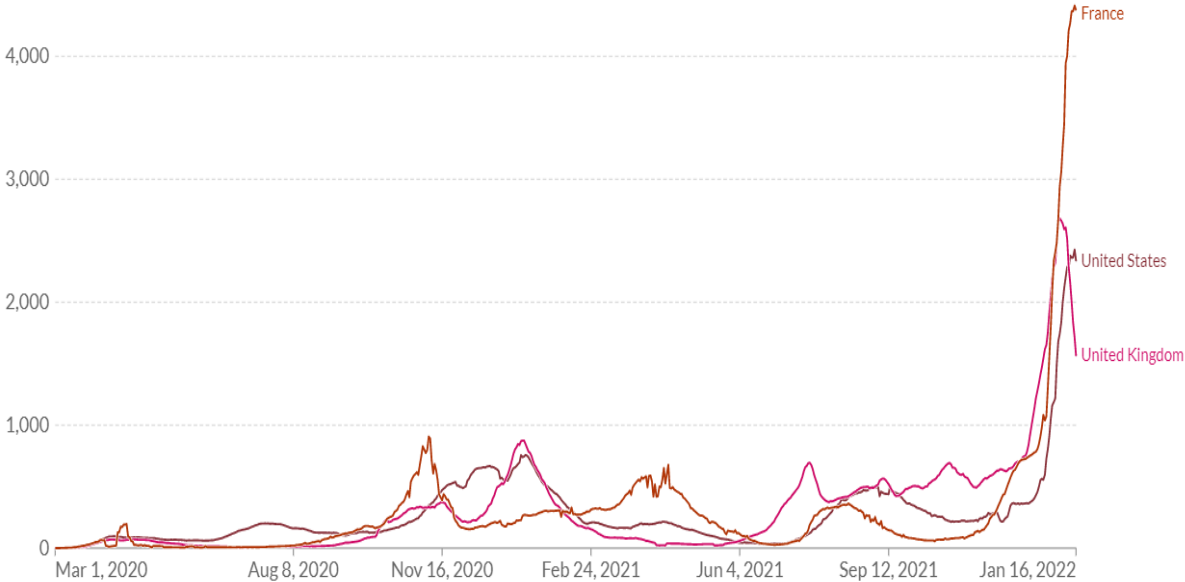
- Community transmission is impacting schools; Changes in School Guidance for Isolation and Quarantine
 - Return to school following holiday break and spread of Omicron is seeing rapid growth in cases in several regions (e.g., Region 8)
- Vaccination, Masking, Testing and Therapeutics are critical tools in our fight against the impact of COVID-19
- Public health capacity is shifting to investigation and mitigation of COVID-19 outbreaks in priority settings like schools and long-term care facilities
- Masks and respirators are effective at reducing transmission of SARS-CoV-2, the virus that causes COVID-19, when worn consistently and correctly

Global and National Trends

Daily new confirmed COVID-19 cases per million people

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.

LINEAR LOG

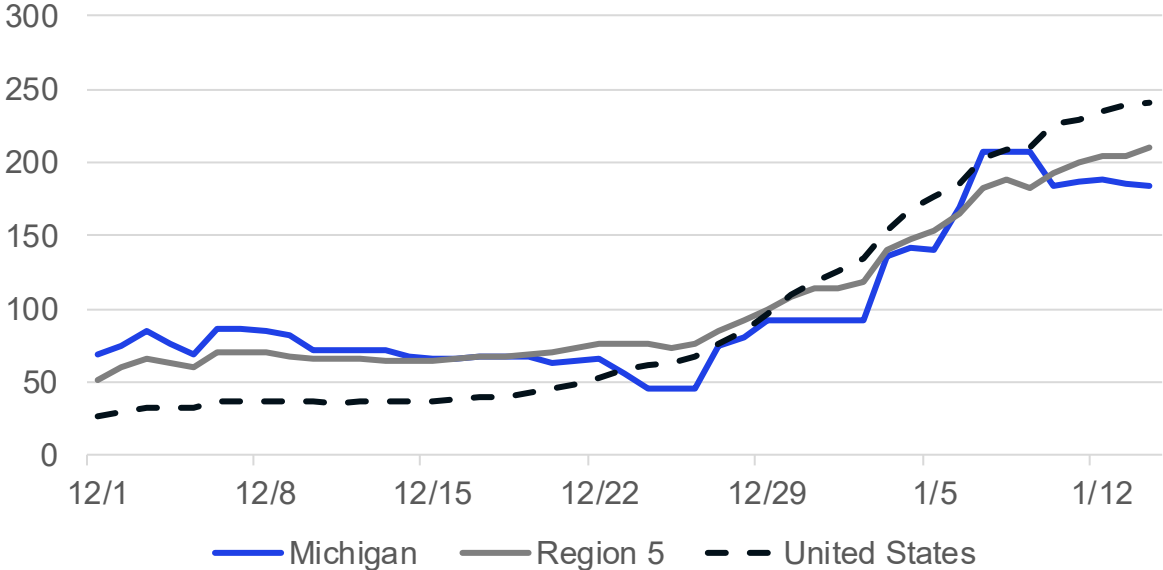


Source: Johns Hopkins University CSSE COVID-19 Data



New cases of COVID-19, reported to CDC in Region 5, Michigan, and the United States

7-day moving average of new case per 100,000



CC BY

Globally, 328,421,641 cases and 5,541,217 deaths (Data* through 1/17)

- Globally, the highest number of cases ever reported on a single day on 1/12 (3.7 million); & cases in many countries are increasing exponentially with Omicron variant

United States: 1.7% of Americans have been infected with COVID-19 in last week[†]

- The U.S. is at High transmission level (**1,683.3** cases/100,000 in last 7 days)

Midwest states are increasing exponentially

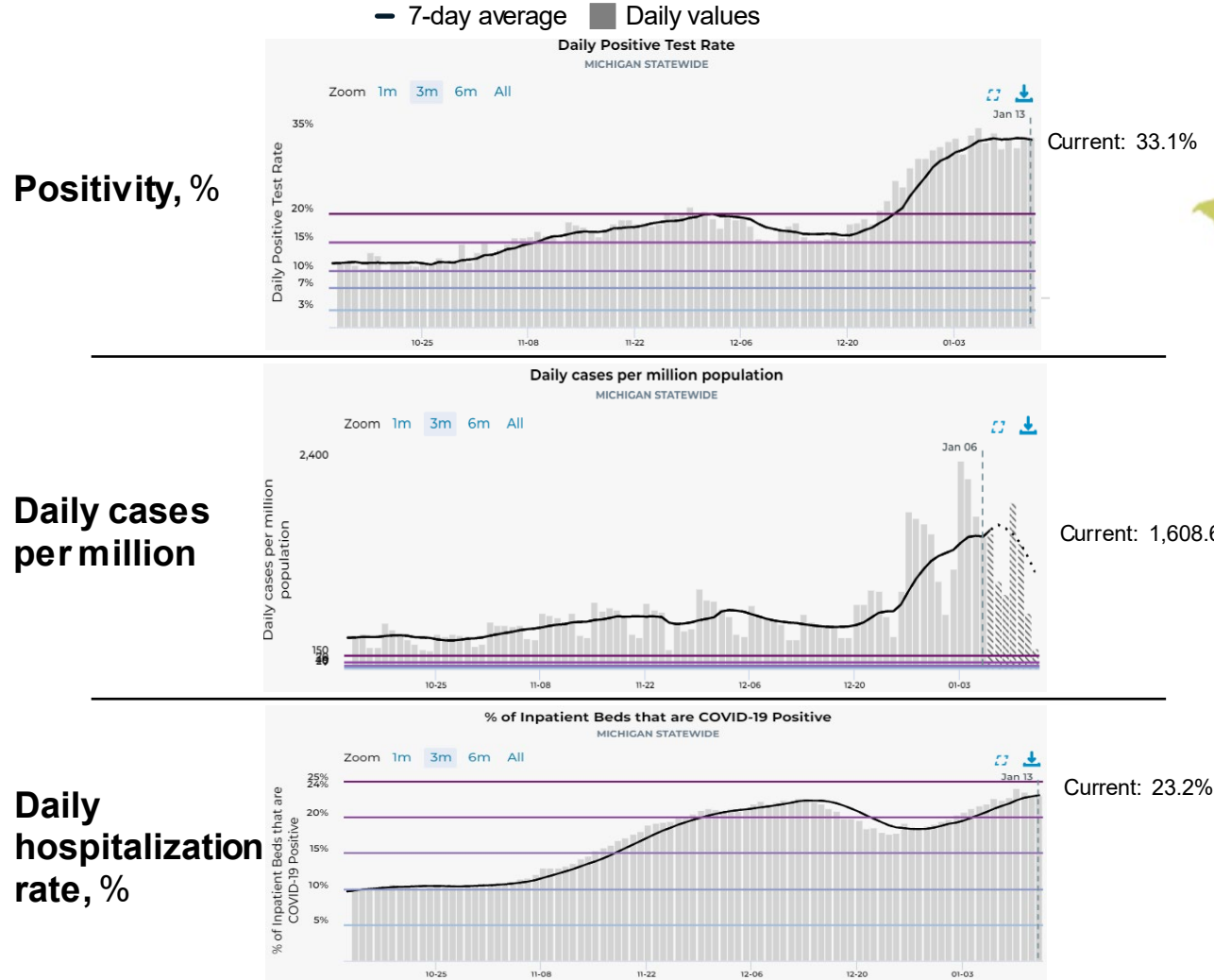
- Illinois and Indiana have the highest case rates *in Midwest*; New York City and Rhode Island have highest case rates in U.S.

Source: * [Johns Hopkins Coronavirus Resource Center](#); [†] CDC [COVID Data Tracker Weekly Review](#); † CDC [COVID Data Tracker](#) – CDC recently updated their methodology for reporting case rates



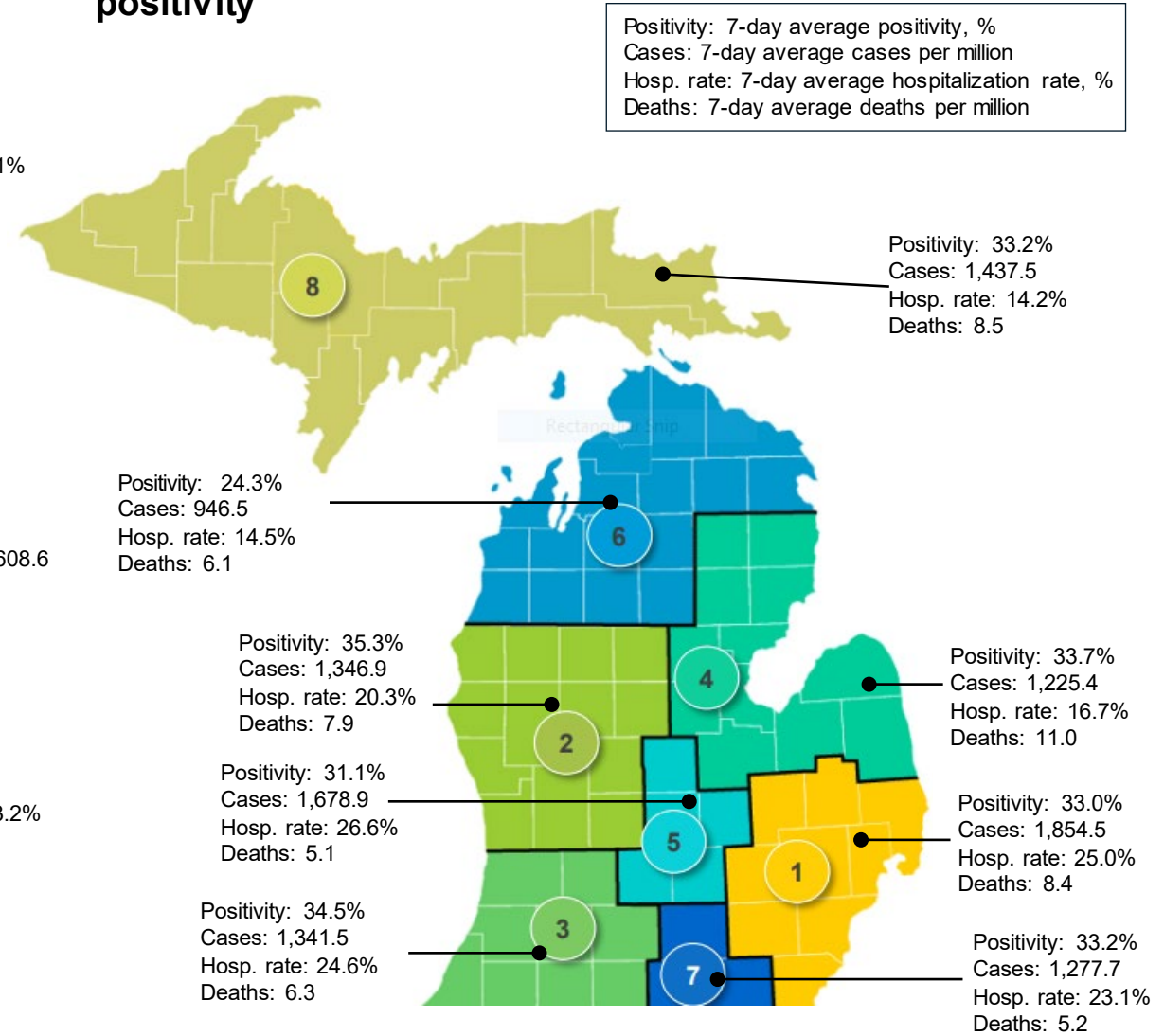
Recent statewide trends

Statewide trends



Source: <https://mistartmap.info/>

MERC Regional breakdown: Cases, hospitalization rate, and positivity



Current Trends and Projections

Prevent Death and Severe Outcomes

Protect Healthcare Capacity

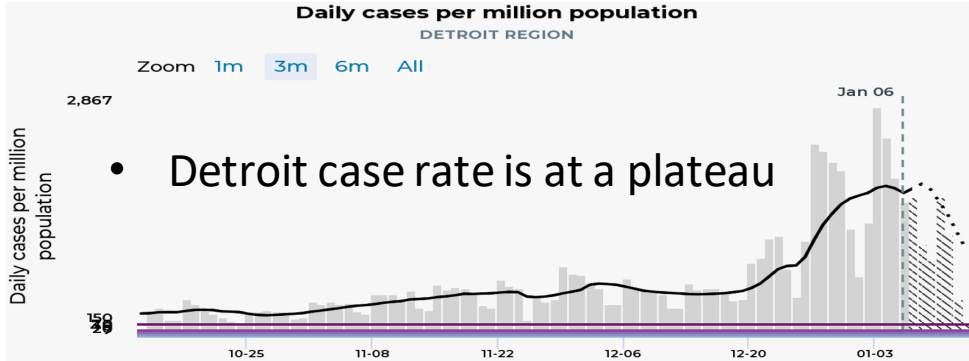
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Case Rate and Hospitalization Trends by MERC Region

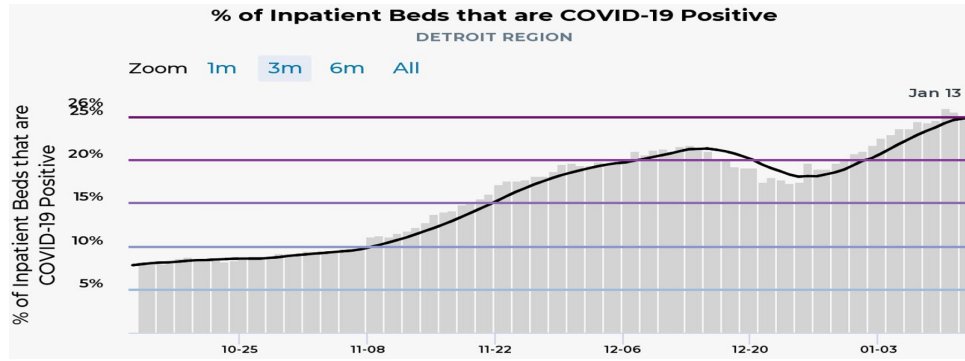
Recent trends: Case Rates

Recent trends: % IP Hospitalization

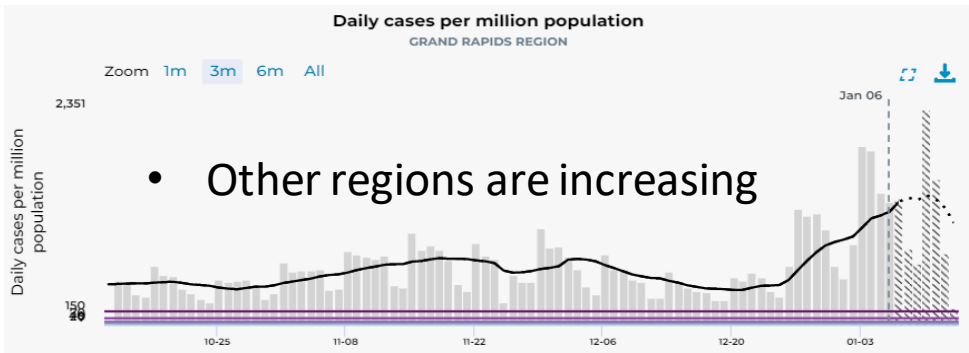
Detroit Region



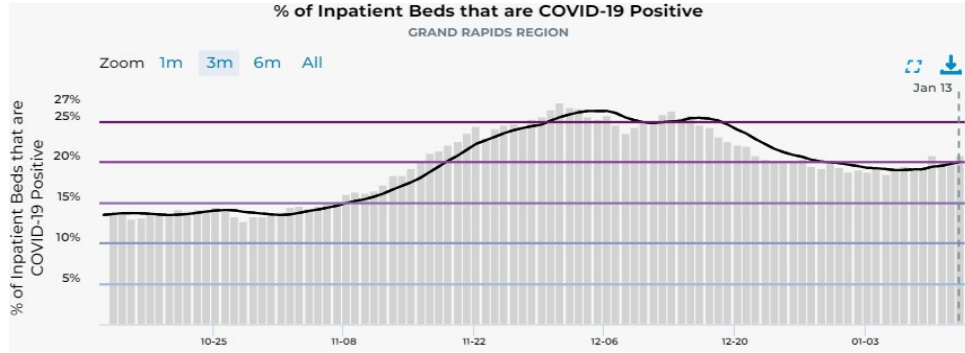
- Detroit case rate is at a plateau



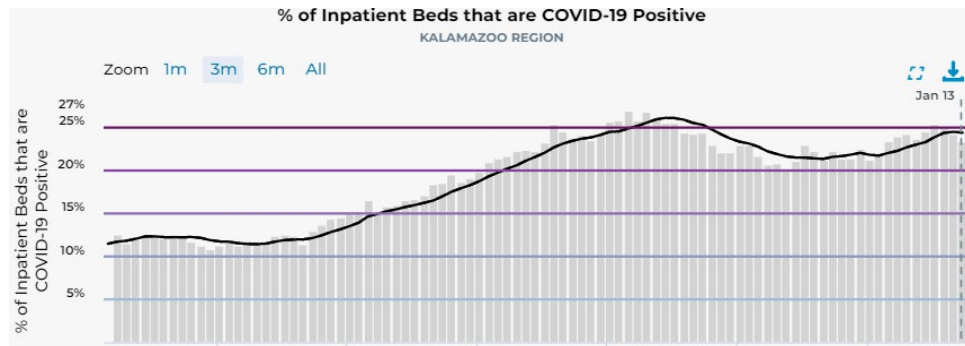
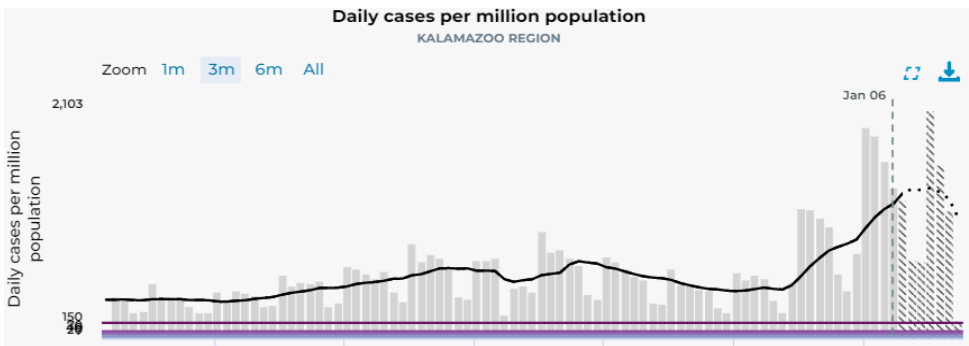
Grand Rapids Region



- Other regions are increasing



Kalamazoo Region



All charts represent data from 10/07/21 – 01/13/22

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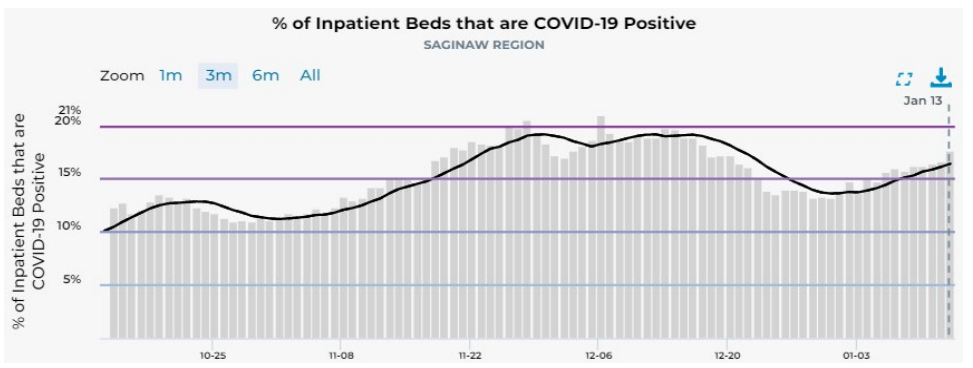
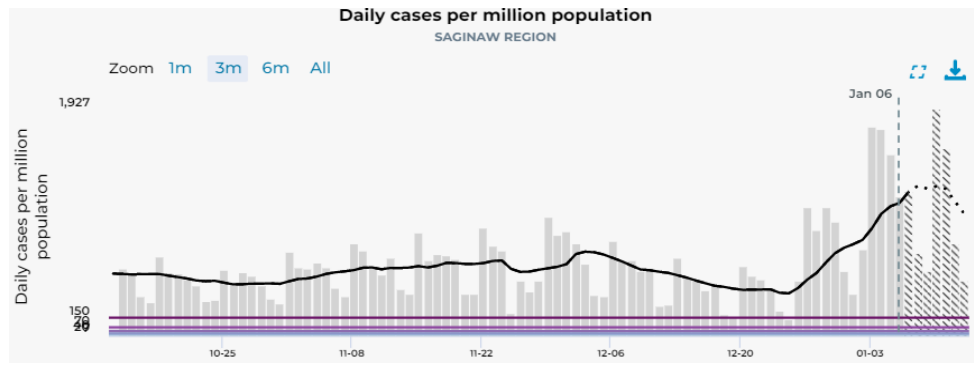
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Case Rate and Hospitalization Trends by MERC Region

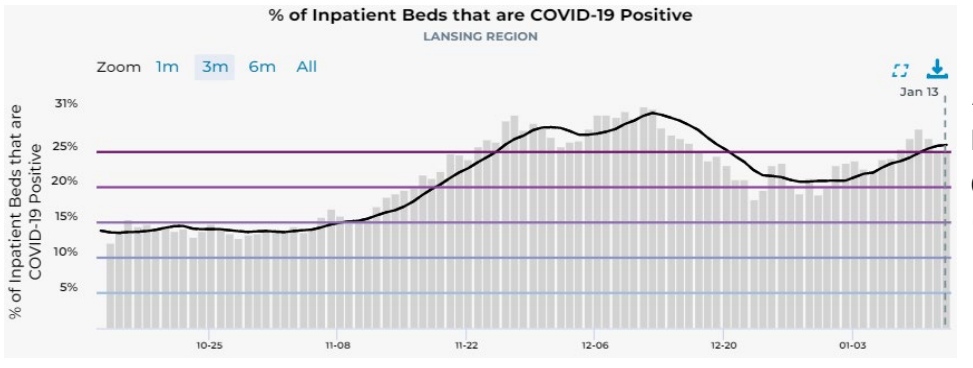
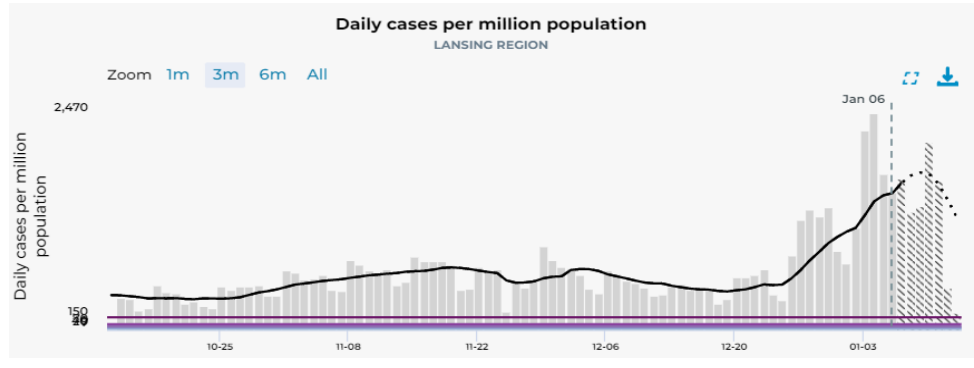
Recent trends: Case Rates

Recent trends: % IP Hospitalization

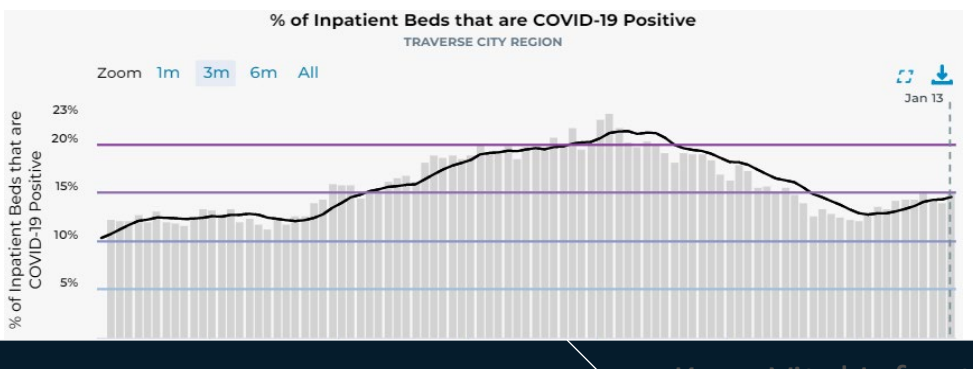
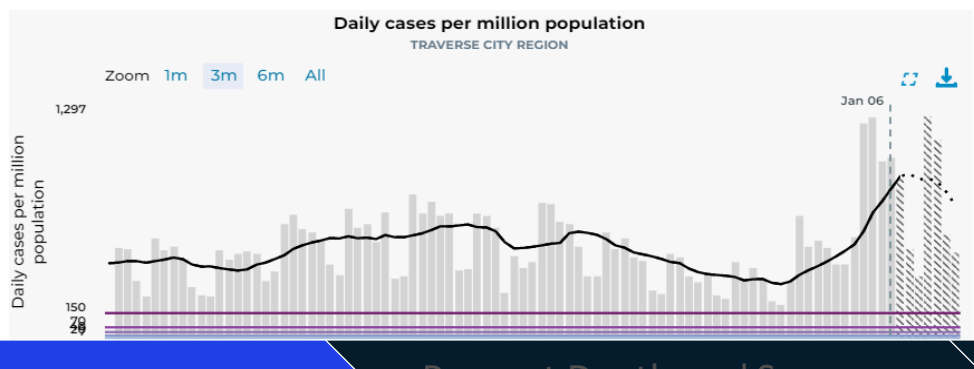
Saginaw Region



Lansing Region



Traverse City Region



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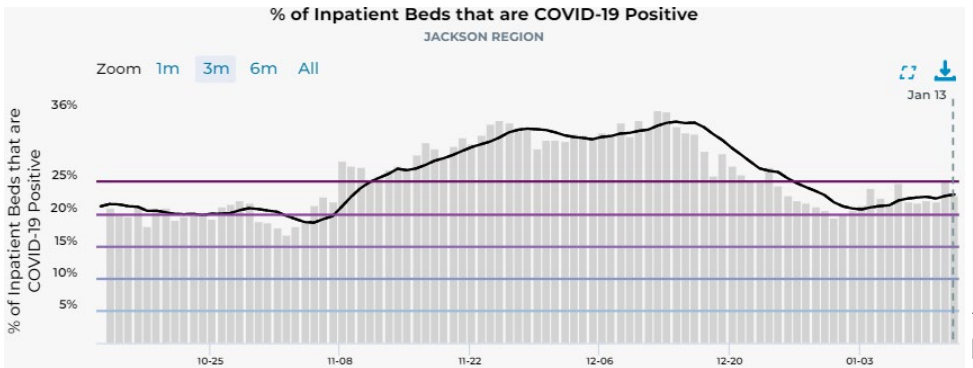
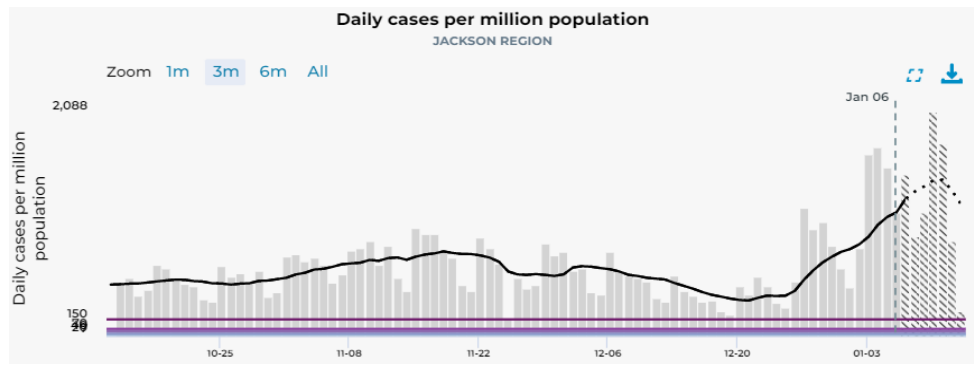
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Case Rate and Hospitalization Trends by MERC Region

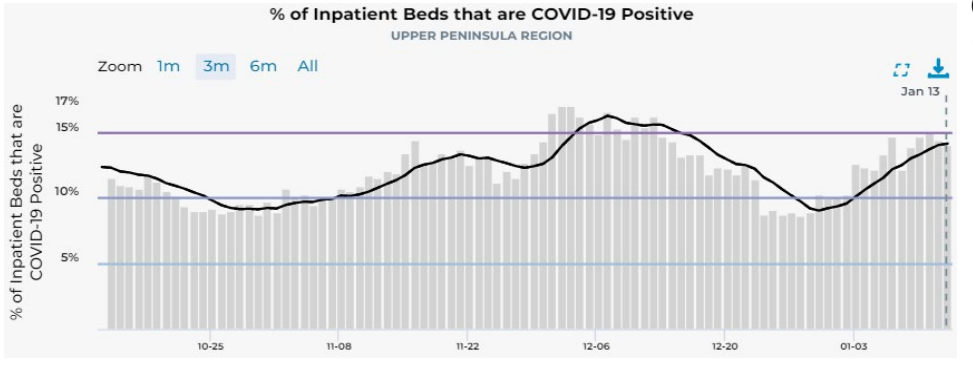
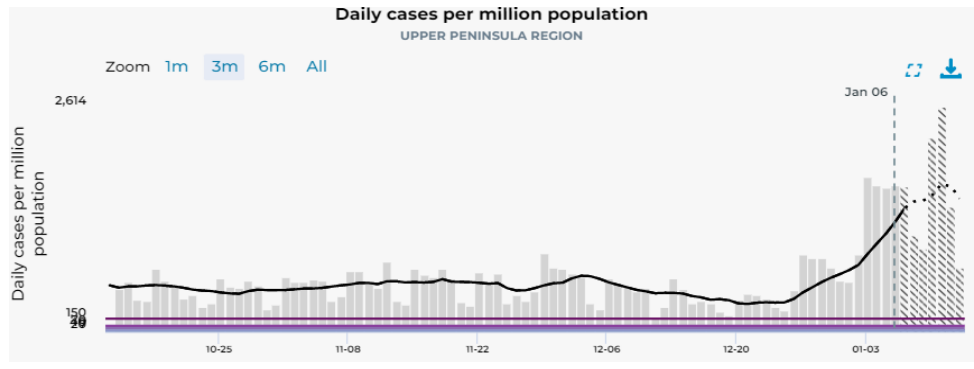
Recent trends: Case Rates

Recent trends: % IP Hospitalization

Jackson Region



Upper Peninsula Region



All charts represent data from 10/07/21 – 01/13/22

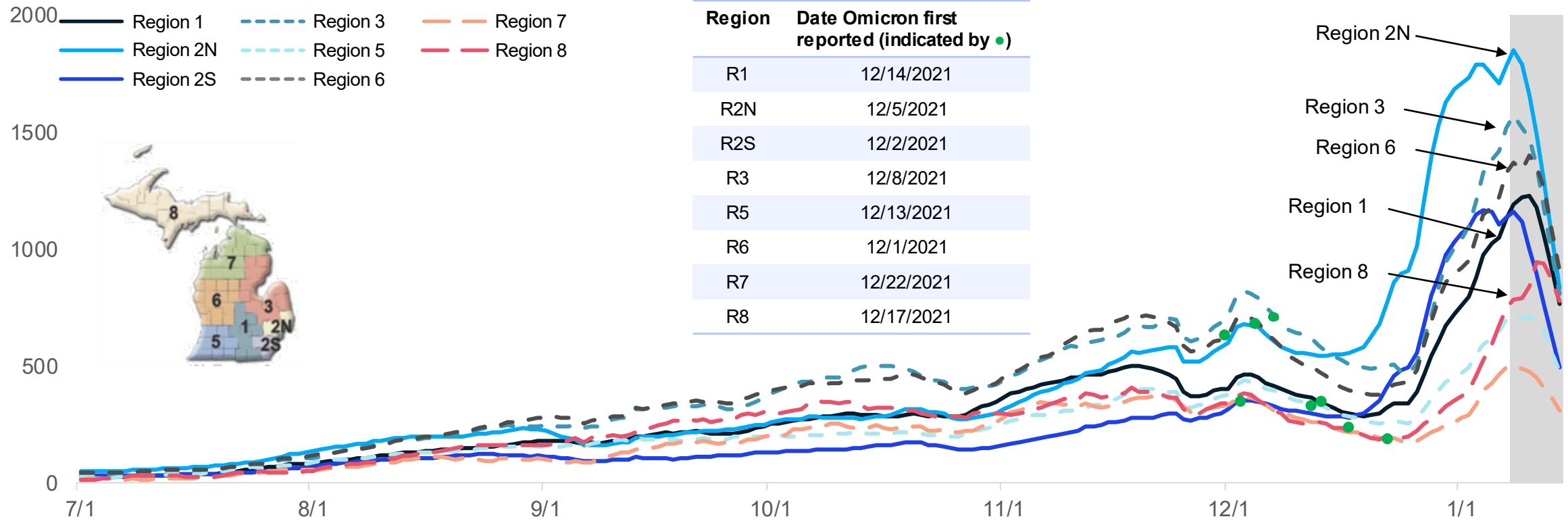
- Case rate trends for most MERC regions saw increases over the past week and are expected to increase
- Case rates for Detroit MERC Region are plateauing while case rates are increasing in other MERC Regions (through 1/7)
- Case rates are highest in Region 2N (1,798.3 cases/million); Hospitalizations highest in Lansing and Detroit Regions

Source: MI Start Map; MDOC excluded



Case Rate Trends by Emergency Preparedness Region

Daily new confirmed and probable cases per million by Region (7-day rolling average)



- Case rate trends for most preparedness regions saw increases over the past week and are expected to increase
- Case rates for Region 2N and 2S are plateauing while case rates are increasing more rapidly in 1, 6, and 7 (through 1/7)
- Case rates are highest in Region 2N (1784.1 cases/million)

Note: Case information sourced from MDHHS and reflects date of onset of symptoms
 Source: MDHHS – Michigan Disease Surveillance System

Current Trends and Projections

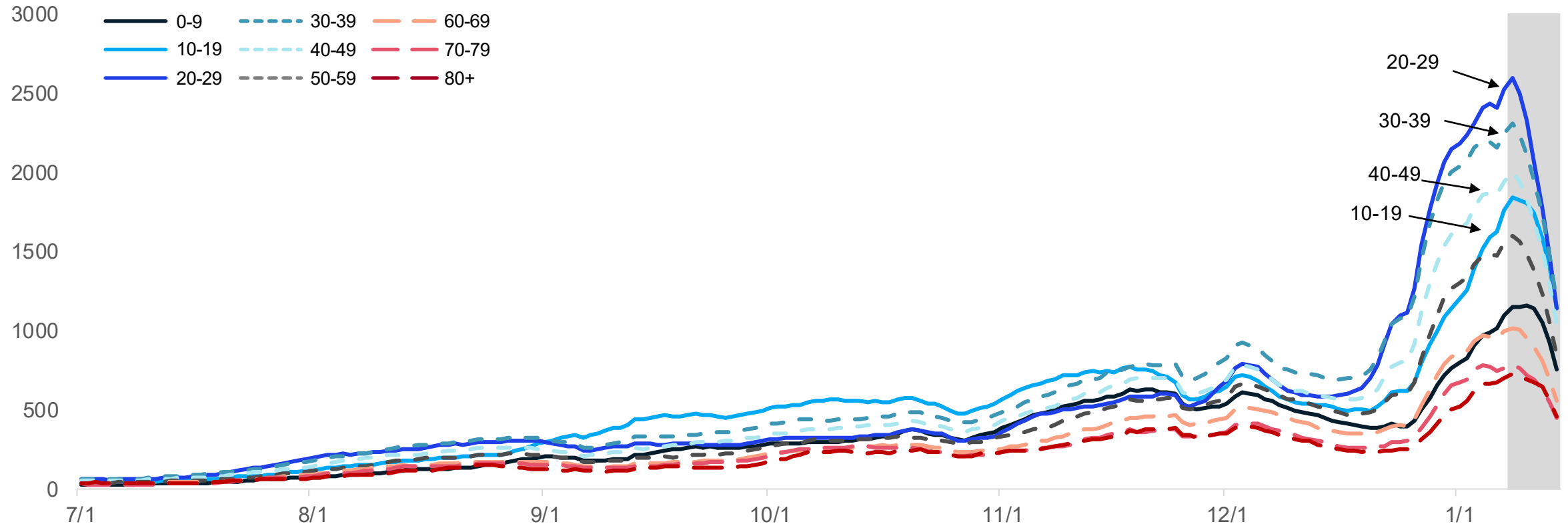
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Case Rate Trends by Age Group

Daily new confirmed and probable cases per million by age group (7-day rolling average)



- Case rate trends for most age groups saw exponential increases over the past week and are expected to increase
- Case rates by onset date for all age groups are between 700 and 2,525 cases per million (through 1/7)
- Case counts and case rates are highest for 20-29-year-olds this week

Note: Case information sourced from MDHHS and reflects date of onset of symptoms
Source: MDHHS – Michigan Disease Surveillance System

Current Trends and Projections

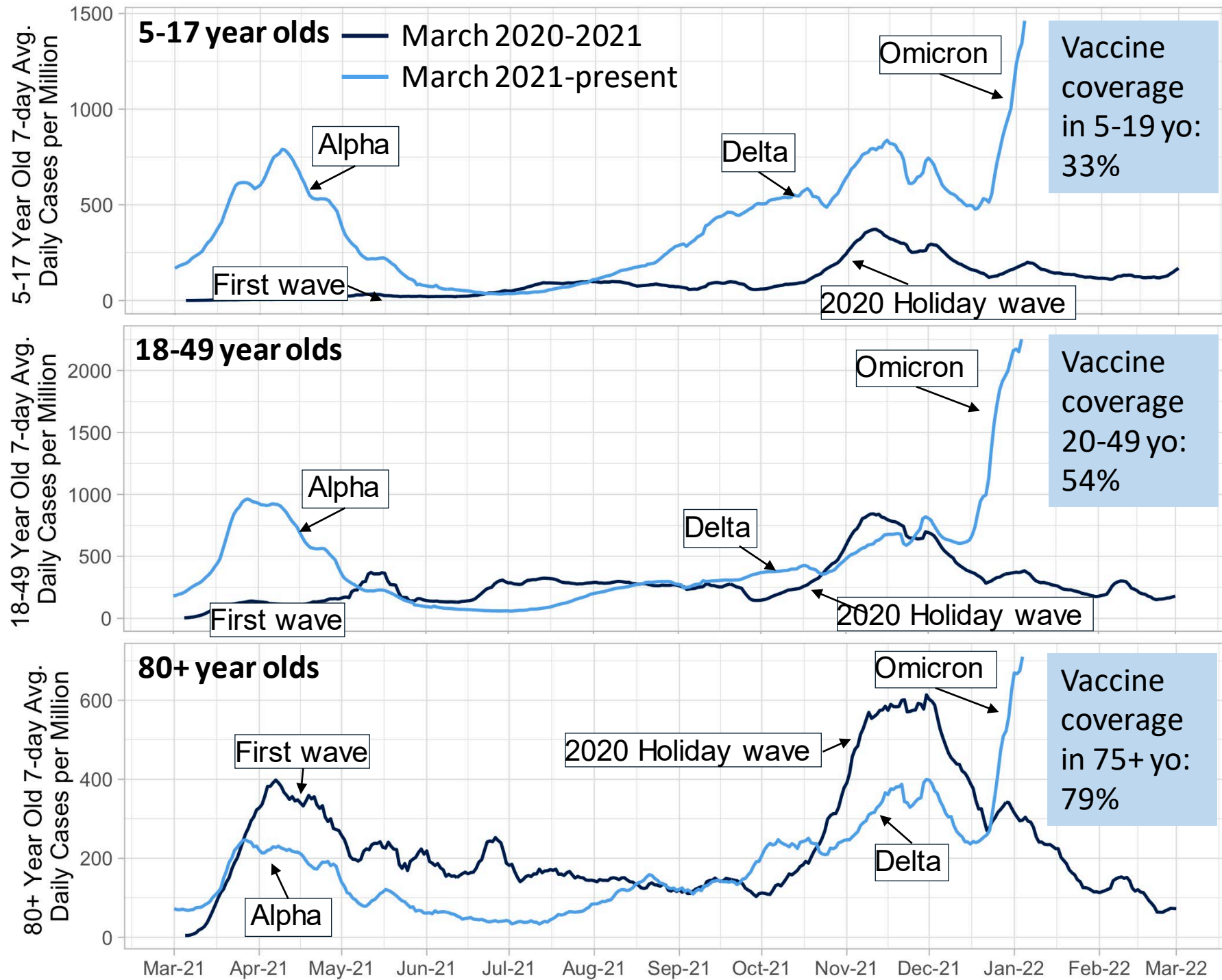
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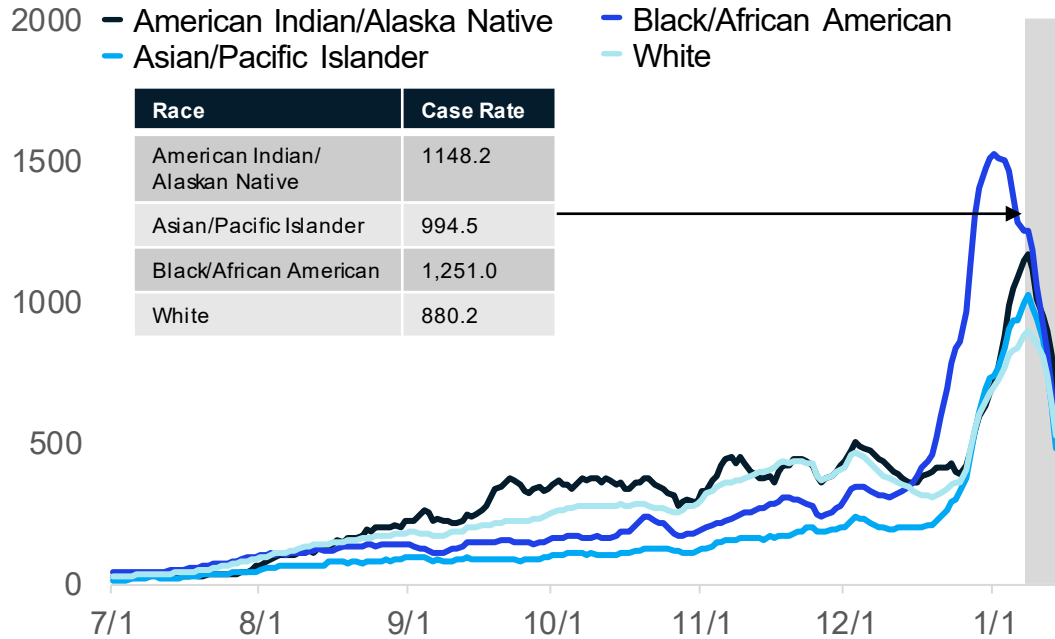
Year-over-year comparisons by age group

- All age groups are seeing their highest case rates of the entire pandemic
- Older age groups have higher vaccine coverage and relatively lower case rates

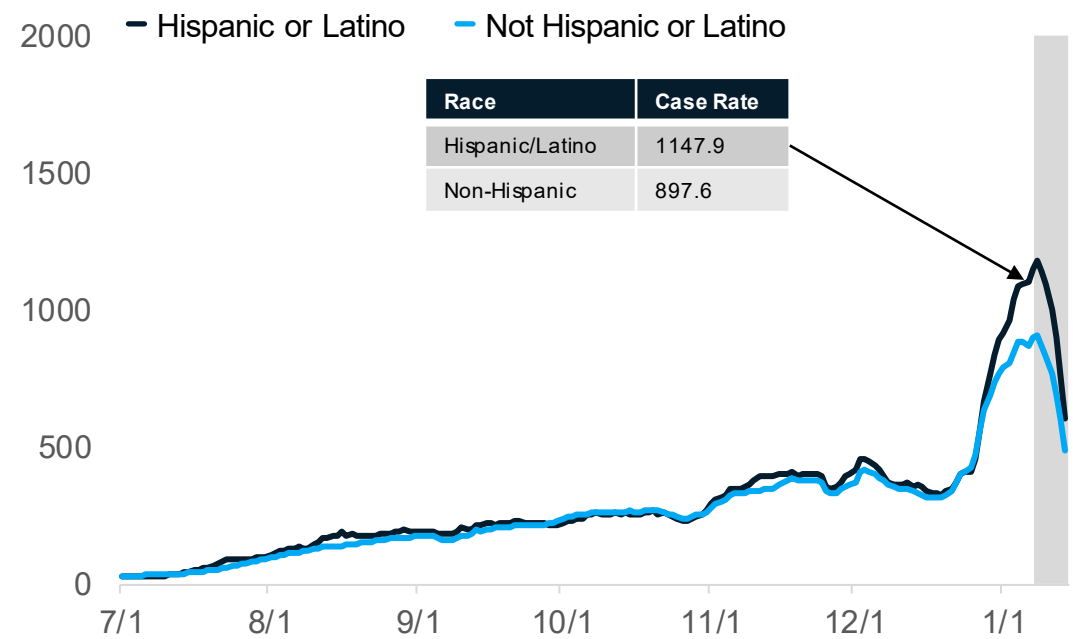


Case Rates by Reported Racial and Ethnic Group

Daily new confirmed and probable cases per million (7 day rolling average) by race category



Daily new confirmed and probable cases per million (7 day rolling average) by ethnicity category



Updates since last week:

- Cases per million are exponentially increasing for nearly all reported racial and ethnic groups and are highest for Blacks/African Americans
- The high number of cases with missing race/ethnicity data, and those multiracial or other are also impacting the case rates shown here
- In the past 30 days, 31% (↑1%) of race data and 42% (↑1%) ethnicity data was either missing or reported as unknown

Note: Case information sourced from MDHHS and reflects date of death of confirmed and probable cases.
Source: MDHHS – Michigan Disease Surveillance System

Current Trends and Projections

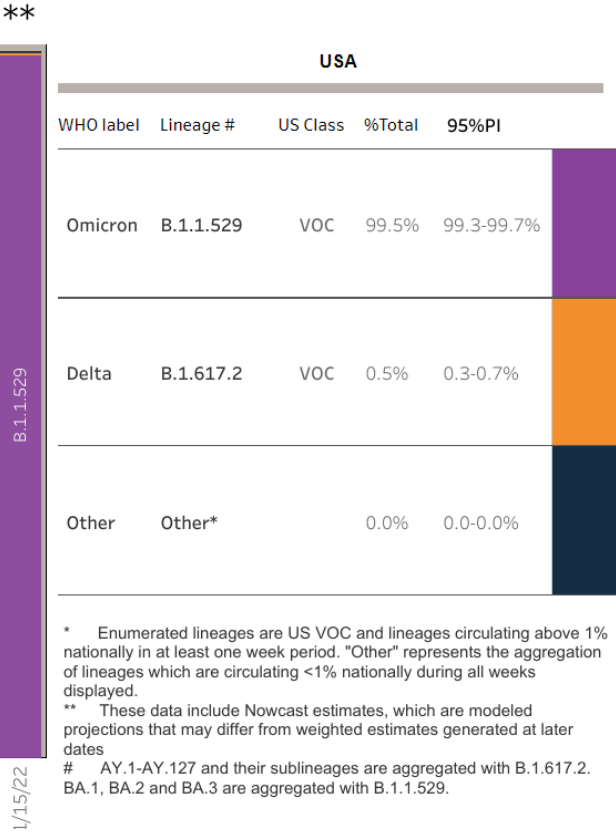
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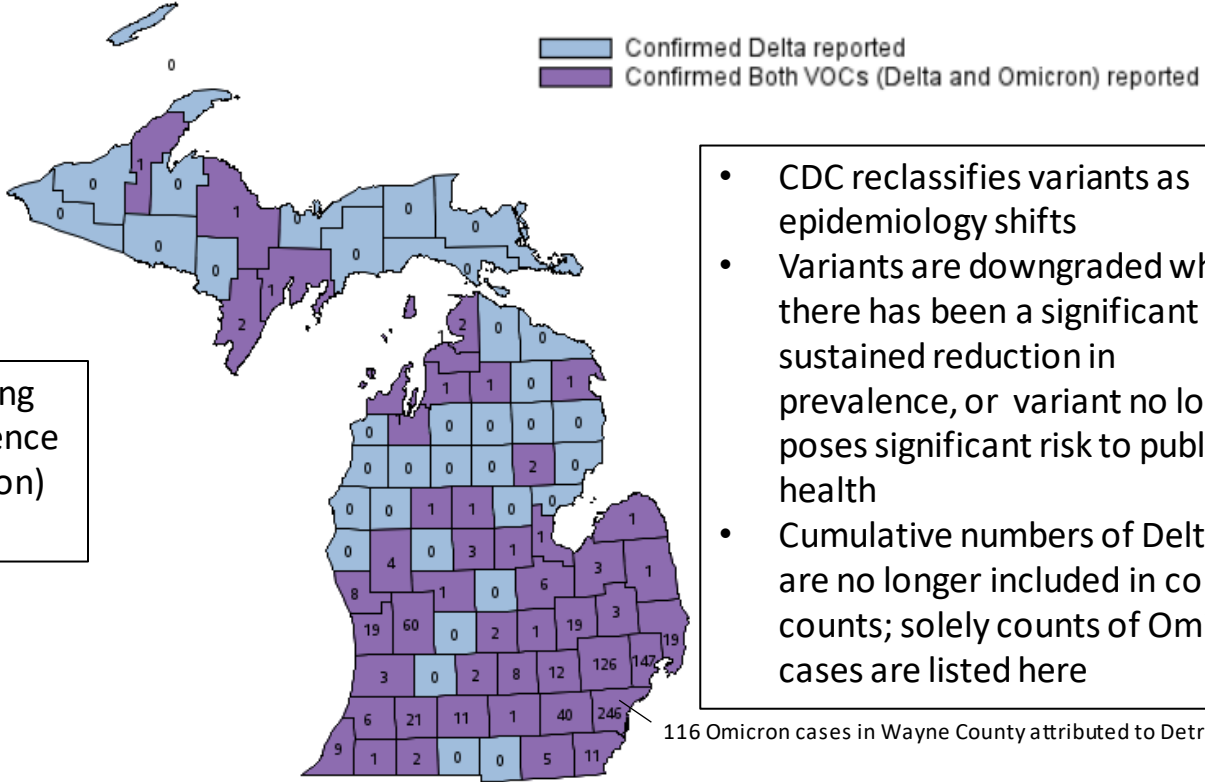
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Identified COVID-19 Cases Caused by Variants of Concern (VOC) in US and Michigan

SARS-CoV-2 Variants Circulating in the United States, Jan 9 – Jan 15 (NOWCAST)



Variants of Concern in Michigan, Jan 14



Currently, CDC is reporting rapid increase in prevalence of B.1.1.529 (i.e., Omicron) over past 7 weeks

- CDC reclassifies variants as epidemiology shifts
- Variants are downgraded when there has been a significant and sustained reduction in prevalence, or variant no longer poses significant risk to public health
- Cumulative numbers of Delta are no longer included in county counts; solely counts of Omicron cases are listed here

116 Omicron cases in Wayne County attributed to Detroit City

Variant	MI Reported Cases	# of Counties	MDHHS VOC Sequenced Prev. ¹
B.1.617.2 (delta)	30,626	83	11.5%
B.1.1.529 (omicron)	840	48	88.5%

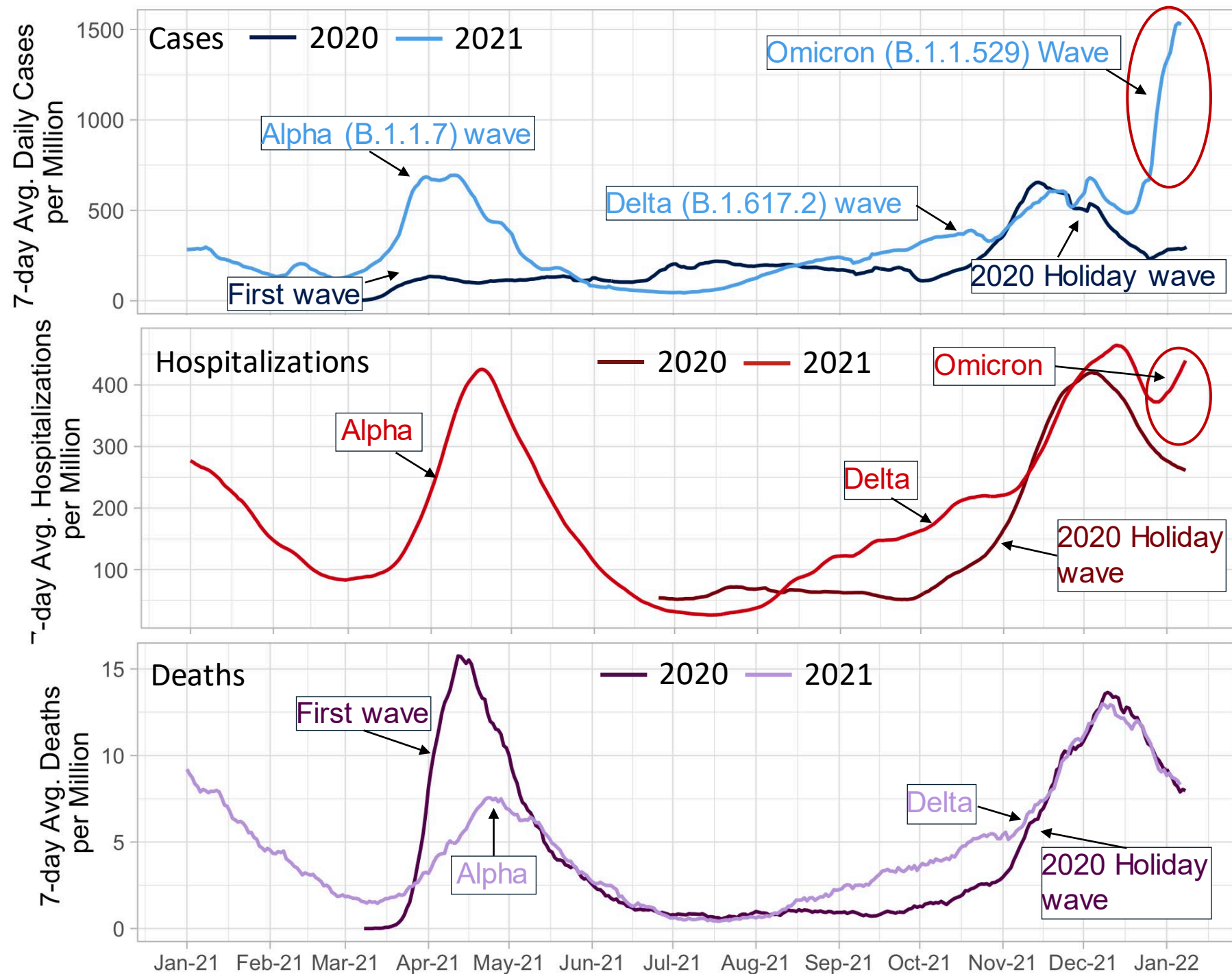
Data last updated Jan 18, 2022
 Source: MDSS

¹ Sequence specimens are from the most recent week by onsetdate which may change as more specimens are sent in



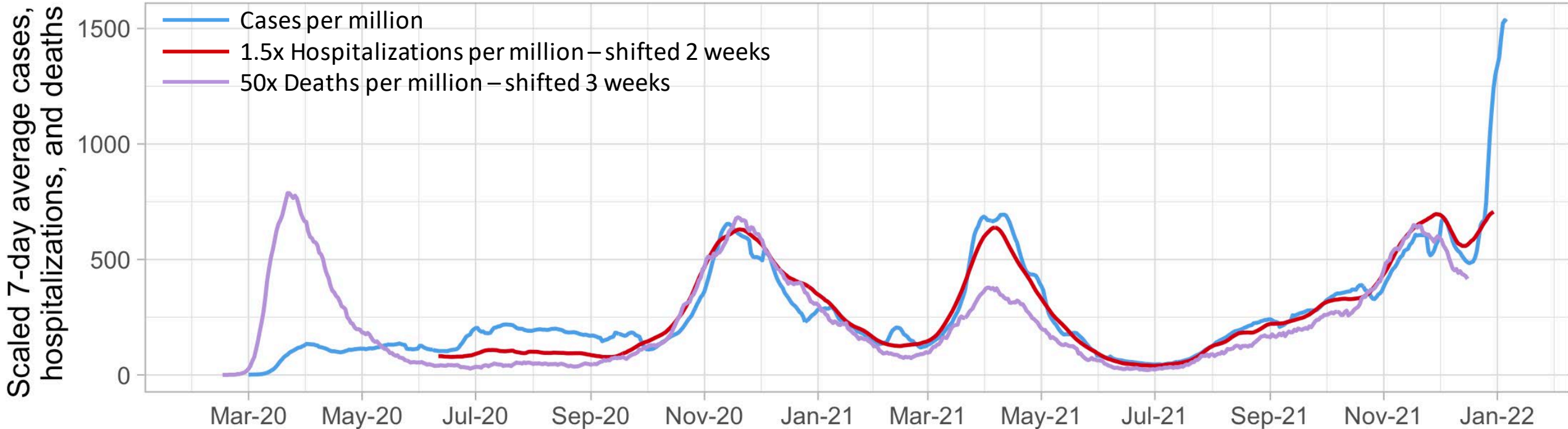
Year-over-year comparisons: cases and hospitalizations are higher than last year

- Cases are showing a sharp increase compared to last year
- Hospitalizations are higher than last year
- Deaths are currently similar to last year



Cases, hospitalizations and deaths change together—but lagged by up to 3 weeks

- Because deaths lag cases, we will not be able to tell whether deaths will follow the case trends for another couple of weeks
- Hospitalizations appear to be following case trends thus far but may be clearer in a week



Source: MDSS and EM Resource data

Current Trends and Projections

Prevent Death and Severe Outcomes

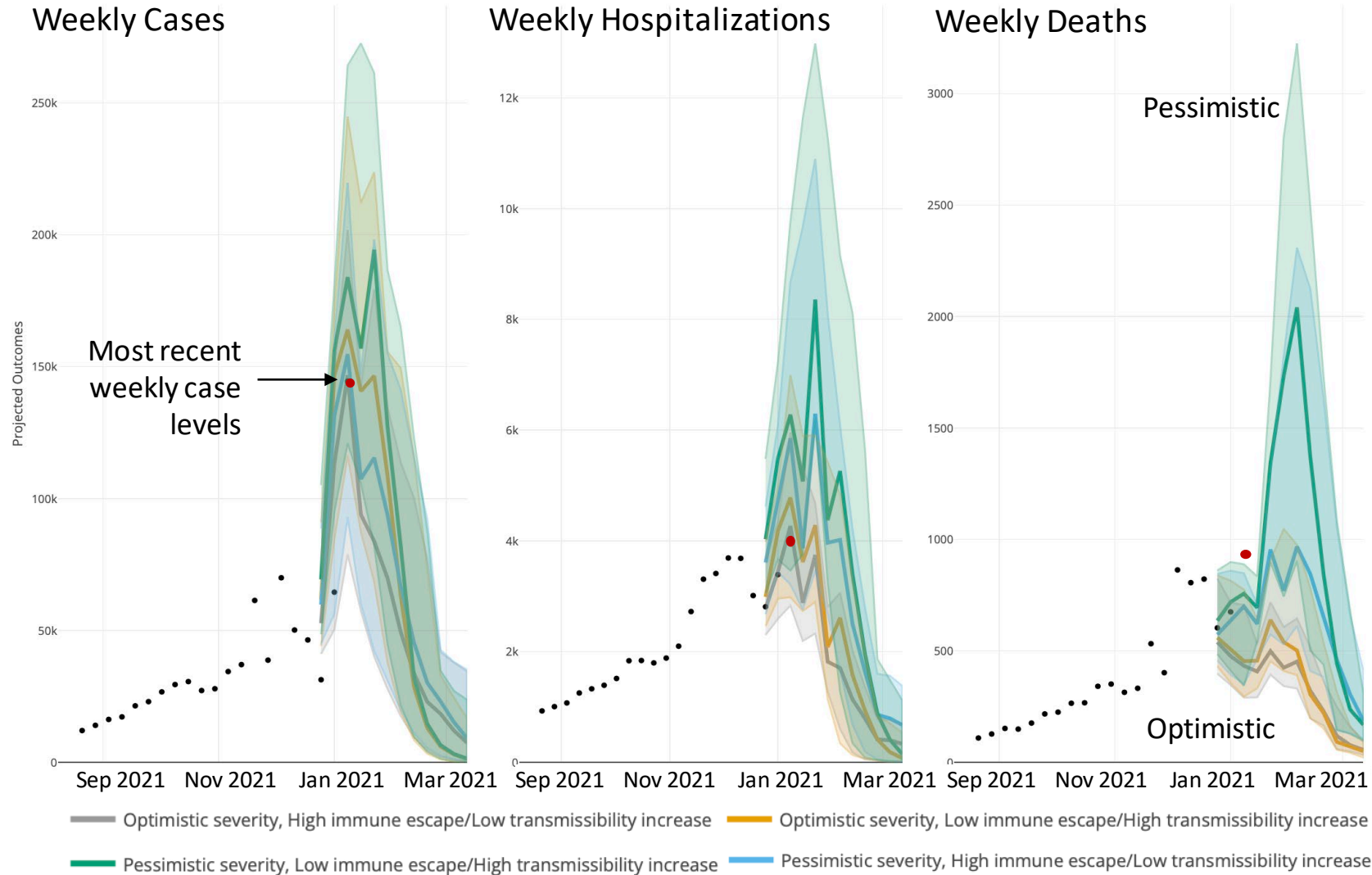
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Where are we headed: models project further increases in cases, hospitalizations, and deaths for Michigan

Model Specific Projections, by Scenario - Round 11 - Michigan

- So far, cases and hospitalizations are consistent with the projections from all four scenarios
- Deaths appear more consistent with the more pessimistic scenarios so far
 - However, because deaths are a lagging indicator, some deaths in the current data likely still due to Delta. Will need to monitor as deaths data shifts to Omicron
- High levels of hospitalizations may further strain on an already stressed healthcare system
- Actions taken swiftly and in the short term could prevent health system from becoming further overwhelmed



Source: [COVID Modeling Scenario Hub](https://www.covidmodeling.com/). Uncertainty levels: 50%

Current Trends and Projections

Prevent Death and Severe Outcomes

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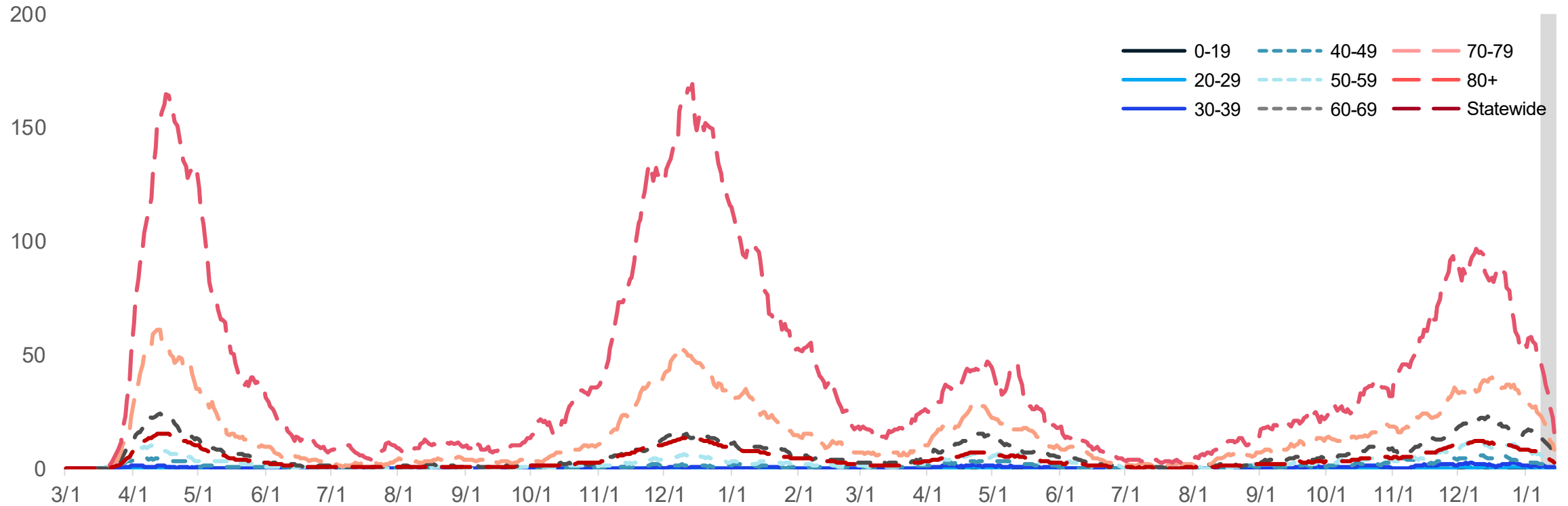
Guiding principles and tools

To prioritize equity in each of the objectives listed below

1. Prevent death and severe outcomes
 2. Protect healthcare capacity (from first responders to hospitals to Long Term Care Systems)
 3. Keep vital infrastructure (schools, corrections) functioning, while planning for recovery
-

Average and total new deaths, by age group

Daily COVID-19 deaths in confirmed and probable cases per million by age group (7 day rolling average)



- Deaths are a lagging indicator
- Through 1/7, the 7-day avg. death rate is 40 daily deaths per million people for those over the age of 80
- Deaths rates have decreased over the last week for most age groups

Note: Death information sourced from MDHHS and reflects date of death of confirmed and probable cases.

Source: MDHHS – Michigan Disease Surveillance System (MDSS)

Current Trends and Projections

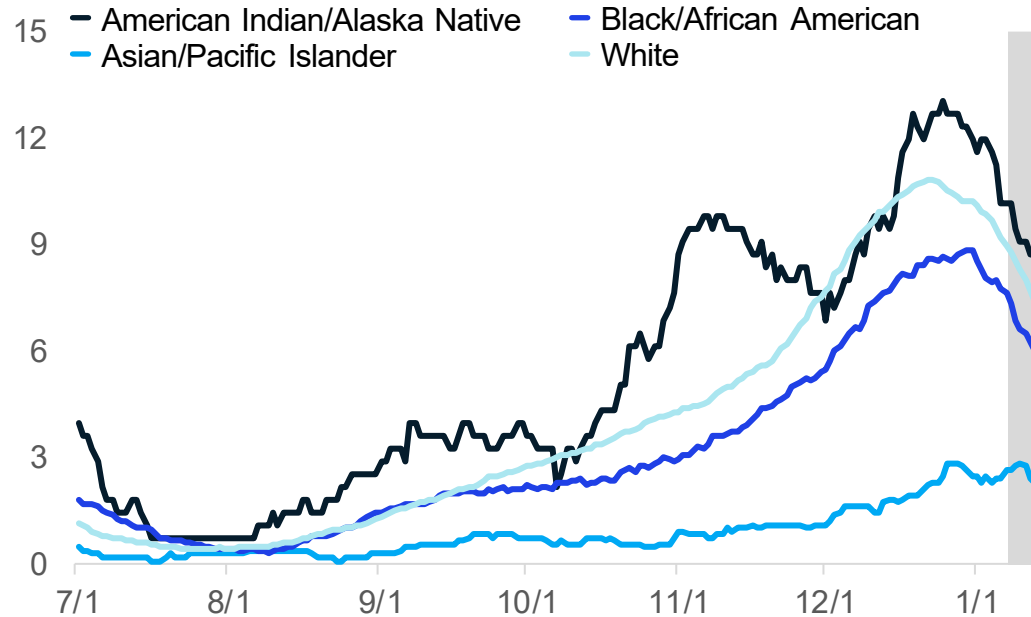
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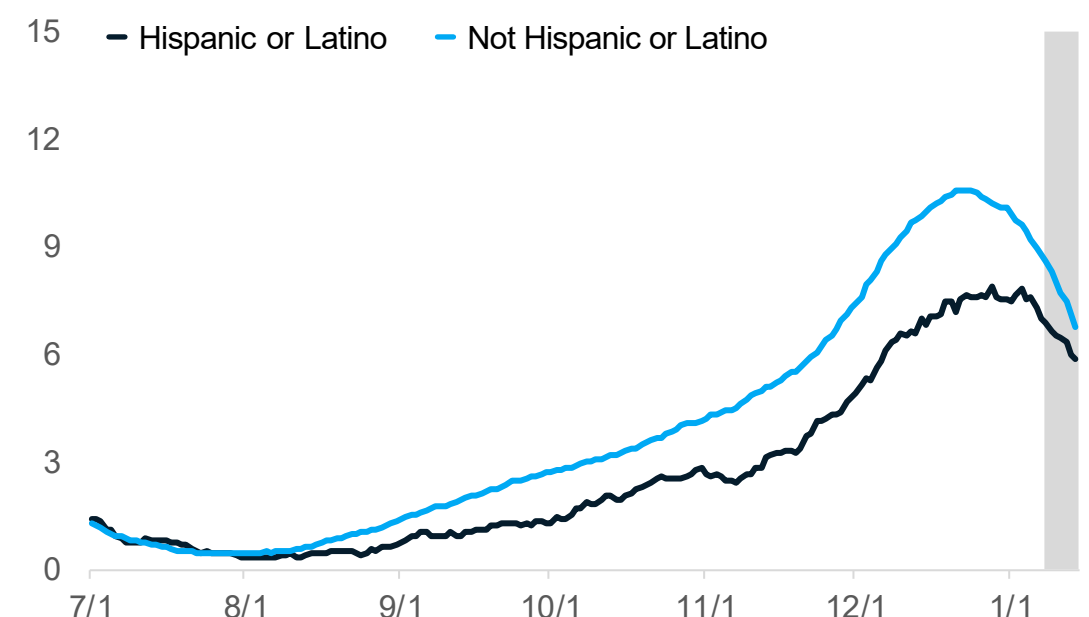
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30-day rolling average daily deaths per million people by race and ethnicity

Average daily deaths per million people by race



Average daily deaths per million people by ethnicity



- Deaths are lagging indicator of other metrics
- Trends for daily average deaths are decreasing for all reported races and ethnicities
- Currently, American Indian/Alaskan Native have the highest death rate (10.1 deaths/million)

Note: Death information sourced from MDHHS and reflects date of death of confirmed and probable cases.
Source: MDHHS – Michigan Disease Surveillance System

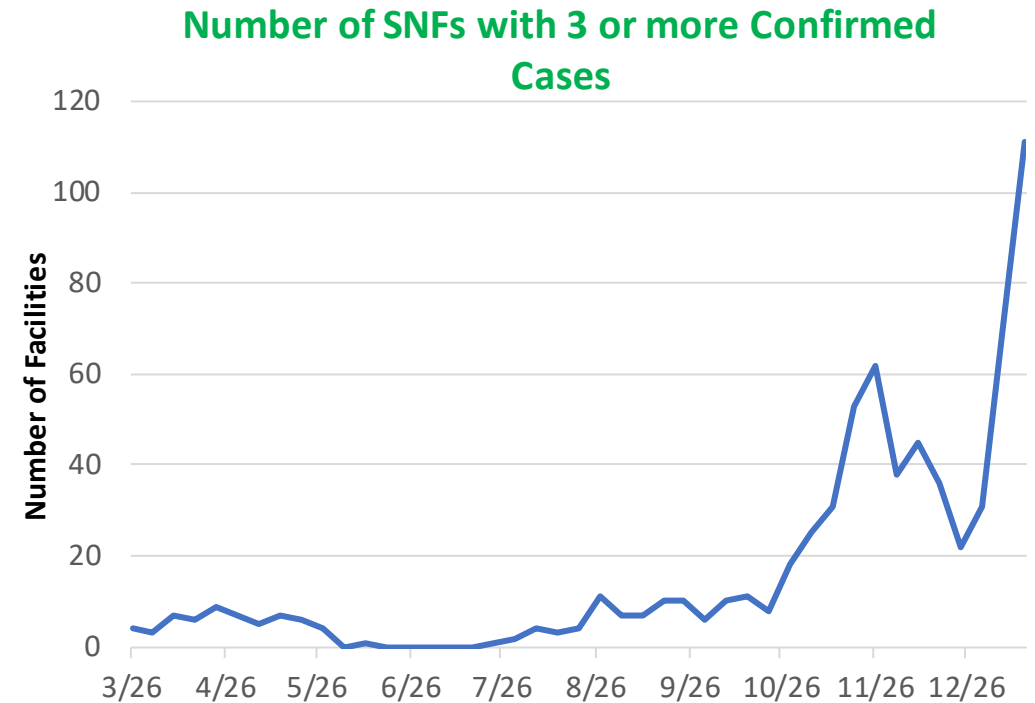
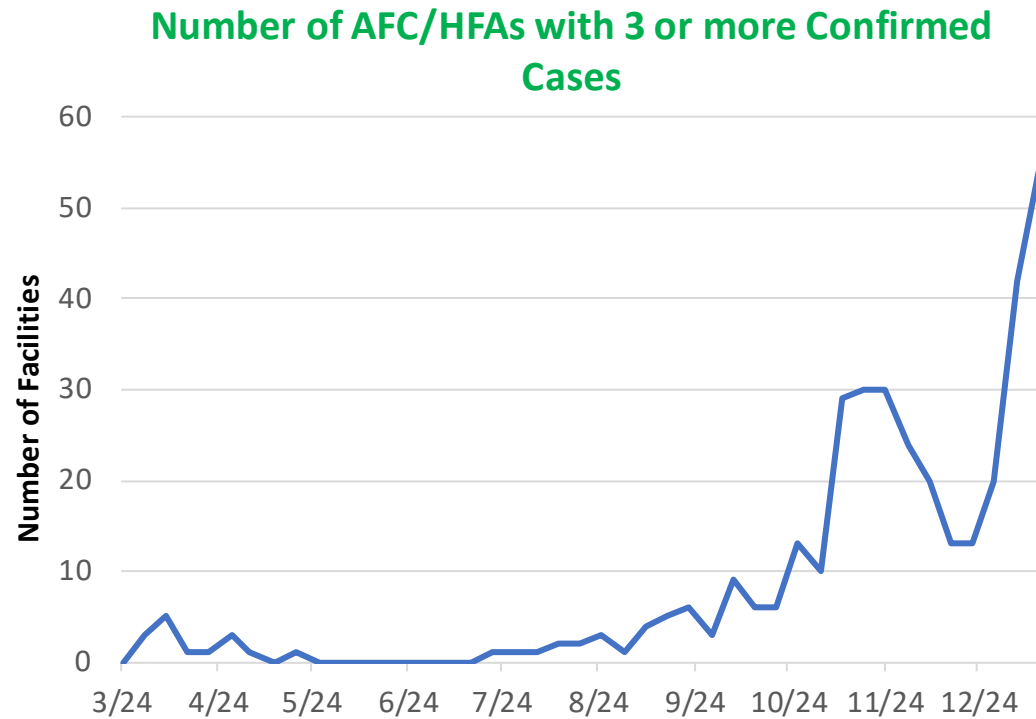
Current Trends and Projections

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Reported Outbreaks within Long Term Care Facilities: Adult Foster Care, Homes for the Aged, and Skilled Nursing Cases, data through Jan 10



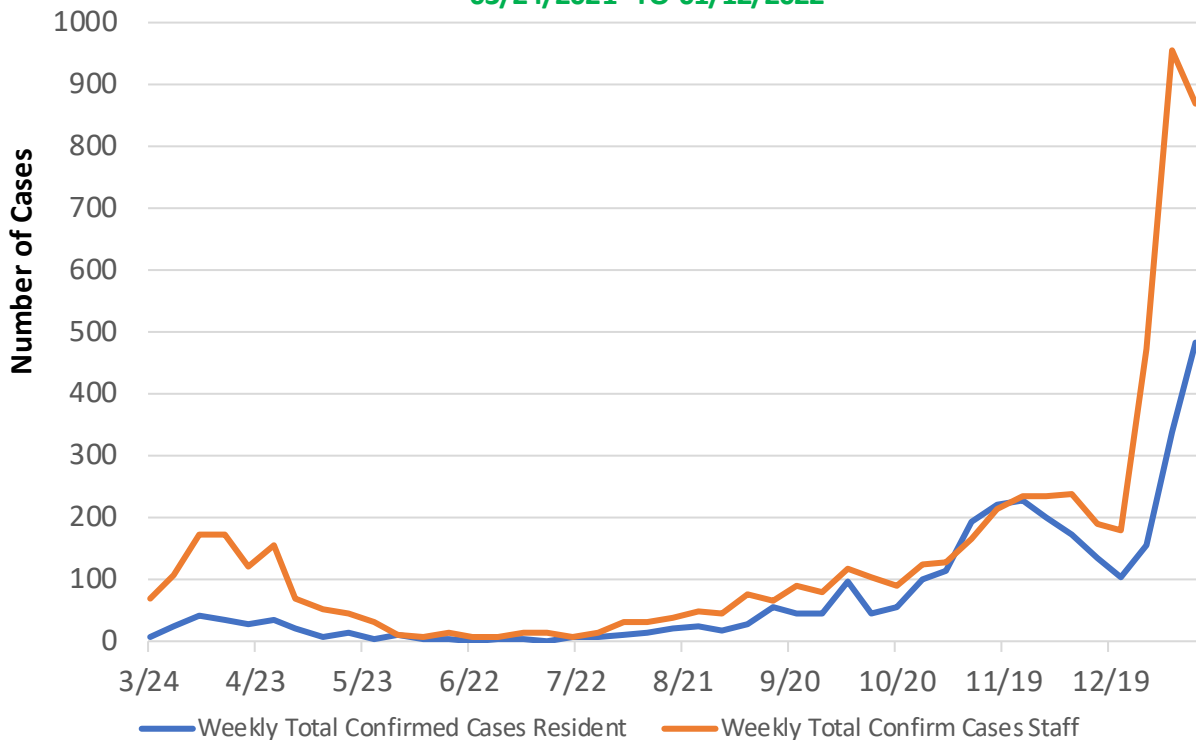
- The number of Long-Term Care Facilities reporting 3 or more cases within a single reporting period increased in both AFC/HFA (54, up from 42 last week) and SNF (111, up from 37 last week) in most recent data

COVID-19 outbreaks within Long-Term Care Facilities are defined as three or more cases with an epidemiological linkage by place and time indicating a shared exposure outside of a household (https://www.michigan.gov/coronavirus/0,9753,7-406-98163_98173_102057---,00.html and https://www.michigan.gov/coronavirus/0,9753,7-406-98163_98173-526911--,00.html)

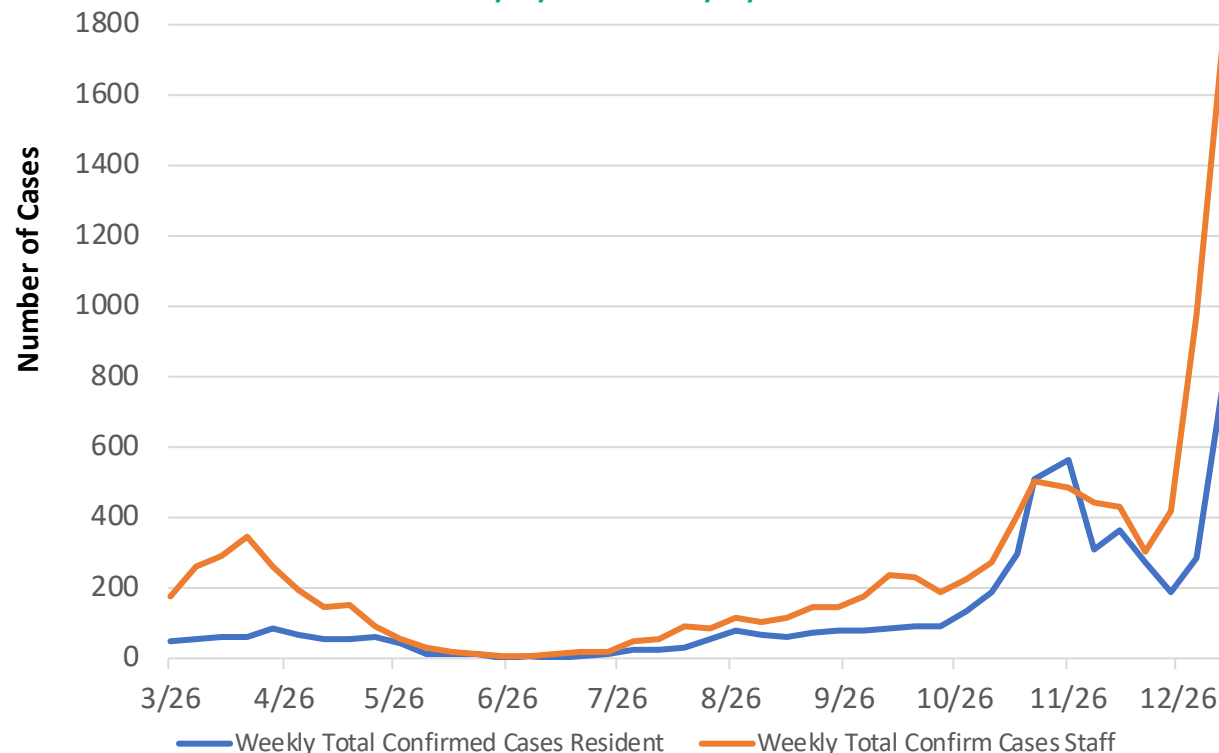
The data is from weekly reporting by facilities with bed occupancy of at least 13 beds.

Reported Cases within LTCF: Adult Foster Care, Homes for the Aged, and Skilled Nursing Cases for Residents and Staff, data through Jan 10

STATE OF MICHIGAN WEEKLY TOTAL CONFIRMED COVID-19 CASES IN AFC/HFA RESIDENTS AND STAFF
03/24/2021 TO 01/12/2022



STATE OF MICHIGAN WEEKLY TOTAL CONFIRMED COVID-19 CASES IN SNF RESIDENTS AND STAFF
03/26/2021 TO 01/14/2022



- Case counts in residents and staff are increasing and have peaked to an annual high of 1,779 cases in SNF staff (1,730 last week) and 868 cases in AFC/HFA staff (954 last week)
- Case counts in LTCF continue to record more cases among staff than residents, but resident cases increasing sharply

The data is from weekly reporting by facilities with bed occupancy of at least 13 beds.

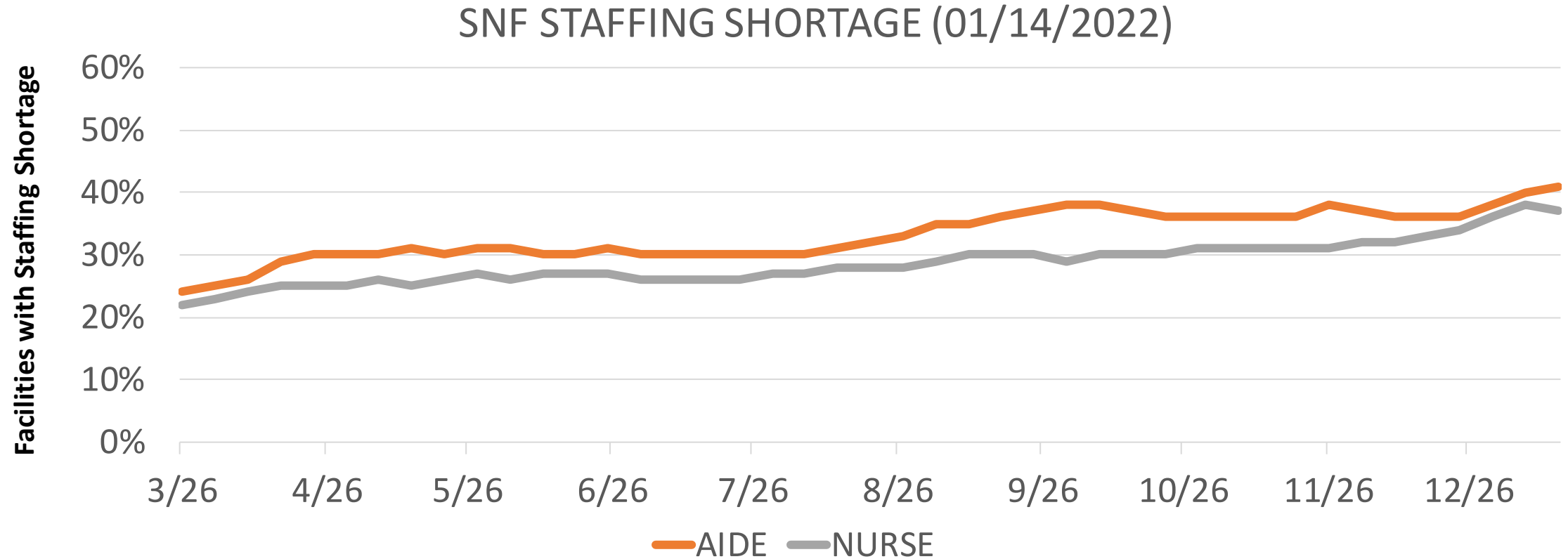
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Reported Staff Shortages within Skilled Nursing Facilities, data through Jan 10



- More Skilled Nursing Facilities (SNF) in Michigan are reporting staff shortages now than ever previously reported during the pandemic
- 41% of SNF report staffing shortages for aides
- 37% of SNF report staffing shortages for nurses

These data are from weekly reporting by facilities with bed occupancy of at least 13 beds.

Current Trends and Projections

Prevent Death and Severe Outcomes

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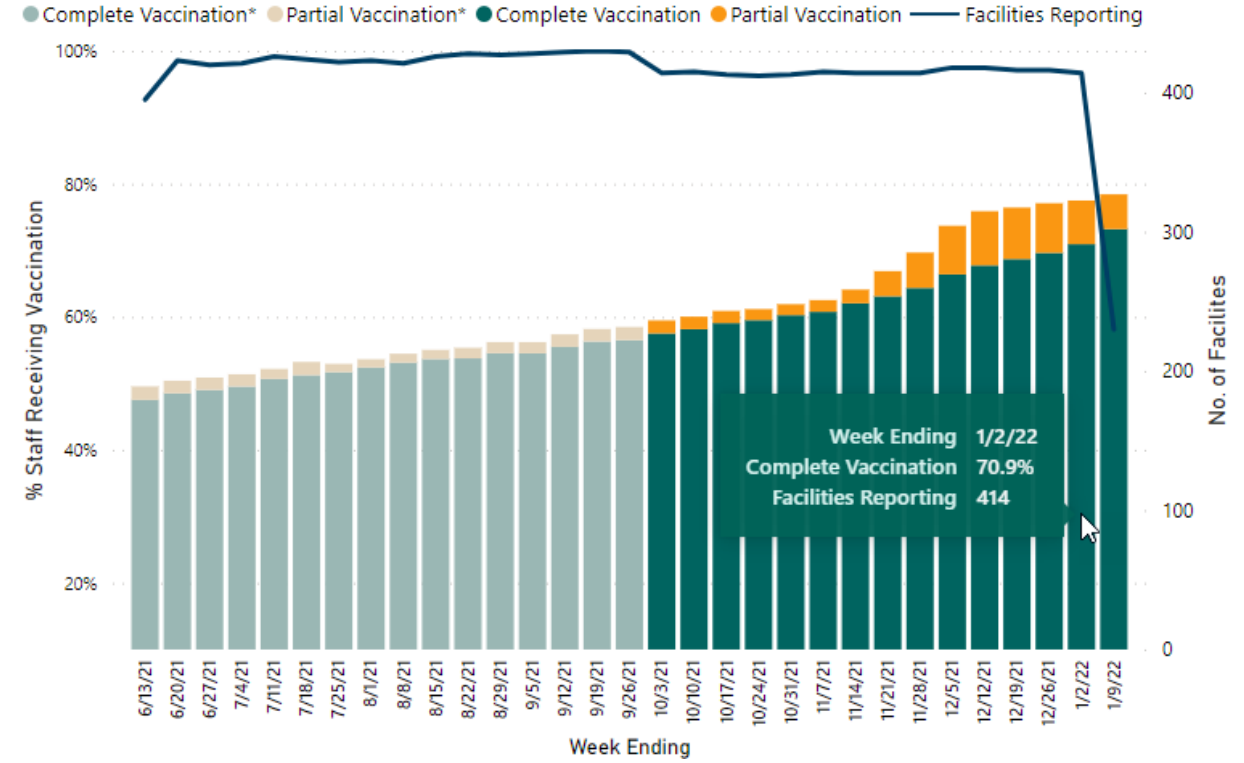
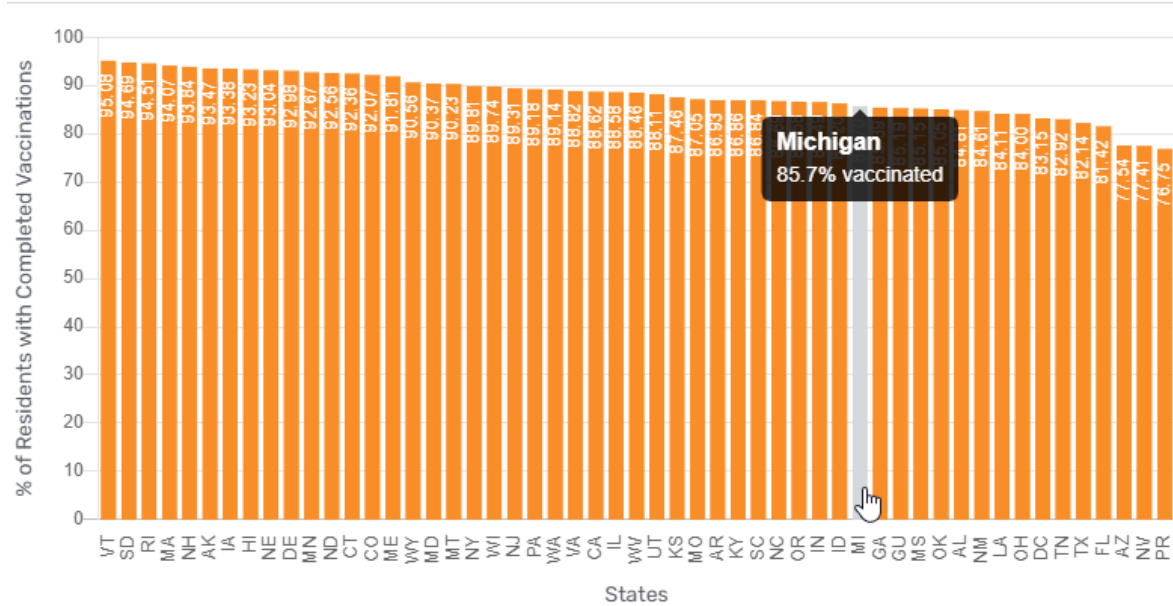
Completed vaccination among Skilled Nursing Cases for Residents and Staff, data through Jan 10

85.7% of SNF residents are fully vaccinated; 39 of 53 states/territories

70.4% of SNF staff are fully vaccinated, 49 of 53 states/territories
6.6% on SNF staff have initiated primary series

Percent of Current Residents with Completed COVID-19 Vaccinations per Facility

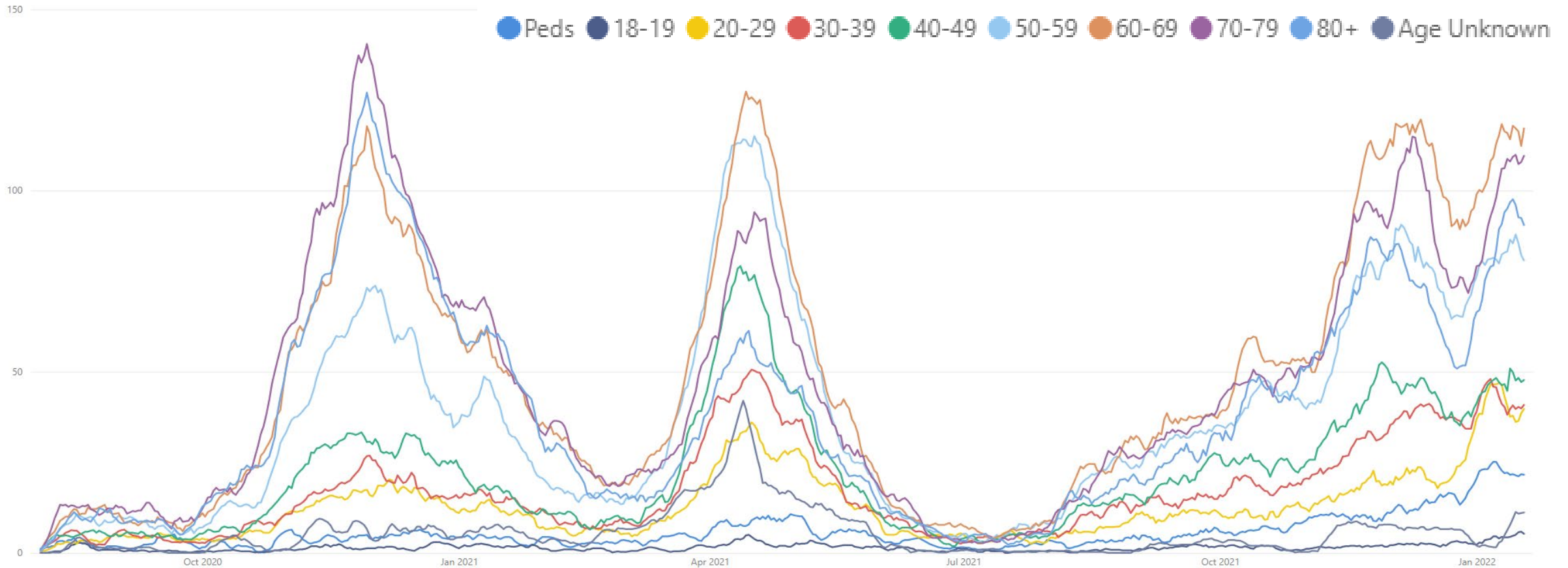
Note: This shows the average percentage among facilities who have reported vaccination data in the current or prior week.



<https://data.cms.gov/covid-19/covid-19-nursing-home-data>
<https://www.cdc.gov/nhsn/covid19/ltc-vaccination-dashboard.html>



Average Hospital Admissions Are Increasing for all Age Groups



- Trends for daily average hospital admissions are plateaued (-1%) since last week (vs. 20% increase prior week)
- Overall, many age groups saw plateaus or slight declines this week
- More than 80 daily hospital admissions was seen for each of the age groups of 50-59, 60-69, 70-79, and 80+

Source: CHECC & EM Resource

Current Trends and Projections

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Hospital Admissions and Admission Rates by Age Group

Daily new hospital admission per million by age group (7 -day rolling average)

Age Group	Average [†] daily number of hospital admissions	Average [†] Daily Hospital Admission Rate*	One Week % Change (Δ #)
0-11	17.0	12.2	-6% (-1)
12-17	6.1	8.2	+10% (+1)
18-19	5.9	22.2	+32% (+1)
20-29	38.6	28.0	-17% (-8)
30-39	39.9	32.9	-3% (-1)
40-49	40.9	34.6	-12% (-5)
50-59	82.1	60.8	+0% (+0)
60-69	112.3	88.0	-5% (-6)
70-79	107.9	140.7	+2% (+2)
80+	92.4	223.1	+2% (+2)
Total[¶]	554.0	55.5	-1% (-8)

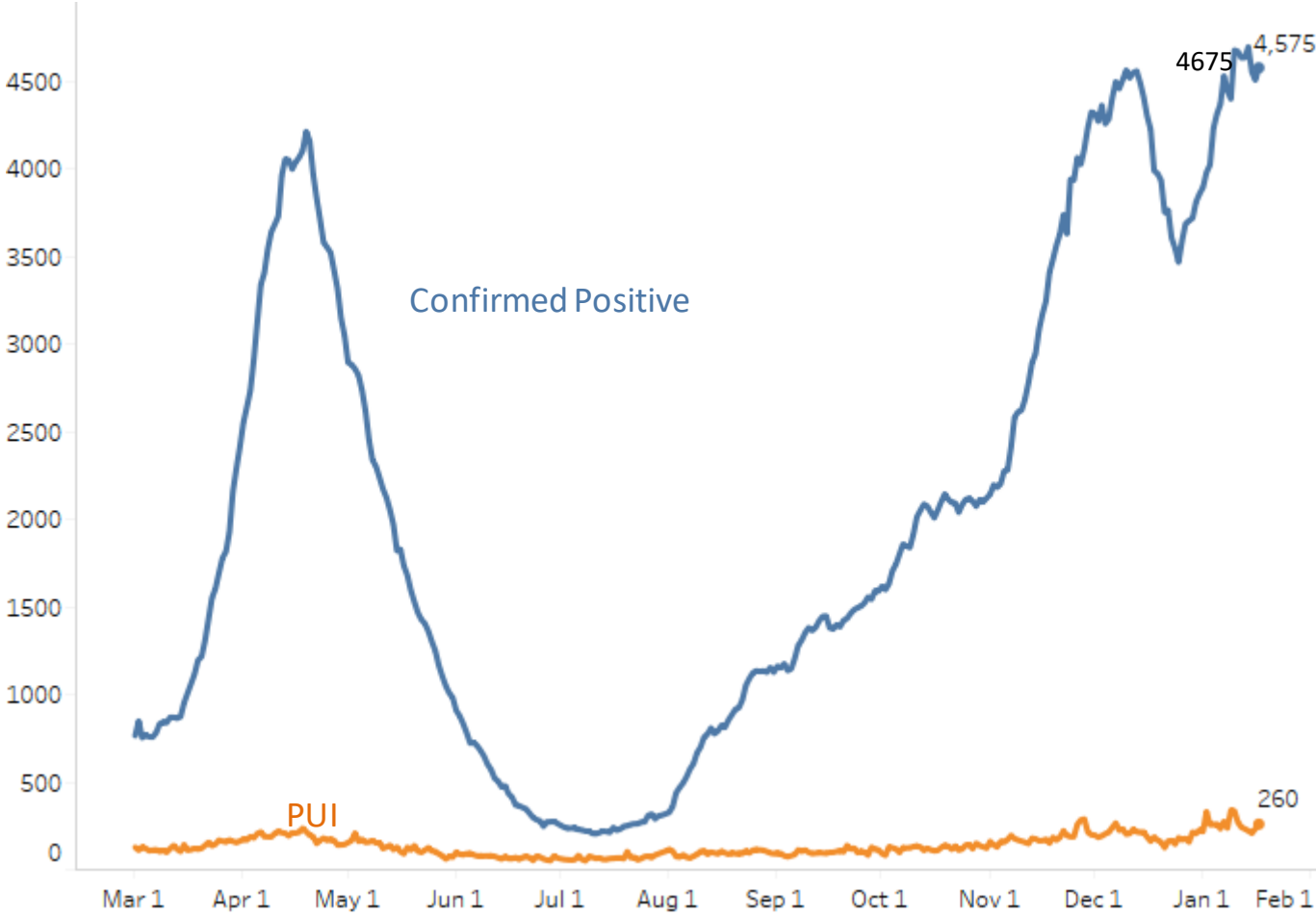
* Rate per 1 million residents; † Rolling 7-day average; ¶ Total may not reflect state due to missing age data
 Note: Hospital Admission data reflects date data was submitted
 Source: CHECC and EM Resource

- Through Jan 17, there were an average of 554.0 hospital admissions per day due to COVID-19; a plateau from last week (-1%, -8)
- Most age groups saw plateaus or decreases this week
- The largest one-week count decrease was among those 20-29 years (-8)
- Average daily hospital admission count (112.3 hospital admissions per day) were highest among those 60-69
- Average daily hospital admission rate (223.1 hospital admissions/million) were highest for those aged 80+
- More than 80 daily hospital admissions were seen for those aged 50-59, 60-69, 70-79, and 80+

Note: for some age groups, small changes in number of hospitalization admissions can cause large change in One Week Percent Change

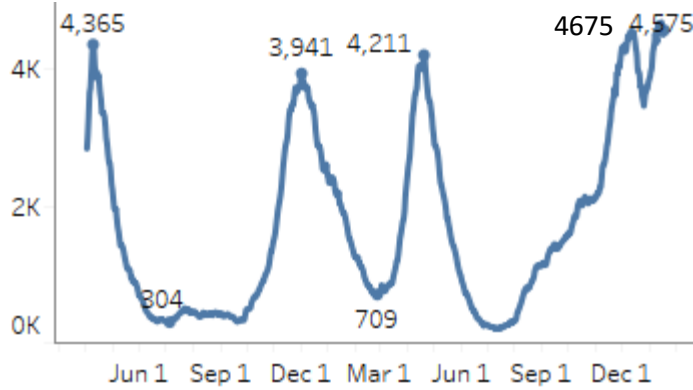
Statewide Hospitalization Trends: Total COVID+ Census

Hospitalization Trends 3/1/2021 – 1/17/2022
Confirmed Positive & Persons Under Investigation (PUI)



The COVID+ census in hospitals appears to have peaked or plateaued (peak 4675 on 1/10). Total census is slightly down (2%) from one week ago.

Hospitalized COVID Positive Long Term Trend (beginning March 2020)



Current Trends and Projections

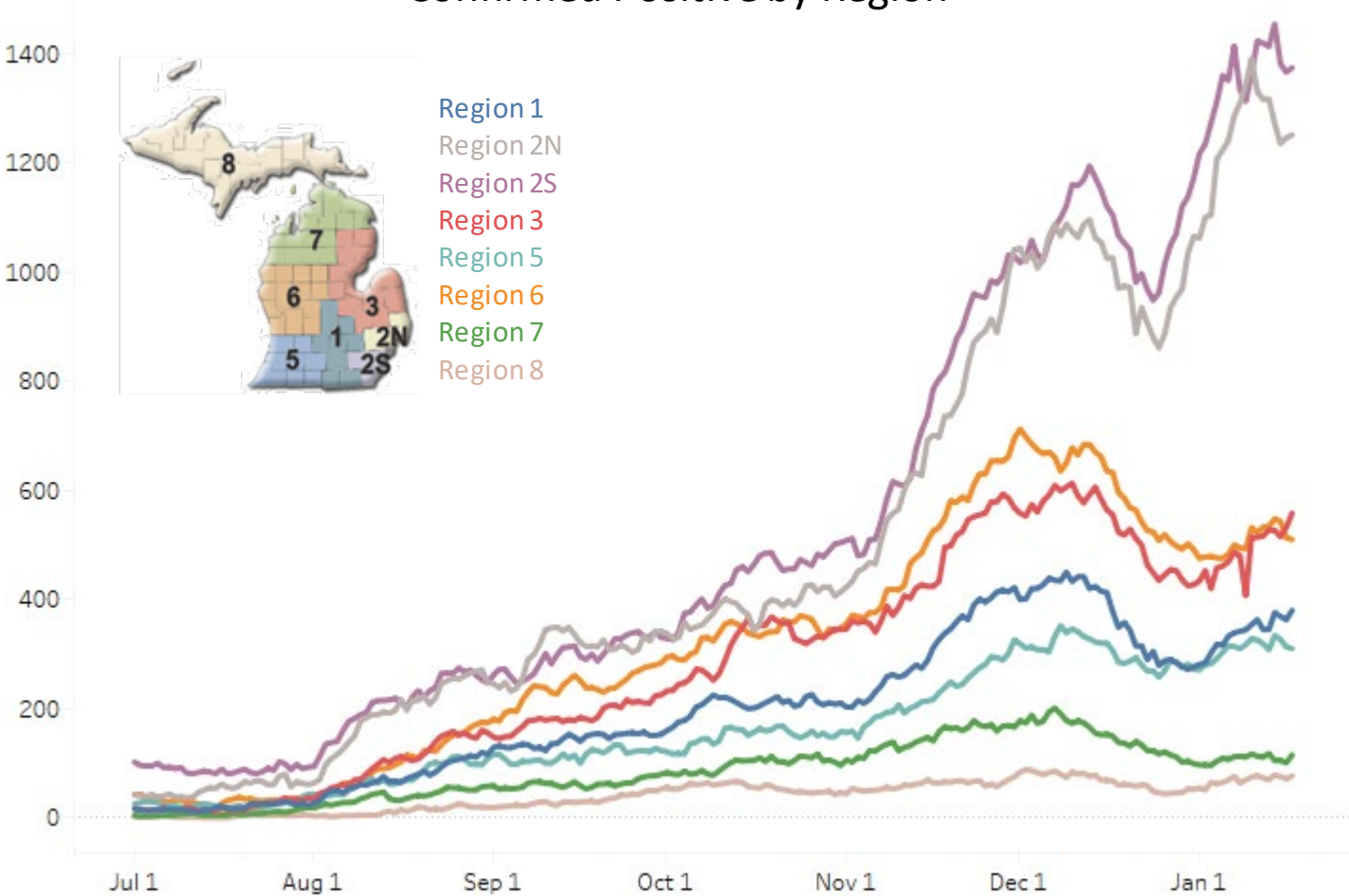
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Statewide Hospitalization Trends: Regional COVID+ Census

Hospitalization Trends 7/1/2021 – 1/17/2022
Confirmed Positive by Region



The COVID+ hospital census has plateaued or decreased in Regions 2N, 2S, 5, 6, 7. Regions 1,3 and 8 continue to show increasing hospital census this week.

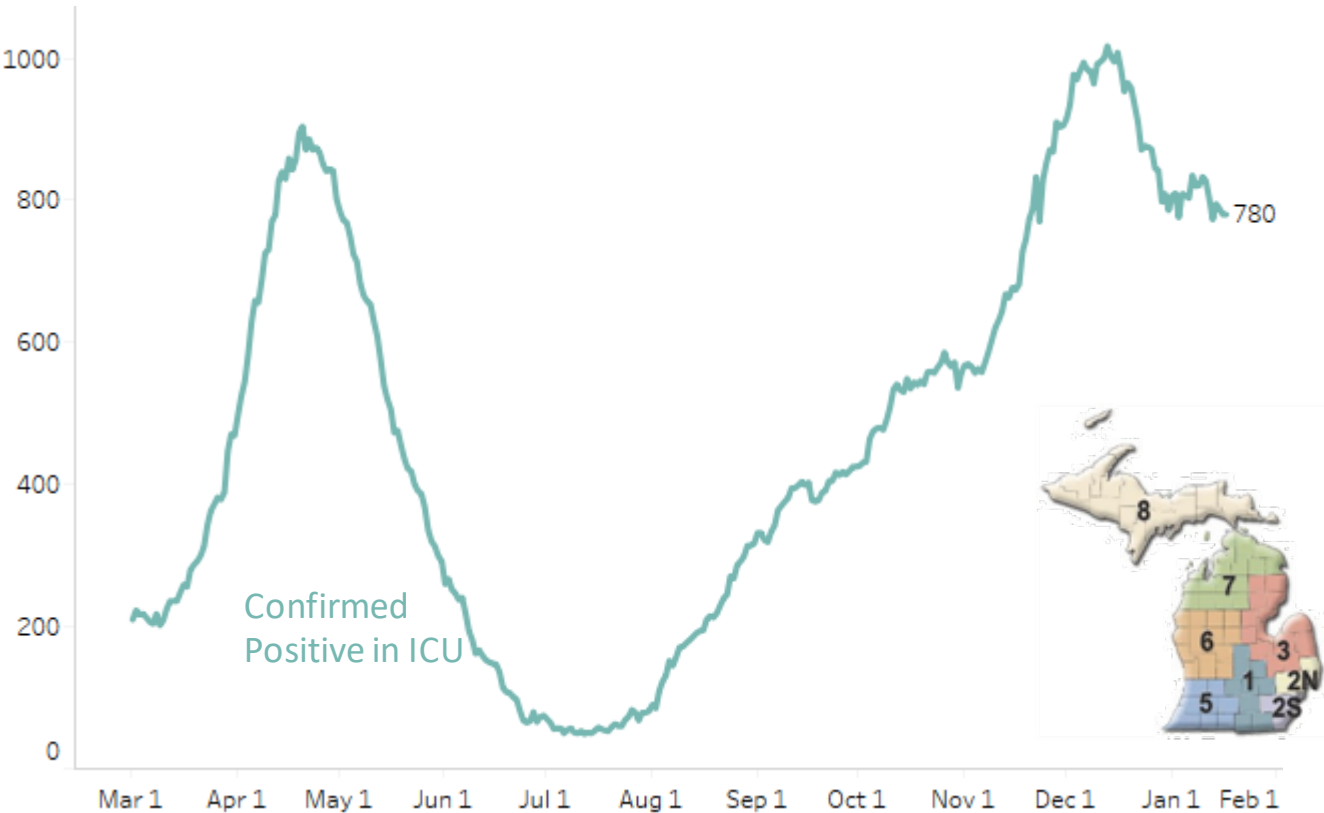
Regions 2N and 2S have greater than 500/Million population hospitalized with COVID.

Region	COVID+ Hospitalizations (% Δ from last week)	COVID+ Hospitalizations / MM
Region 1	380 (7%)	351/M
Region 2N	1251 (-10%)	565/M
Region 2S	1374 (1%)	617/M
Region 3	558 (9%)	492/M
Region 5	310 (-5%)	325/M
Region 6	510 (-4%)	348/M
Region 7	115 (-2%)	230/M
Region 8	77 (3%)	247/M



Statewide Hospitalization Trends: ICU COVID+ Census

Hospitalization Trends 3/1/2021 – 1/17/2022
Confirmed Positive in ICUs

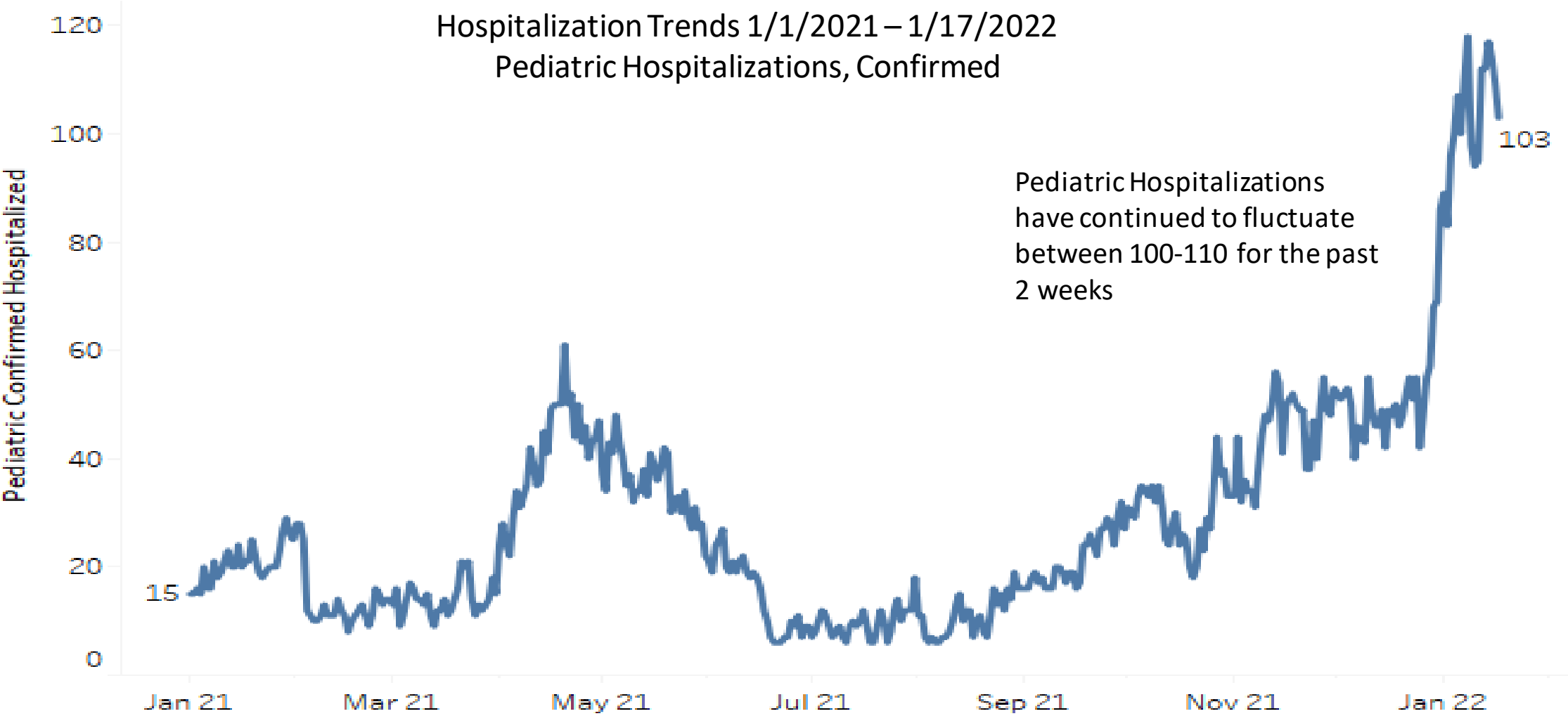


The census of COVID+ patients in ICUs has decreased by 6% from last week. While many regions show decreasing or flat ICU census, in Regions 2N, 3, and 5 ICU census has increased slightly.

Regions 1, 2S, and 3 have ICU occupancy greater than 85%. All regions except for Regions 5, 7, and 8 have 30% or more ICU beds filled with COVID+ patients.

Region	Adult COVID+ in ICU (% Δ from last week)	Adult ICU Occupancy	% of Adult ICU beds COVID+
Region 1	69 (-9%)	86%	34%
Region 2N	178 (2%)	79%	32%
Region 2S	221 (-6%)	87%	32%
Region 3	115 (4%)	93%	35%
Region 5	49 (2%)	78%	28%
Region 6	102 (-20%)	81%	34%
Region 7	29 (-36%)	81%	22%
Region 8	17 (0%)	76%	27%

Statewide Hospitalization Trends: Pediatric COVID+ Census



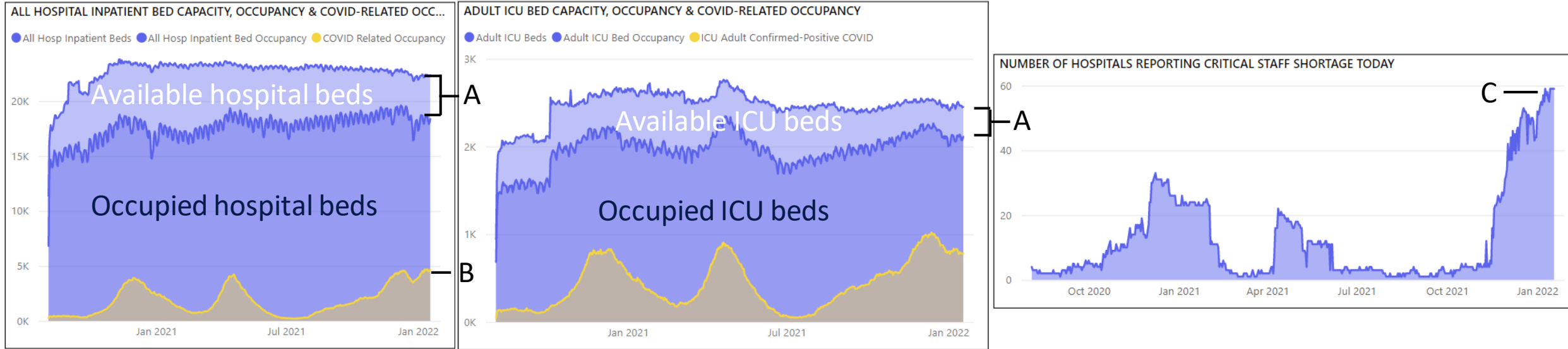
Current Trends and Projections

Prevent Death and Severe Outcomes

Protect Healthcare Capacity

Keep Vital Infrastructure Functioning

Hospital, ICU, Ventilator Utilization, and Staffing Trends



- Utilization for hospitals, ICUs, and mechanical ventilators are all increasing (Ventilators not shown)
- The number of available hospital and ICU beds is decreasing (shown in A)
 - Compared to this time last year, we currently have 836 less staffed beds this year (4% decrease)
 - Compared to this time last year, we currently have 180 fewer ICU staffed beds this year (7% decrease)
- At the *start* of the current Omicron surge, we have already peaked for COVID hospitalizations (shown in B) and near peak for ICU; these numbers are expected to rise
- Sufficient staffing remains the most critically limited resource within healthcare, and is at a pandemic high (shown at C)

Source: EM Resource

Current Trends and Projections

Prevent Death and Severe Outcomes

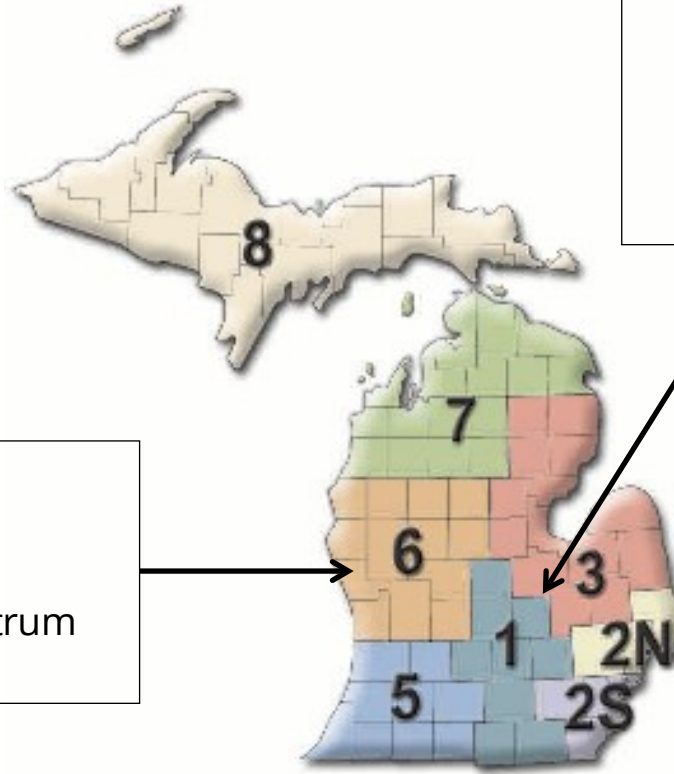
Protect Healthcare Capacity

Keep Vital Infrastructure Functioning

Michigan Strategy to Allocate Federal Staffing Resources

The regional strategy addresses:

- COVID hotspots
- Challenges with increased admissions
- Facilitating regional decompression and patient transfers



- The West side of the state saw the highest initial COVID burden in the current surge.
 - DoD teams allocated to Spectrum and Mercy Muskegon in R6

- North Central has seen an elevated level of COVID cases and hospitalizations.
 - DoD team allocated to Covenant Saginaw in R3
 - Current request for Sparrow Hospital would support a second facility in R1
 - Both facilities provide for regional decompression allowing for transfers of patients from outlying areas to the appropriate level of care.

- SE Michigan increased hospitalizations in the current surge and is now experiencing the highest number of cases and positivity in the state.
 - DoD team allocated to Beaumont Dearborn in R2S
- Disaster Medical Assistance Team (DMAT) assigned to Henry Ford – Wyandotte in R2S
 - An additional DoD will backfill the DMAT Team after their 14-day deployment is complete

Source: Emergency Preparedness and Response

Current Trends and Projections

Prevent Death and Severe Outcomes

Protect Healthcare Capacity

Keep Vital Infrastructure Functioning

Vital Infrastructure: K-12 school clusters and outbreaks, week ending Jan 13

Number of reported outbreaks/clusters increased since last week (211 to 242), with increases in Pre K-Elementary (114 to 122), and High Schools (64 to 73), Middle/Jr High (33 to 46), and Administration (0 to 1).

Region	Number of reported cases, #	# Ongoing - Excluding New	# New	Number of outbreaks	Range of cases per outbreak
Region 1	359	320		48	3-82
Region 2n	330	11		20	3-57
Region 2s	104	61		27	3-13
Region 3		3,270	54	105	3-121
Region 5	40	22		10	3-14
Region 6	24	30		14	3-9
Region 7	163	3		5	3-64
Region 8	180	20		13	4-52
Total		4,470	521	242	3-121

Grade level	Number of reported cases, #	# Ongoing - Excluding New	# New	Number of outbreaks	Range of cases per outbreak
Pre-school - elem.	1,470	206		122	3-62
Jr. high/middle school	931	155		46	3-82
High school	2,069	153		73	3-121
Administrative	0	7		1	7
Total		4,470	521	242	3-121

Many factors, including the lack of ability to conduct effective contact tracing in certain settings, may result in significant underreporting of outbreaks. This chart does not provide a complete picture of outbreaks in Michigan and the absence of identified outbreaks in a particular setting in no way provides evidence that, in fact, that setting is not having outbreaks. Week of 12/16 98% LHDs reporting due to technical difficulties. NOTE (10/4): MDHHS adopted the new [CSTE school cluster and outbreak definition](#) which impacts how transmissions within school-sponsored settings are reported to the health department

Source: LHD Weekly Sitreps

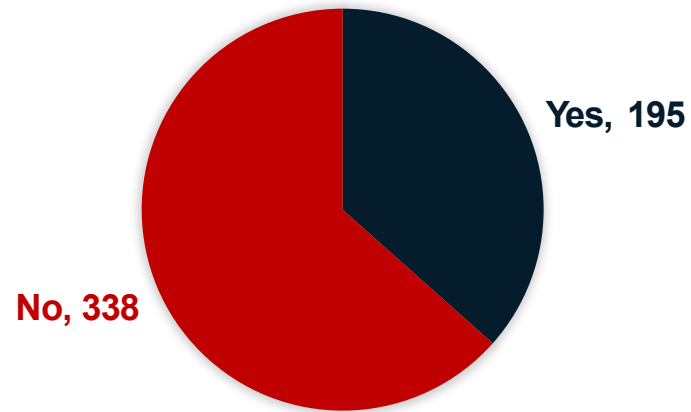


MI School Districts and Mask Policy as of Jan 18, 2022

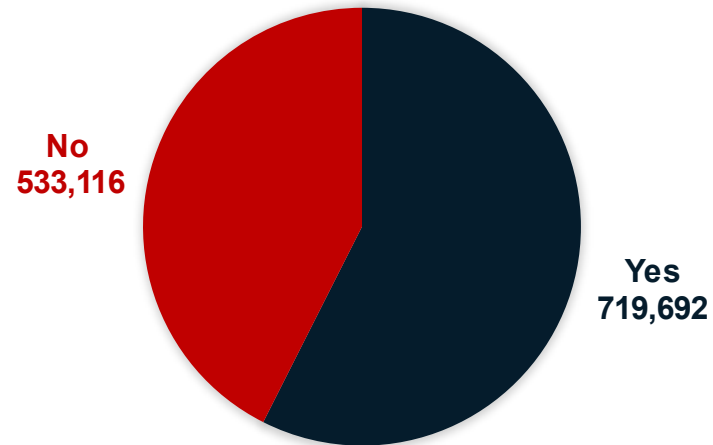
Yes – Any masking policy in some subset of school grades

No – No mask policies (includes unknown)

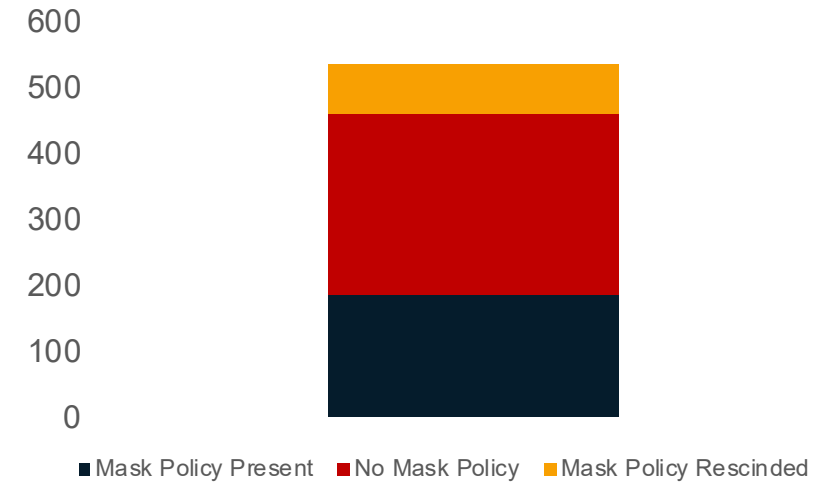
NUMBER OF SCHOOL DISTRICTS WITH MASK POLICIES IN K-12 SETTINGS



NUMBER OF STUDENTS* IN K-12 SCHOOLS WITH MASK MANDATES



NUMBER OF SCHOOL DISTRICTS WITH MASK POLICY REVERSAL



- 37% (195/533) of K-12 school districts have mandatory mask policies
- School districts with mandatory mask policies cover 57% (719,692/1,252,808) of K-12 students*
- Not all K-12 grades or students may be covered by mask policies; examples include policies for those through K-6, or only during higher levels of community transmission
- 14% of K-12 school districts have rescinded their mask policies

* Student size based on school enrollment numbers; Buses and public transportation are federally required to enforce mask mandates

Source: Executive Office of Governor School District Mask Policy Database

Current Trends and Projections

Prevent Death and Severe Outcomes

Protect Healthcare Capacity

Keep Vital Infrastructure Functioning

Case Investigation and Contact Tracing Key Message

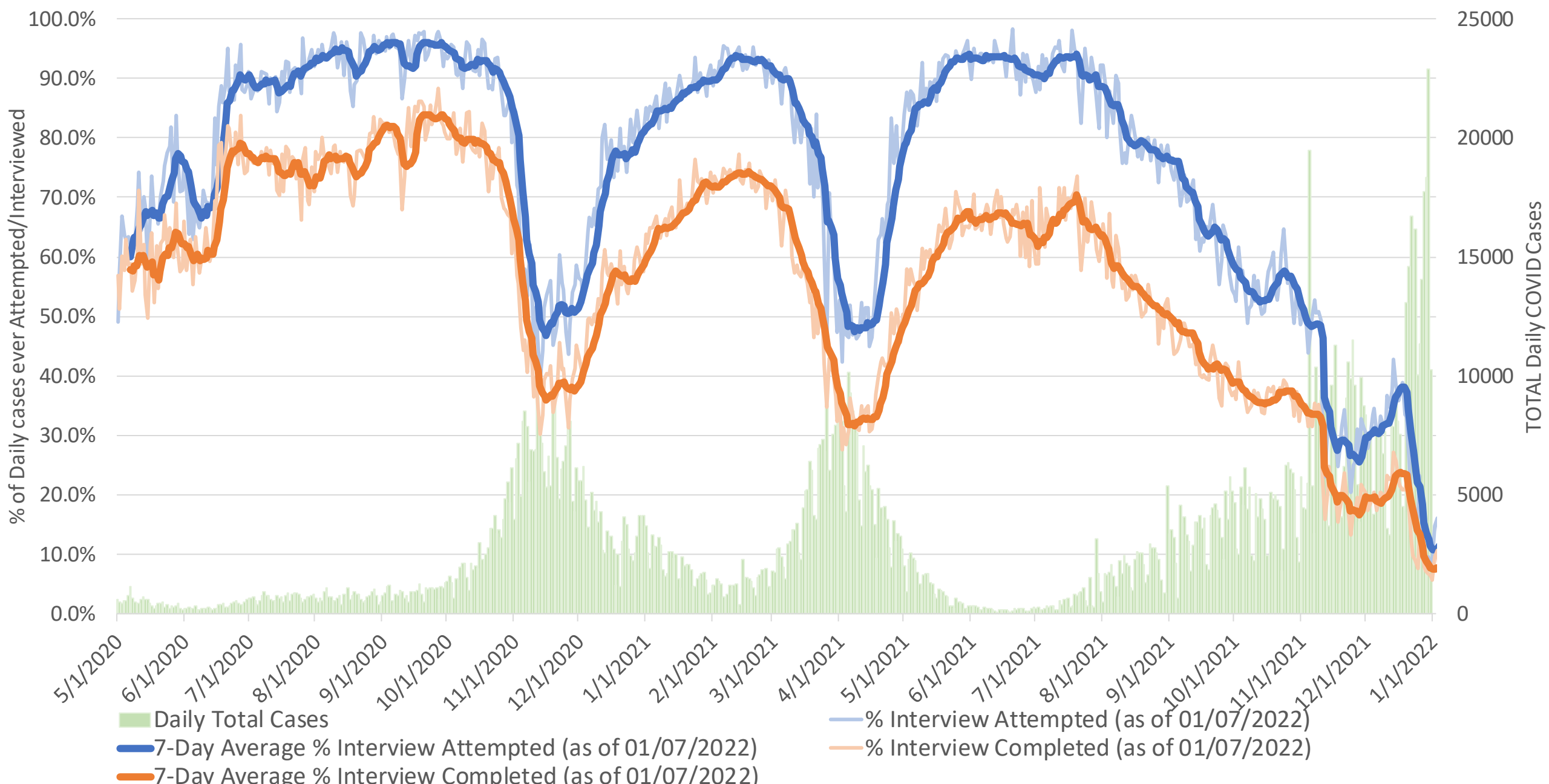
- Of 362,000+ cases reported since December 2021:
 - 4.4% had named contacts
 - Of the named contacts only 26.7% were reached successfully
- Most cases and contacts are not being reached by public health
- Therefore, it is necessary to make sure that the public is taking on a larger role in understanding what to do if feeling ill, testing positive (isolation and contact notification), or being notified as a contact (quarantine)
- Public Health capacity shifts to investigation and mitigation of COVID-19 outbreaks in priority settings like schools and long-term care facilities
- Note: every COVID-19 case reported to MDHHS will be notified of their result and provided information and education on COVID-19 infection
- The public can call the MDHHS COVID-19 Hotline at 888-535-6136 to discuss their test result or get information on isolation/quarantine

Current Trends and Projections

Prevent Death and Severe
Outcomes

Protect Healthcare Capacity

Keep Vital Infrastructure
Functioning



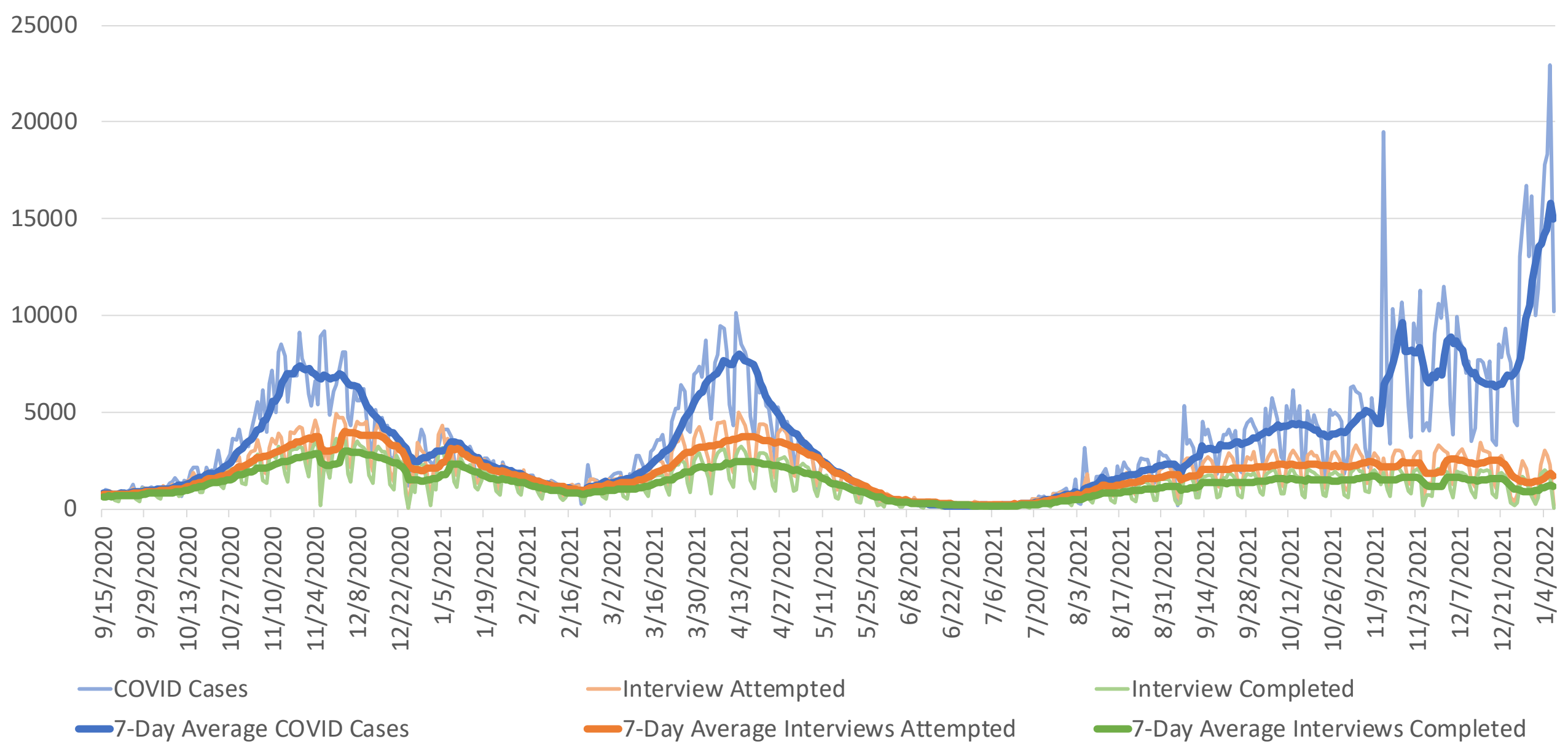
Current Trends and Projections

Prevent Death and Severe Outcomes

Protect Healthcare Capacity

Keep Vital Infrastructure Functioning

Daily Confirmed + Probable COVID Cases, Interview Attempts, and Interview Completion Volume



— COVID Cases

— Interview Attempted

— Interview Completed

— 7-Day Average COVID Cases

— 7-Day Average Interviews Attempted

— 7-Day Average Interviews Completed

Current Trends and Projections

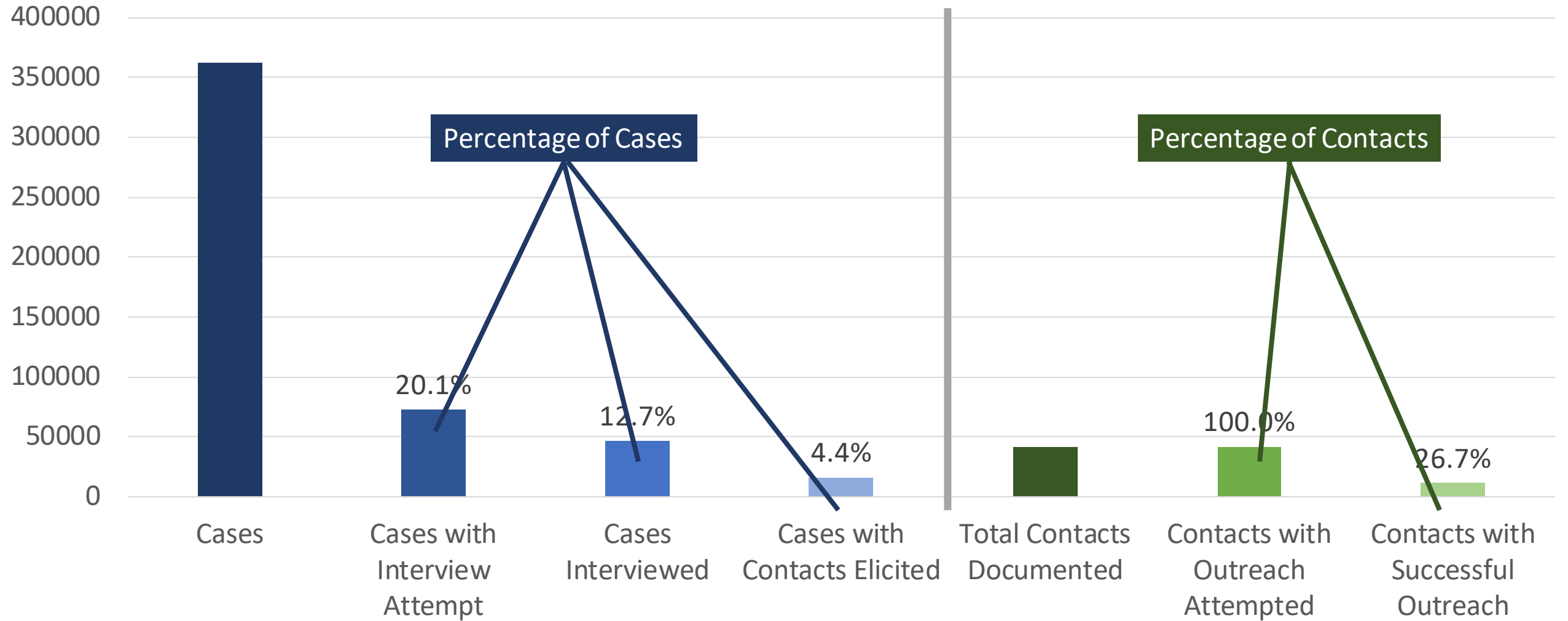
Prevent Death and Severe Outcomes

Protect Healthcare Capacity

Keep Vital Infrastructure Functioning

Case Investigation and Contact Tracing (December-January)

Case Investigation and Contact Tracing Metrics Dec 2021 - Jan 2022



Current Trends and Projections

Prevent Death and Severe Outcomes

Protect Healthcare Capacity

Keep Vital Infrastructure Functioning

Schools and Contact Tracing


- MDHHS K-12 guidance to have staff and students remain in the classroom if exposed to COVID-19 is predicated on the ability to identify students and staff exposed to COVID-19 in the school setting (i.e. contact tracing)

The change in public health approach to case investigation and contact tracing, in no way modifies school reporting requirements or the school's responsibility to notify exposed persons/guardians of an exposure to a communicable disease in the school setting

School Quarantine Guidance



What to do when students or staff are exposed to COVID-19 in a school setting, **but do not have symptoms.**

Students and staff experiencing symptoms should not attend school activities.


Michigan Department of Health & Human Services

[Michigan.gov/Coronavirus](https://www.michigan.gov/Coronavirus)

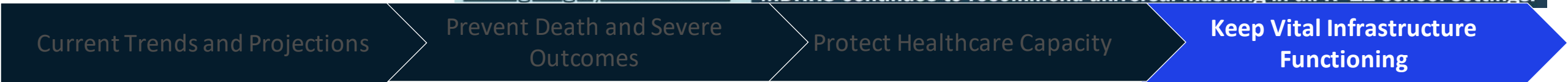
Students and staff should monitor for symptoms throughout quarantine period (days 1-10). If symptoms develop, test immediately. Day "0" is day of last close contact with a COVID-19 positive student, teacher or staff.

Up to Date on Vaccines No Need to Quarantine	Actions to Take
	Students and staff without symptoms do not need to quarantine. They should monitor for symptoms and wear a well-fitted mask for 10 days.
	Home quarantine for days 1-5 and test on day 5; and "Mask to Stay"* for days 6-10. OR "Test to Stay"** for days 1-6 AND "Mask to Stay"* for days 1-10. OR Home quarantine for days 1-10 if unable/unwilling to mask.

*Mask to Stay: The consistent and correct use of a well-fitting mask when around others in school and public places
 **Test to Stay: Test every other day for six days following the exposure and consistent and correct use of a mask

Students and staff who test positive for COVID-19 should not attend school and should isolate at home for five full days after symptom onset (or five days after the positive test if they do not have symptoms). They may return to school on day six if they have no symptoms and can wear a mask for five additional days.

MDHHS continues to recommend universal masking in all K-12 school settings.



Public Guidance

- Updated Materials
 - What to do if testing positive for COVID-19?
 - What to do if waiting for test results?
 - What to do if exposed to COVID-19?
 - Best masking practices
 - What to do after an at home test result?
- Coming Soon
 - What does it mean to be up to date on vaccine
 - Isolation and quarantine timeline/calendar

The public can call the MDHHS COVID-19 Hotline at 888-535-6136 to discuss their test result or isolation/quarantine

Current Trends and Projections

Prevent Death and Severe Outcomes

Protect Healthcare Capacity

Keep Vital Infrastructure Functioning

Updates to the Contain COVID Webpage

Michigan.gov

FAQ | ALTERNATE LANGUAGES | HOME | MDHHS | Q SEARCH

Coronavirus

MI SAFE START | CONTAIN COVID | RESOURCES | PRESS RELEASES | DONATE | VIDEO UPDATES

CORONAVIRUS / CONTAIN COVID

What Happens When You Have Or Are Exposed To COVID-19?

If you test positive for COVID-19 or if you are exposed, you may receive a call or letter from your local health department case investigators and contact tracers or MDHHS contact tracers (MI COVID HELP or 866-806-3447) with directions.

Even if you do not receive a call or letter right away, it is important that you immediately take steps to get the care you need and avoid giving COVID-19 to people around you.

I AM:

EXPOSED TO COVID-19 | WAITING FOR A COVID-19 RESULT | POSITIVE FOR COVID-19

If you need assistance staying home or getting resources such as food at home, dial 2-1-1.

If you are having a medical emergency, dial 9-1-1. Tell the emergency dispatcher and doctor you tested positive for COVID-19.

ADDITIONAL RESOURCES WHILE IN QUARANTINE OR ISOLATION

Current Trends and Projections

Prevent Death and Severe Outcomes

Protect Healthcare Capacity

Keep Vital Infrastructure Functioning

Have you been exposed to COVID-19?*

If you are unvaccinated, **OR** not fully vaccinated **OR** not boosted (if eligible),



Get tested on day five after your exposure, even if you don't have symptoms. If symptoms develop after day five, test again.



Stay home and away from others in your home for five days from your last contact with a COVID+ person. Continue to wear a well-fitting mask that covers your nose and mouth around others for an additional five days. Even if you don't get a contact tracing call from the health department, quarantining and mask wearing is important to avoid infecting others.



Watch for fever (100.4 °F), cough, shortness of breath, or other symptoms of COVID-19.



Wear well-fitting mask that covers your nose and mouth anytime you are around other people, even in your home.

If you are fully vaccinated* **AND** boosted (if eligible), **OR** if you tested positive for COVID-19 in the last 90 days,



You do **NOT** need to quarantine unless you have symptoms.



Get tested on day five after your exposure, even if you don't have symptoms. If symptoms develop after day five, test again.



Wear a well-fitting mask that covers your nose and mouth around others for 10 days. Even if you don't get a contact tracing call from the health department, mask wearing is important to avoid infecting others.



* People who received two Pfizer and Moderna vaccines within the last five months or one J&J vaccine within the last two months.

School and health care quarantine guidelines and requirements may be different.

Visit Michigan.gov/Coronavirus for information.

For questions, contact your local health department, dial 211 or call the COVID-19 Hotline at 888-535-6136.



Vaccines

Protect against severe outcomes

Boosters are more important than ever, and available for individuals 12+

Masks, Distancing & Ventilation

Prevent spread

Well-fitting, high-quality masks in all indoor public or crowded settings are more important than ever



Tests

Prevent spread

We encourage testing before gatherings, with symptoms, and after exposure

Treatment

Protect against severe outcomes

Oral antivirals and monoclonal antibody infusions are available

Mask up, mask right



A well-fitting mask adheres to the sides of your face and covers your nose and mouth.



A mask with good filtration has layers of tightly woven materials.

Recommended



A well-fitting surgical mask (tied and tucked)



Double masking using a surgical mask and a cloth mask



A multilayer cloth mask with a good fit



Kn95 or similar mask – best choice in high-risk and high-transmission settings

Not Recommended



Masks or gaiters with one layer



Surgical masks with gaps on the sides



A scarf or ski mask







Masks with exhalation valves or vents


Some masks and respirators offer higher levels of protection than others

Masks and respirators are effective at reducing transmission of SARS-CoV-2, the virus that causes COVID-19, when worn consistently and correctly

- Masking is a critical public health tool for preventing spread of COVID-19, and it is important to remember that any mask is better than no mask
- Some masks and respirators offer higher levels of protection than others, and some may be harder to tolerate or wear consistently than others. It is most important to wear a well-fitted mask or respirator correctly that is comfortable for you and that provides good protection
- While all masks and respirators provide some level of protection, properly fitted respirators provide the highest level of protection. Wearing a highly protective mask or respirator may be most important for certain higher risk situations, or by some people at increased risk for severe disease

Wear a mask with the best fit, protection, and comfort for you.

 N95 Respirator NIOSH-approved	 KN95 Respirator	 Disposable Mask Sometimes referred to as "surgical masks" or "medical procedure masks"	 Cloth Mask Non-medical, made of fabric
When worn correctly, respirators offer the highest level of protection and filter 95% of particles.	Filtration varies depending on standard. When worn correctly, KN95s provide more protection than disposable masks.	Disposable masks offer more protection than cloth masks.	Layered finely woven cloth masks offer more protection. Loosely woven cloth masks provide the least protection.

 Masks and respirators should not be worn by children younger than 2 years old.

cdc.gov/coronavirus

328947-P

Do wear a mask that



- Covers your nose and mouth and can be secured under your chin.
- Fits snugly against the sides of your face.

How NOT to Wear a Mask



Around your neck



On your forehead



Under your nose



Only on your nose



On your chin



Dangling from one ear



On your arm

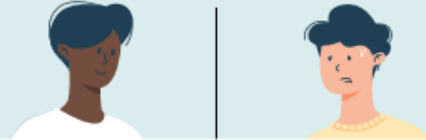
COVID-19 Self-Testing Fast Facts

COVID-19 self-tests, also referred to as home tests or over-the-counter (OTC) tests, are one of many risk reduction measures, along with vaccination, masking, and physical distancing, that protect you and others by reducing the chances of spreading SARS-CoV-2, the virus that causes COVID-19.

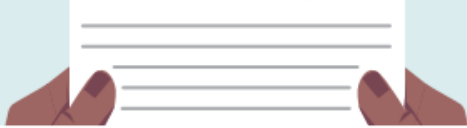


Self-tests can be taken at home or anywhere, are easy to use, and produce rapid results.

You can use self-tests, regardless of vaccination status, whether or not you have symptoms, or if you have had a known or unknown exposure.



Follow all of the manufacturer's instructions for performing the test.



Consider using a self-test immediately before indoor gatherings, if you develop symptoms, or if you feel you were exposed to someone with COVID-19 (testing 3-7 days after exposure is best).



A **positive self-test result** means that the test detected the virus, and you are very likely infected.

You do not need to get a PCR test to confirm this result, unless advised by your health care provider or public health personnel.

You should:

1. **NOTIFY** your close contacts* and ask them to **QUARANTINE** (see bit.ly/MiContainCOVID)
2. **ISOLATE** at home for a minimum of 5 days

If no symptoms or you are feeling better after 5 days, you can stop isolating, but must wear a well-fitting mask around others for an additional 5 days.

Testing again at day 5 is recommended. If testing is positive, or you still have symptoms on day 5, continue to isolate for a total of 10 days.



A **negative self-test result** means that the test did not detect the virus and you may not have an infection, but it does not rule out infection. Repeating the test within a few days, with at least 24 hours between tests, will increase the likelihood of an accurate result. You may still need to **QUARANTINE** if you have been exposed to someone with COVID-19 (see bit.ly/MiContainCOVID for more information).



2-1-1

Call **2-1-1** if you have questions about interpreting test results, isolation guidance or notifying your contacts.

*Close contacts: People who were within 6 feet or less for at least 15 minutes in a 24-hour period.



For more information about COVID-19 self-tests, visit Michigan.gov/Coronavirus. For more at-home testing information and steps close contacts should take to protect others, visit bit.ly/AtHomeTesting.

At Home Testing Guidance

- MI Backpack Program
- Distribution of at home tests to Community Action Agencies
- Distribution of at home tests to libraries
- Biden administration shipping at home tests direct to consumers
- Michigan working with Rockefeller Foundation to ship tests direct to consumers in certain zip codes

Current Trends and Projections

Prevent Death and Severe Outcomes

Protect Healthcare Capacity

Keep Vital Infrastructure Functioning

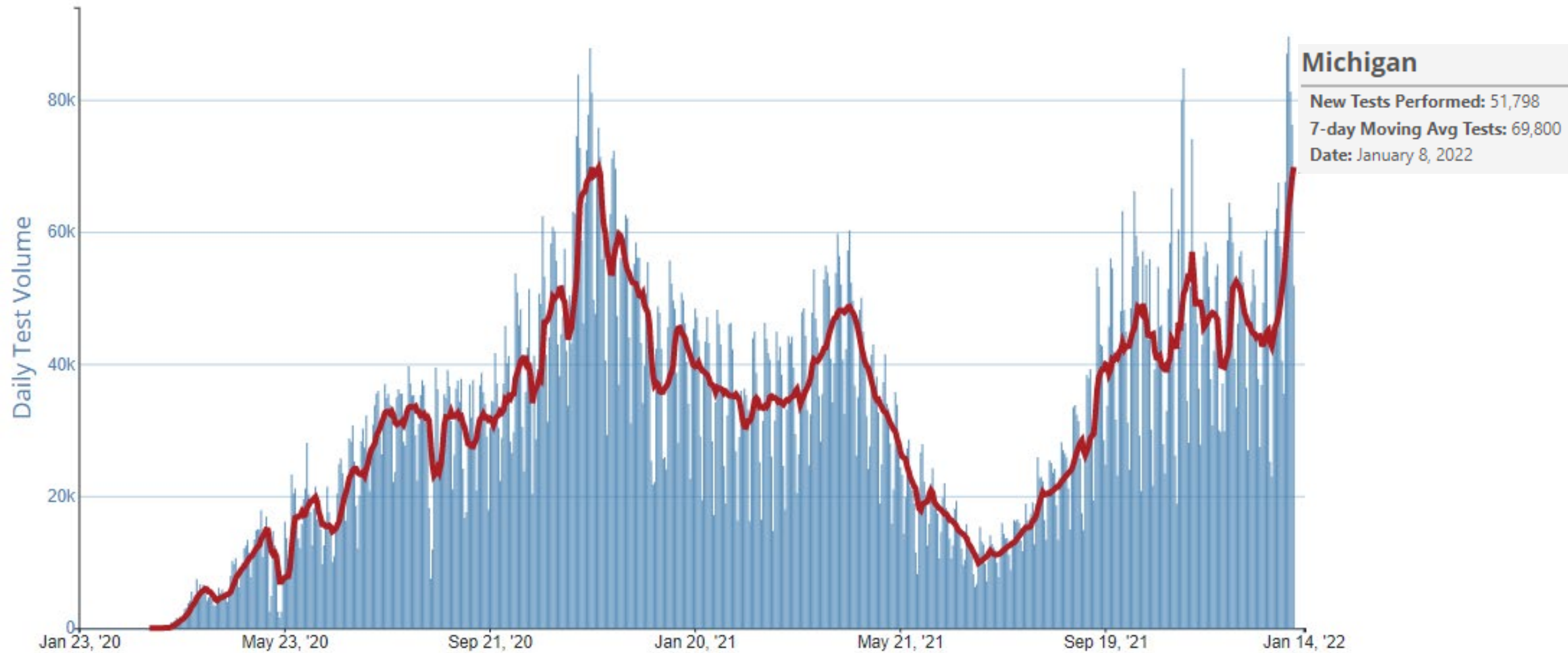
Testing Framework

- Emphasis and maintenance of capacity to perform PCR testing in traditional healthcare/laboratory settings
- MDHHS supported distribution of administered rapid antigen tests to high priority settings (e.g. schools, long term care, corrections, [neighborhood and community pop-up sites](#), etc.)
- MDHHS support for expanded distribution of At-Home or Over-the-Counter (OTC) tests through select venues (schools, community action agencies, libraries)
- Federal distribution of OTC Tests starting January 18th : <https://www.covidtests.gov/>



COVID-19 PCR Testing at an All-Time High

Daily COVID-19 Nucleic Acid Amplification Tests (NAATs) Performed in Michigan Reported to CDC



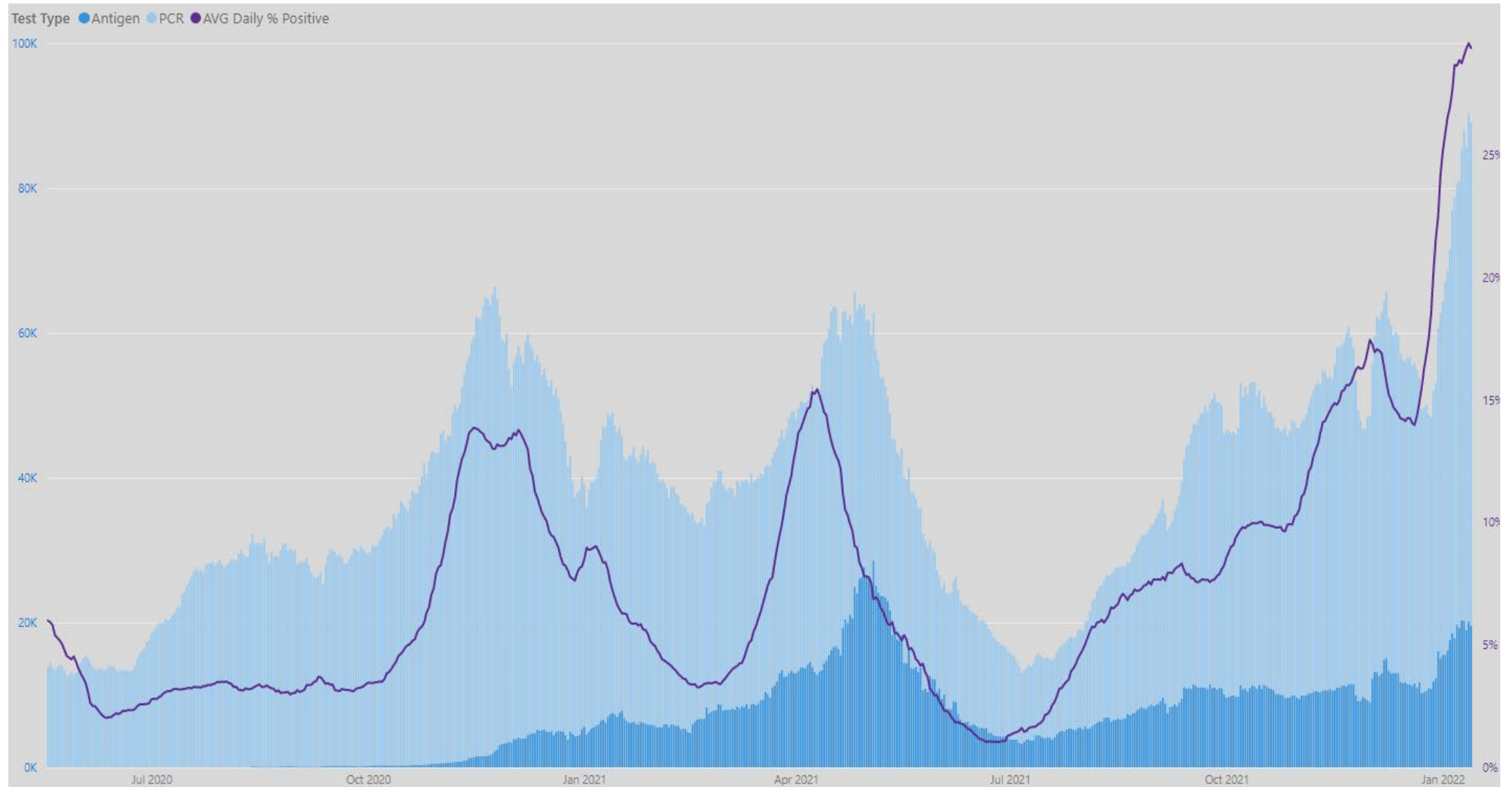
Current Trends and Projections

Prevent Death and Severe Outcomes

Protect Healthcare Capacity

Keep Vital Infrastructure Functioning

COVID-19 Test Type, Volume, and Positivity



Current Trends and Projections

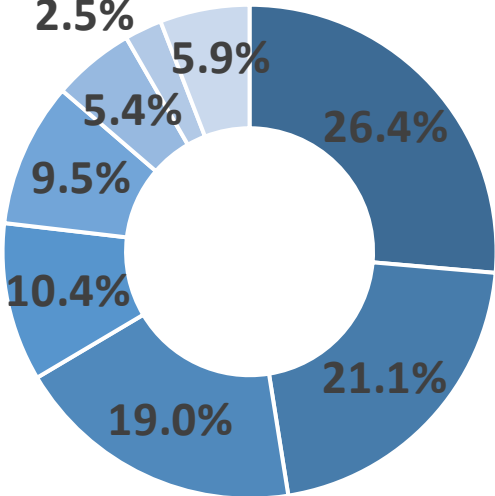
Prevent Death and Severe Outcomes

Protect Healthcare Capacity

Keep Vital Infrastructure Functioning

MDHHS Distribution of Antigen Tests October 2020-Present

MDHHS Antigen Test Distribution October 2020 - Current



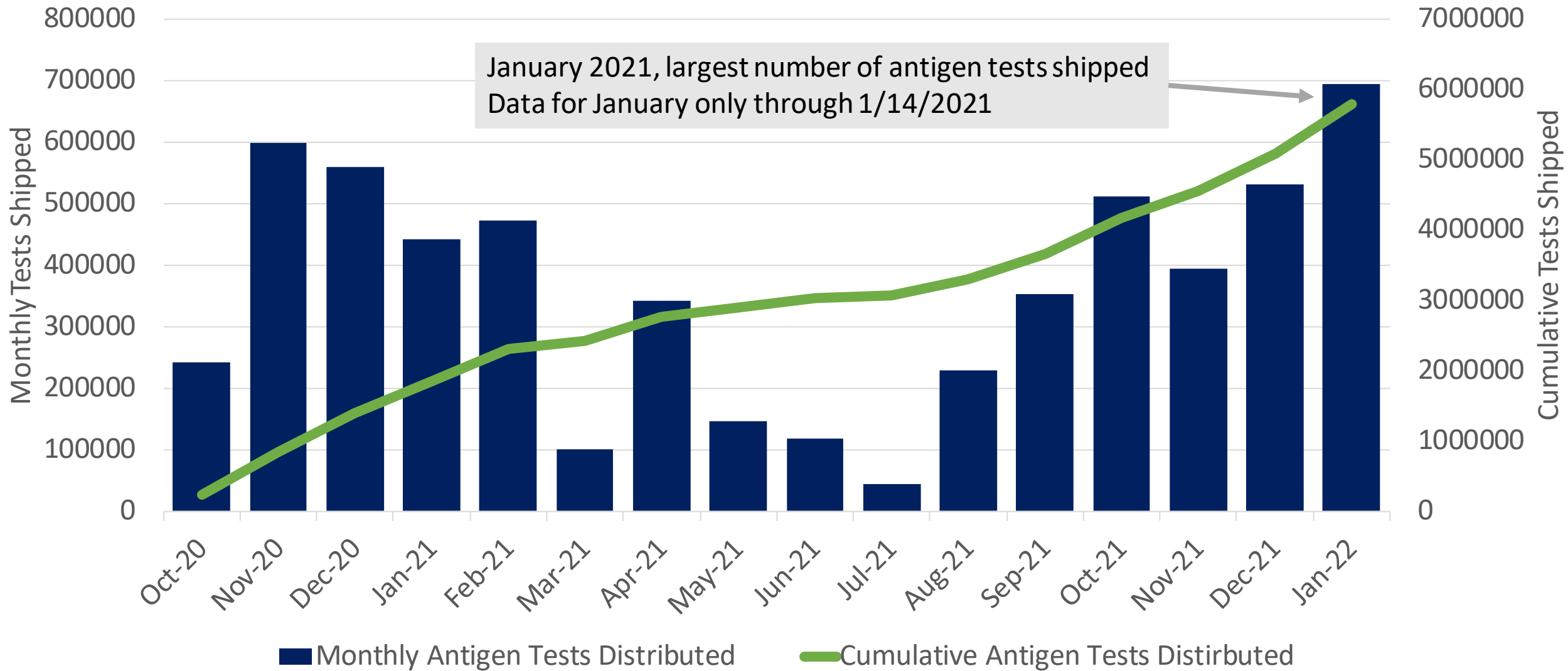
- Long Term Care
- Schools
- Spring School Sports Mandate
- MI Department of Corrections
- Local Health Department
- Psych Hospitals
- MI Backpack Program
- Other

Other: FQHCs, Jails, Migrant Workers, Camps, Community Action Agencies, Libraries, Shelters, Juvenile Justice Facilities

Project/Facility/Venue	Total Tests Shipped	% of All Tests Shipped
Long Term Care	1,881,420	26.4%
Schools	1,507,102	21.1%
Spring School Sports Mandate	1,355,390	19.0%
MI Department of Corrections	740,035	10.4%
Local Health Departments	674,665	9.5%
Psych Hospitals	383,160	5.4%
MI Backpack Program	174,870	2.5%
Other	418,850	5.9%
TOTAL	7,135,492	100%



MDHHS Antigen Test Distribution October 2020 – Present*



*Excludes tests shipped for Spring 2021 School Sports Testing Mandate



Testing Resources in Michigan

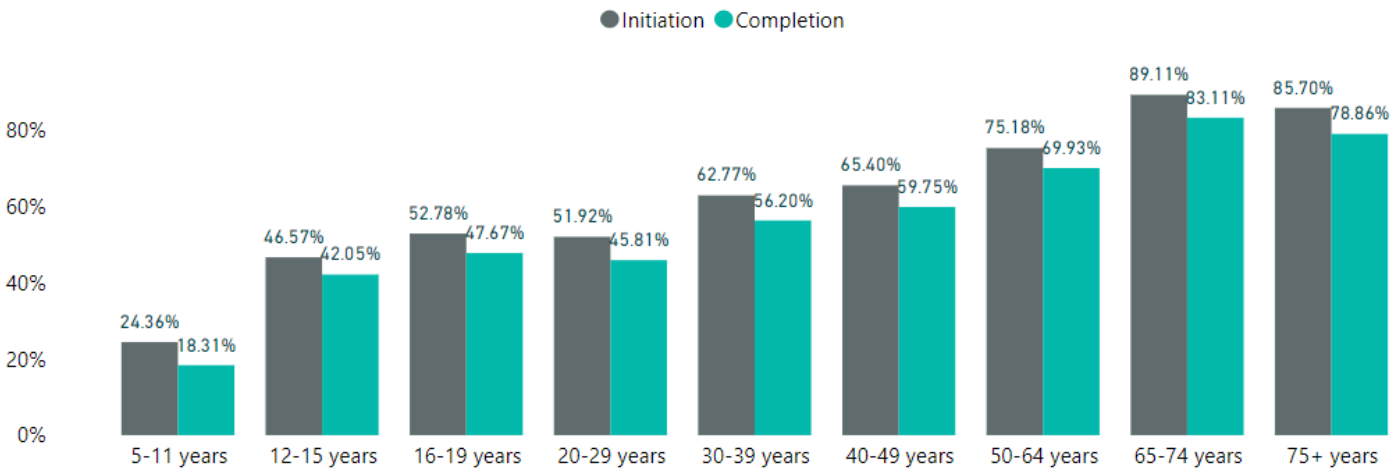
Testing Options:

- Identify a testing location near you using the [Solv website](#)
- Identify an MDHHS supported [Point of Entry/Welcome Center/Airport Testing site, or Neighborhood or Community popup testing site](#)
- [MI Safe Schools Testing program](#) – for schools to administer tests on site for students and staff to ‘test to stay’
 - Schools can order tests through the [Mi Safer Schools: School Antigen COVID Test Ordering form](#)
- MI Backpack Home Test Program – schools can sign up to be distributed ‘At Home’ or ‘Over-the-Counter’ Tests for students to take home for personal use
 - Schools can express interest here: <https://forms.office.com/g/is9FYDMRzn>
- More to come as Michigan sustains and expands At Home Test [distribution through Michigan Libraries](#)
- Order free at home tests through the federal government: <https://www.covidtests.gov/>

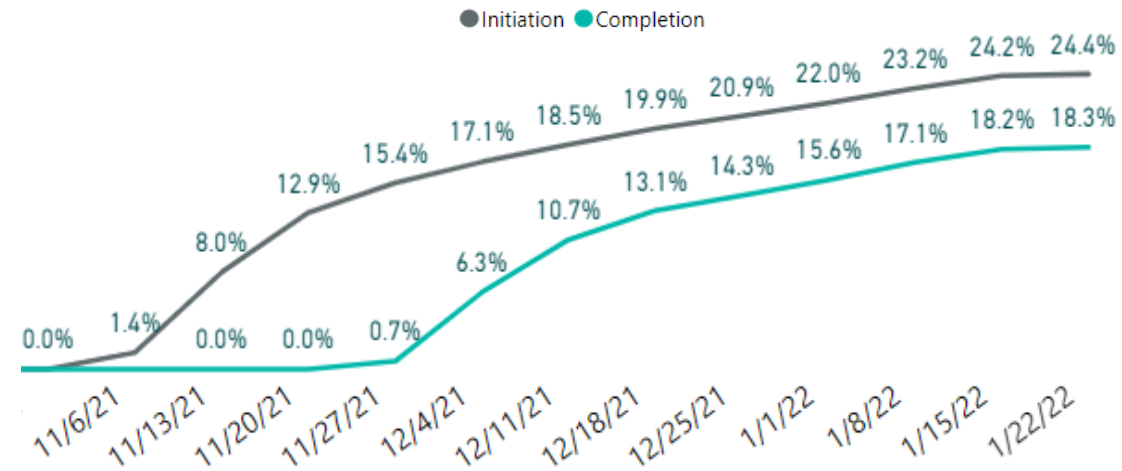
Vaccinations and Boosters

- Nearly 14.5 million COVID-19 vaccine doses have been administered in Michigan
 - Over 6.4 million Michiganders have received at least one dose (64.6%)
 - Over 5.8 million Michiganders have completed a primary series (57.6%)
 - Over 2.7 million additional/booster doses have been administered in Michigan
 - 46.4% of the fully vaccinated population has received a booster
 - 70.5% of the fully vaccinated population 65 years of age or older has received a booster

COVID Vaccine Coverage by Age Group



Initiation and Completion Trends in 5-11-year-olds



<https://covid.cdc.gov/covid-data-tracker/#vaccinations>

https://www.michigan.gov/coronavirus/0,9753,7-406-98178_103214_103272-547150--,00.html

Current Trends and Projections

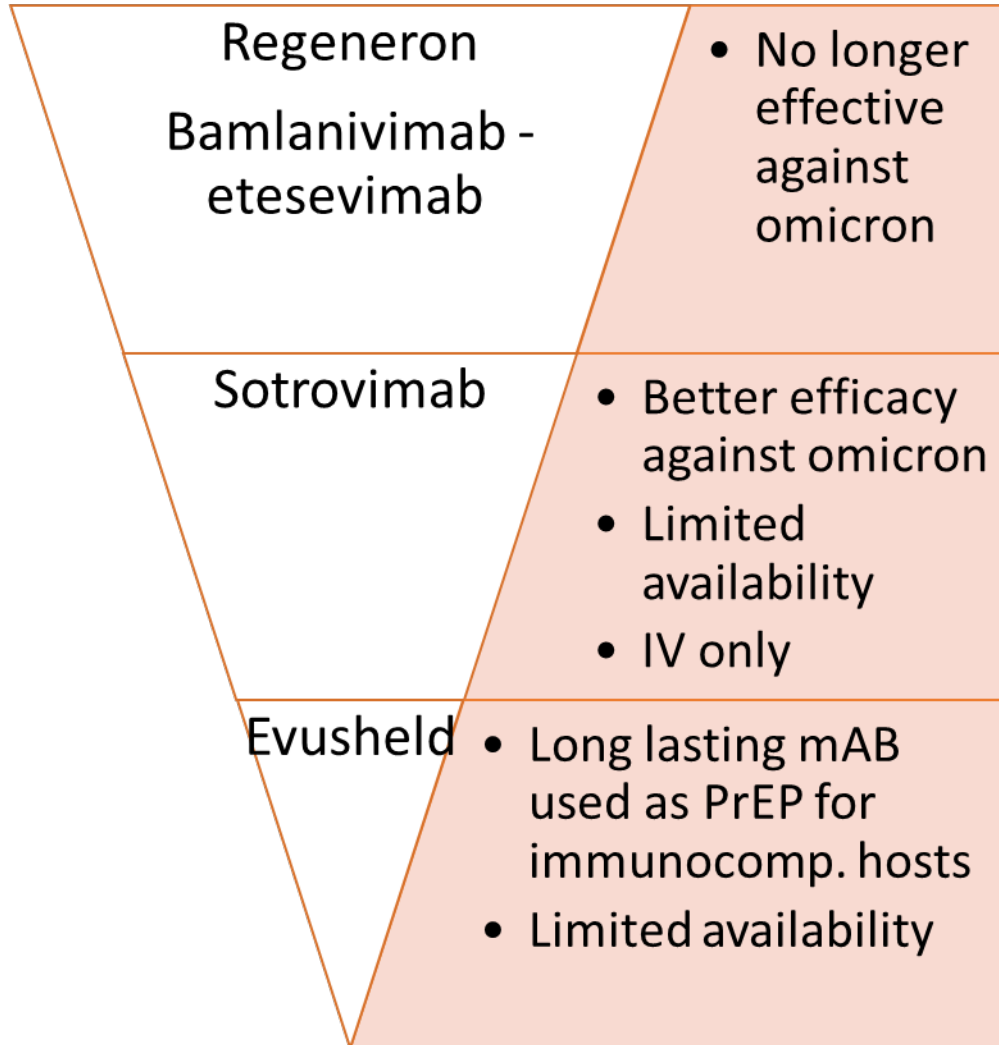
Prevent Death and Severe Outcomes

Protect Healthcare Capacity

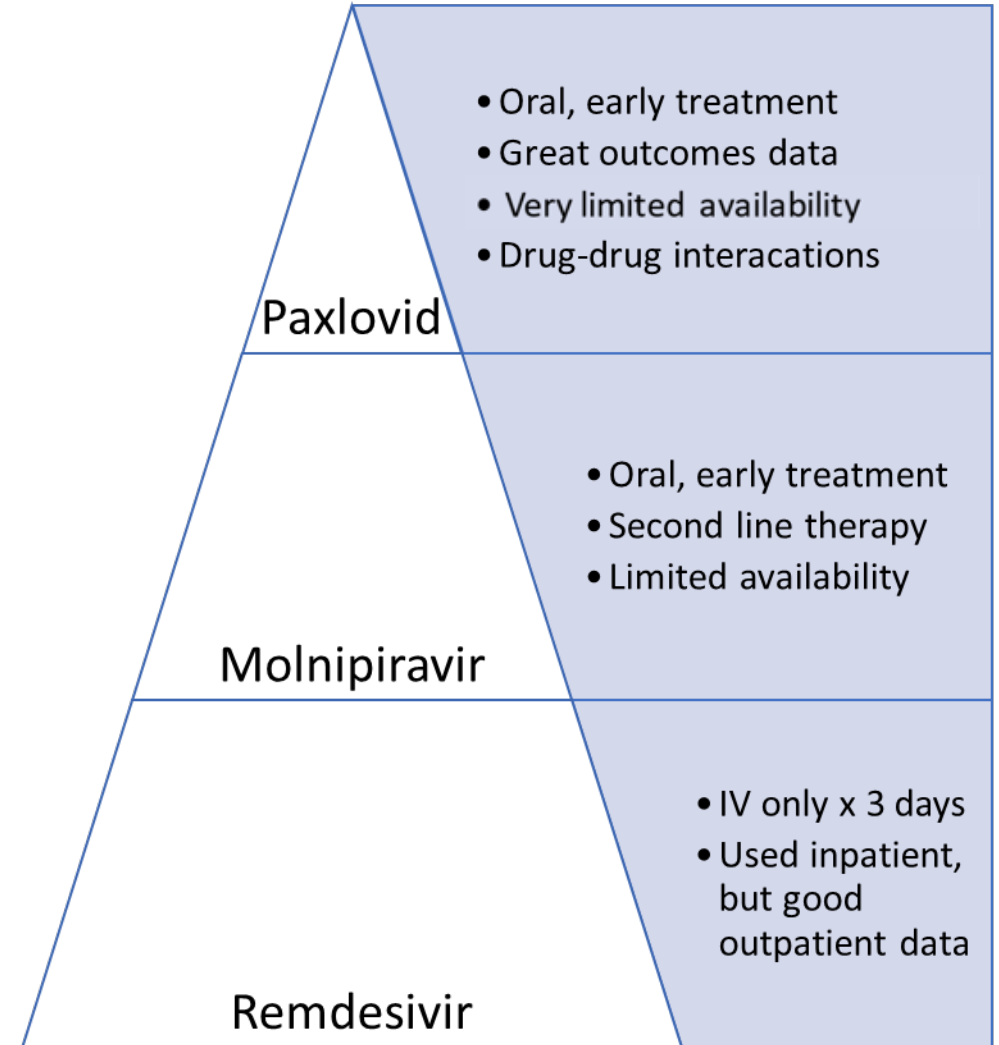
Keep Vital Infrastructure Functioning

Therapeutics

Antibodies



Antivirals



Vaccines

Protect against severe outcomes

Boosters are more important than ever, and available for individuals 12+



Masks, Distancing & Ventilation

Prevent spread

Well-fitting, high-quality masks in all indoor public or crowded settings are more important than ever



Protect Yourself, Protect Your Community



Tests

Prevent spread

We encourage testing before gatherings, with symptoms, and after exposure

Treatment

Protect against severe outcomes

Oral antivirals and monoclonal antibody infusions are available

