

Kentucky Board of Education COVID-19 Update

Commissioner Steven J. Stack, MD, MBA

August 28, 2020



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Lots of Data at
www.kycovid19.ky.gov

Kentucky Coronavirus Monitoring

Current as of August 27, 2020

Total Positive

45,978

Probable: 3,809 - Confirmed: 42,169

Total Tested

848,937

PCR: 789,076 - Serology: 46,538 - Antigen: 13,323

Deaths

910

Probable: 6 - Confirmed: 904

Positivity Rate*

4.80%

Recovered

9,731

Daily Reports

KY COVID-19 Daily Report

Long Term Care and other Congregate Facilities Update

K-12 School Public Health Report

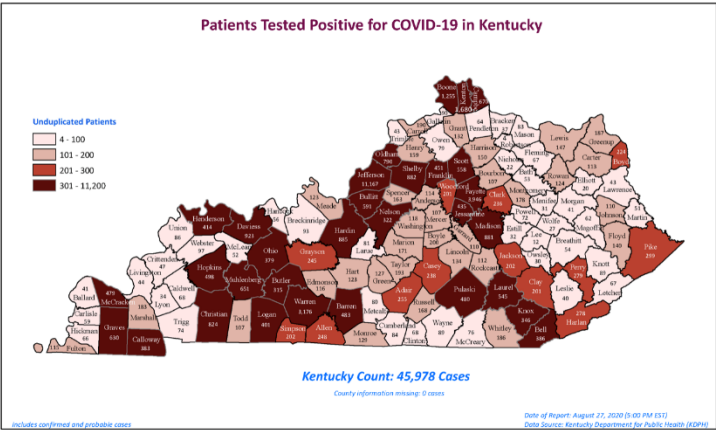
College and University Public Health Report

*Based on a 7-day rolling average. Timing of reporting overall lab results versus positives, repeat testing of individuals, duplicate entries and lack of reporting by some labs, make the data imprecise and more appropriate or useful for trending. [Learn more about how KDPH determines the positivity rate.](#)

Note: Data includes cases of COVID-19 reported to KDPH.

KY COVID-19 Case Classification

COVID-19 Daily Reports beginning June 1, 2020



Interactive Maps

View Confirmed Cases, Cases by County, Cases by Sex, Cases by Age Group, Confirmed Deaths, Deaths by Sex and Deaths by Age Group.

- Desktop Dashboard
- Mobile Dashboard

In the event of a discrepancy between case confirmations, please note kycovid19.ky.gov is reporting confirmed cases by the Kentucky Department of Public Health (KDPH). We are working diligently to confirm cases as they are reported to KDPH.

White House Coronavirus Task Force Reports for Kentucky

August 23, 2020 August 16, 2020 August 9, 2020 August 2, 2020 July 26, 2020

August 2020

Disease Activity Overview



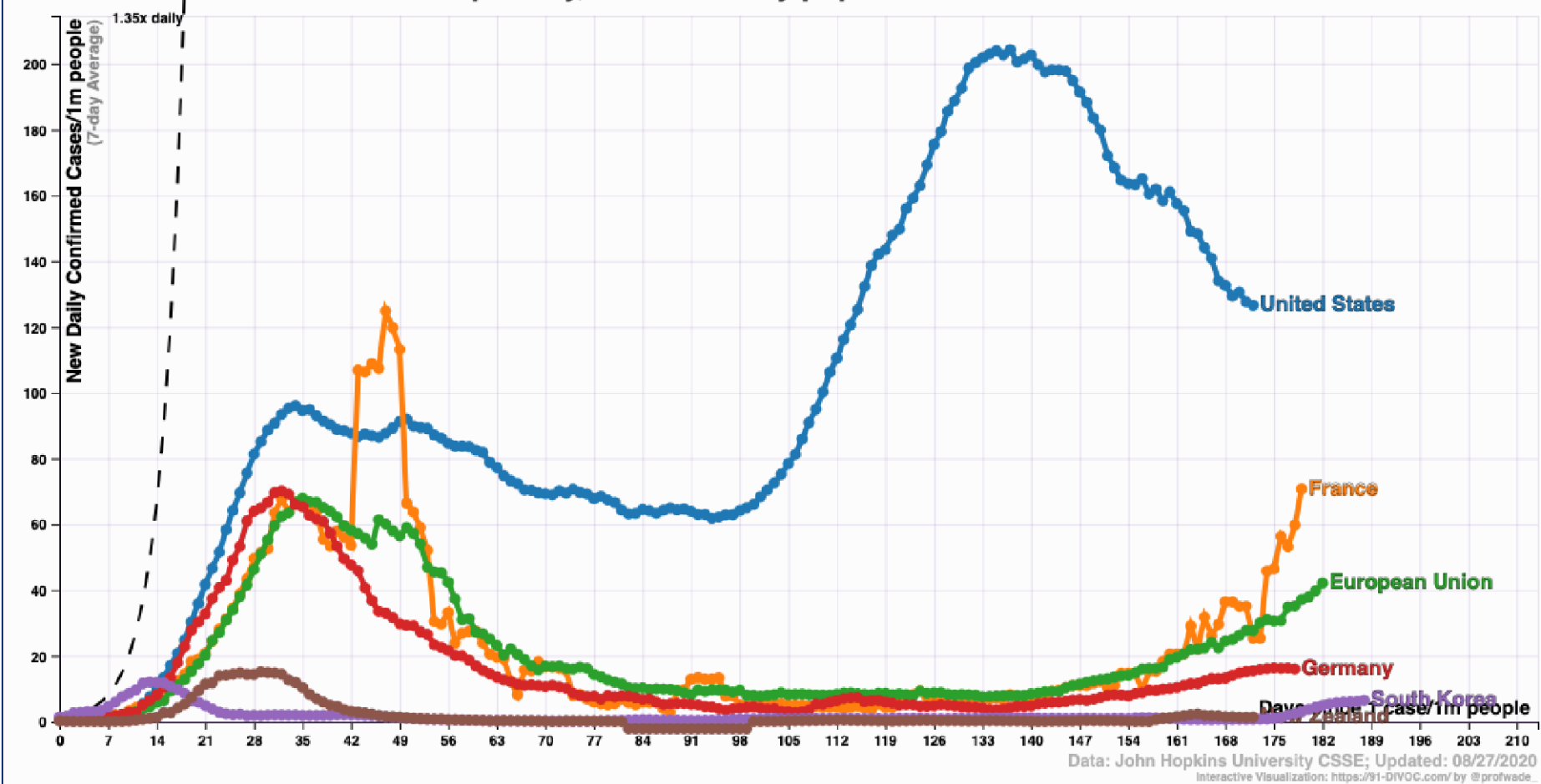
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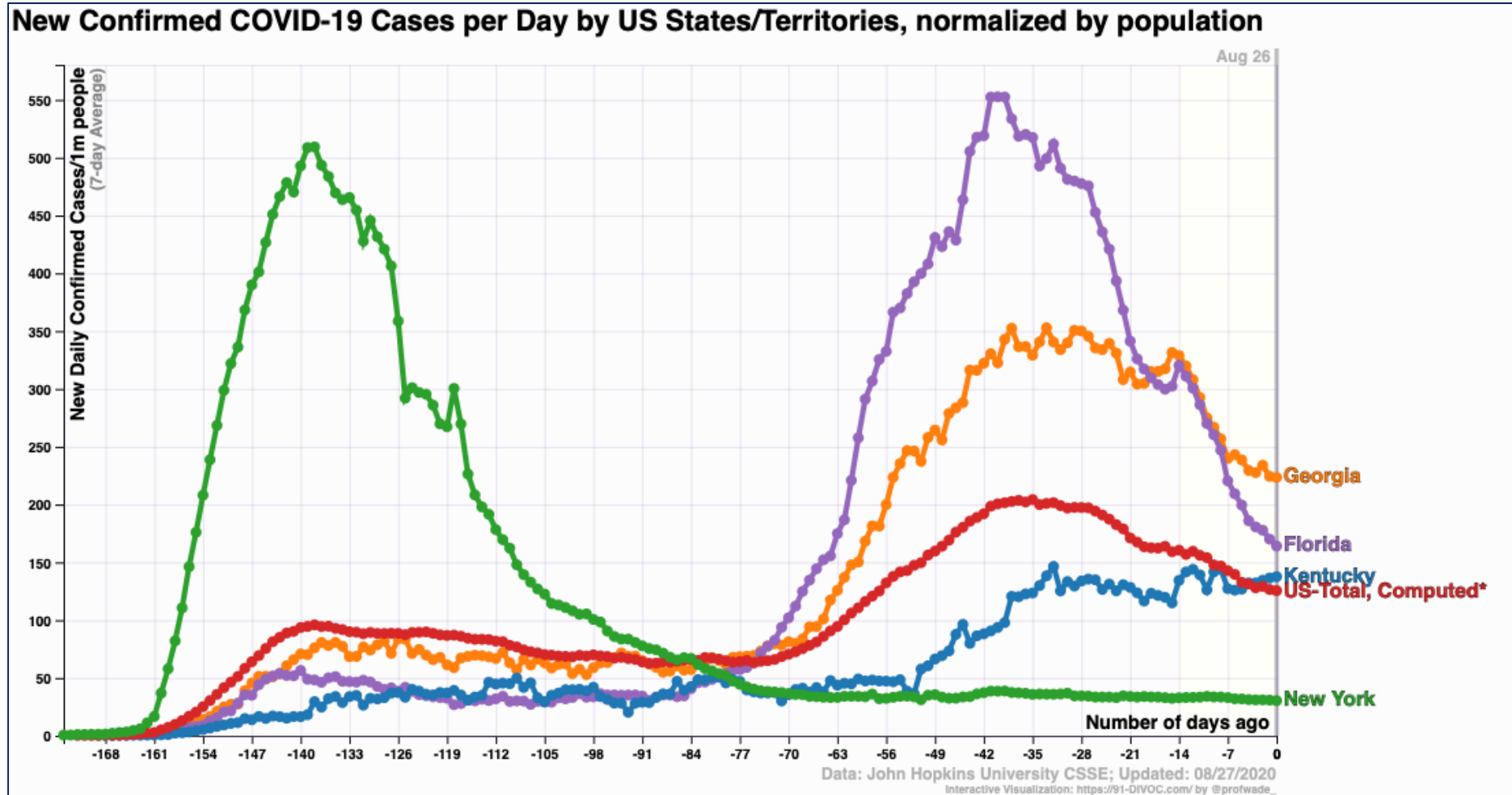
Global Disease Burden

New Confirmed COVID-19 Cases per Day, normalized by population



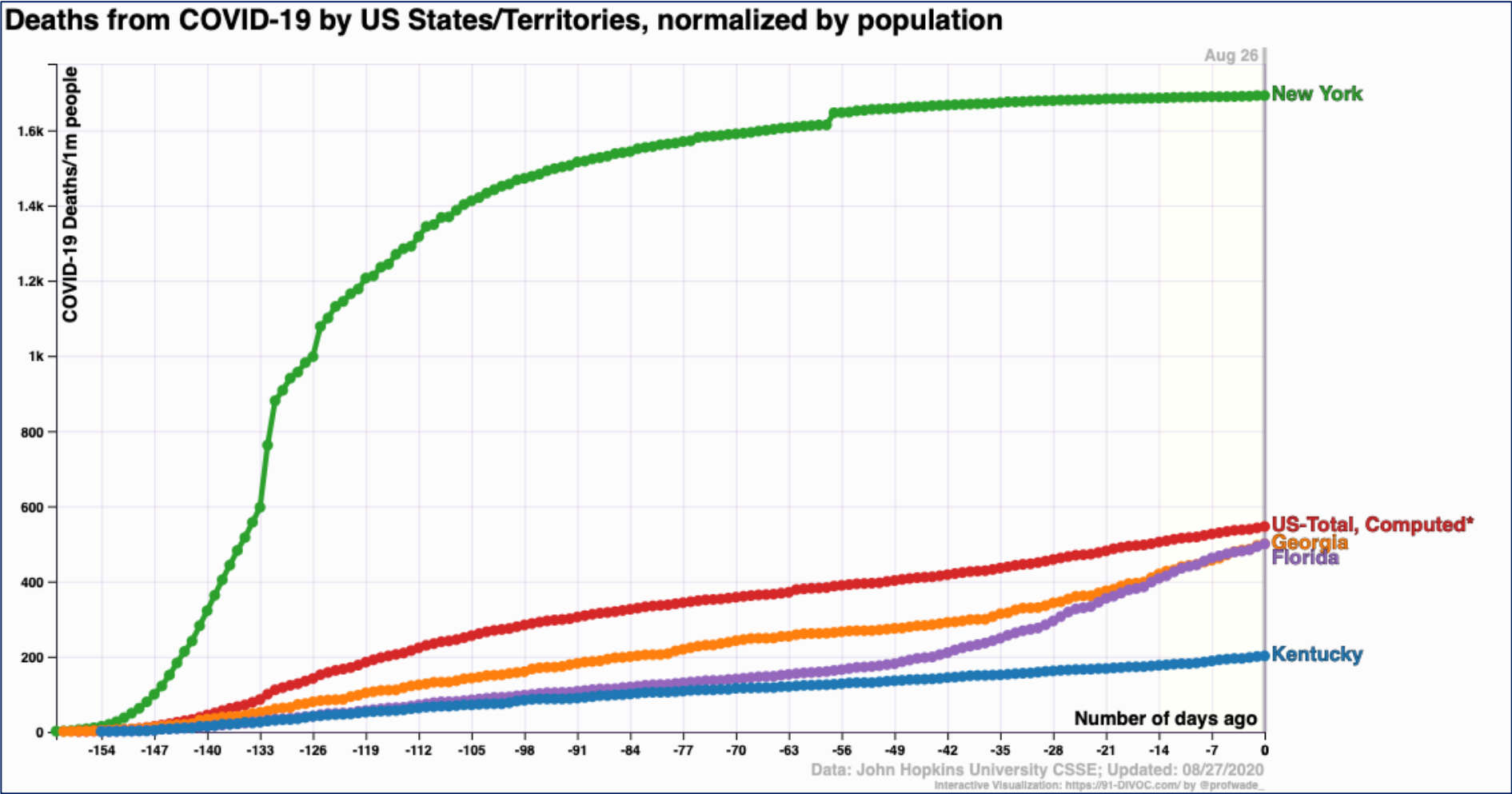


Domestic Disease Burden





Domestic Fatalities



August 2020

NYC Pandemics: 1918 vs. 2020



From: **Comparison of Estimated Excess Deaths in New York City During the COVID-19 and 1918 Influenza Pandemics**

JAMA Netw Open. 2020;3(8):e2017527. doi:10.1001/jamanetworkopen.2020.17527

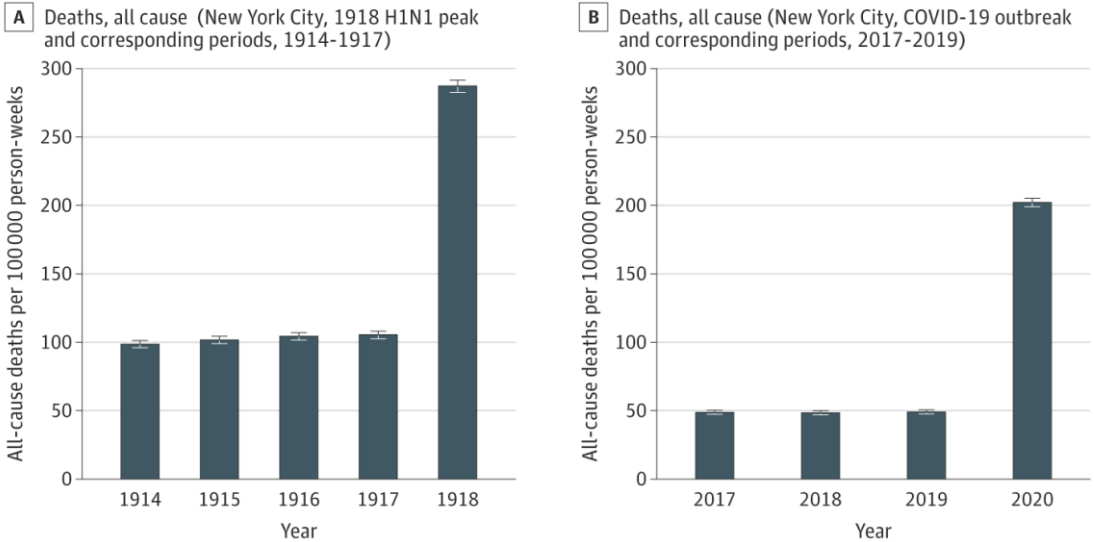
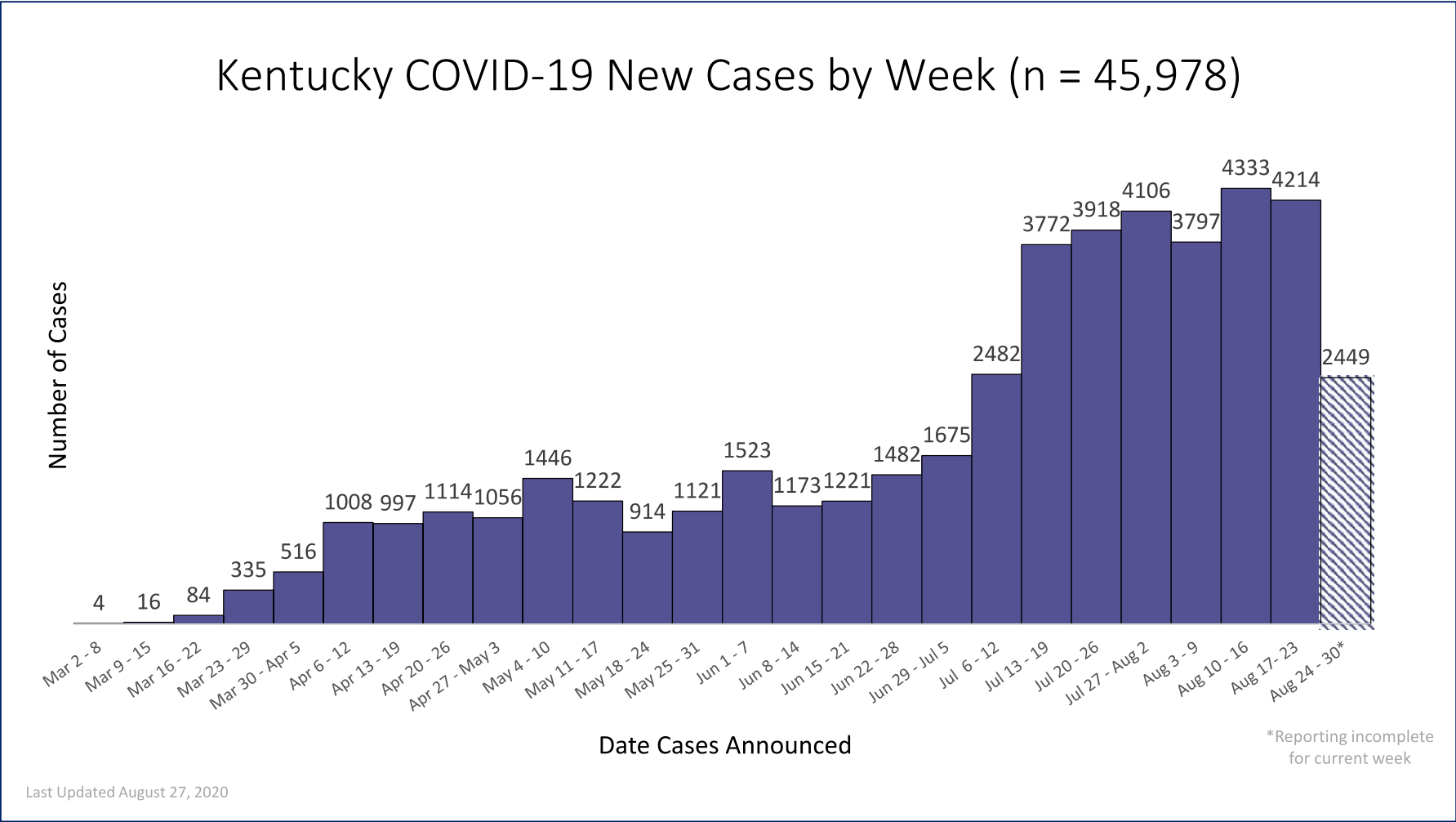


Figure Legend:

Deaths in New York City During the 1918 H1N1 Influenza Pandemic and the Coronavirus Disease 2019 (COVID-19) Pandemic and During the Preceding Years of Both Pandemics



KY New COVID-19 Cases by Week



COVID-19 and K-12 Schools



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Successful Reopening? Low Disease Rate



Reopening Schools: Lessons from Abroad

August 11, 2020 | Tyler Barton and Anand Parekh



Toplines

Schools around the world shut down because of COVID-19, but many developed nations have successfully reopened them without significant outbreaks



While there are many lessons that the U.S. can learn from other countries, a low rate of community transmission is the most important factor in reopening schools



<https://www.commonwealthfund.org/blog/2020/reopening-schools-lessons-abroad>

August 2020



Preparing K-12 School Administrators for a Safe Return to School in Fall 2020

Updated Aug. 26, 2020

Languages ▾ [Print](#)



Key considerations for school administrators

- COVID-19 transmission rates in the immediate community and in the communities in which students, teachers, and staff live
- Approaches to cohorting that fit the needs of your school/district and community (e.g., keeping students in class pods, staggering when students return to school facility, having the same teacher stay with the same group of students)
 - Can unused or underutilized school spaces, including outdoor spaces, be repurposed to increase classroom space and facilitate social distancing?
- Concurrently implementing multiple strategies in school to prevent the spread of COVID-19 (e.g., social distancing, cloth face coverings, hand hygiene, and use of cohorting)
- Best practices for your school and community to communicate, educate, and reinforce personal protective behaviors to prevent the spread of COVID-19 in school and in the community
- Integrating strategies to reduce COVID-19 transmission into co-curricular and extracurricular activities (e.g., limiting participation in activities where social distancing is not feasible)
- Planning and preparing for when someone gets sick
- Working with state and local health authorities to develop a plan to conduct contact tracing in the event of a positive case
- Communicating appropriately to families about home-based symptom screening

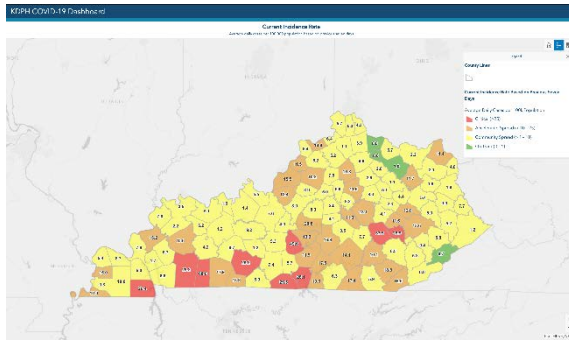
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/prepare-safe-return.html>

August 2020

Preparing K-12 School Administrators for a Safe Return to School in Fall 2020

Updated Aug. 26, 2020

Languages ▾ Print

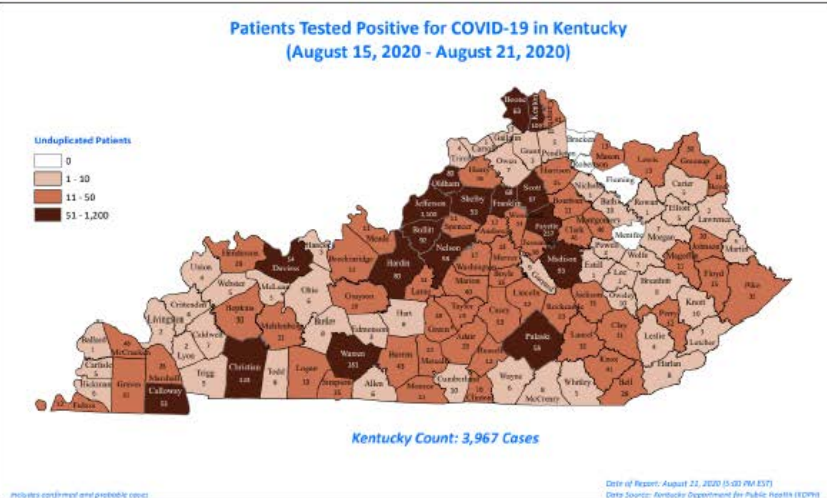
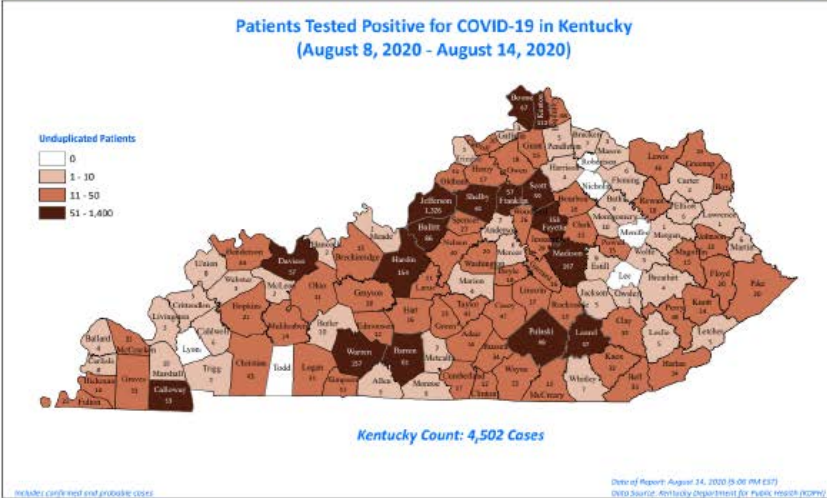
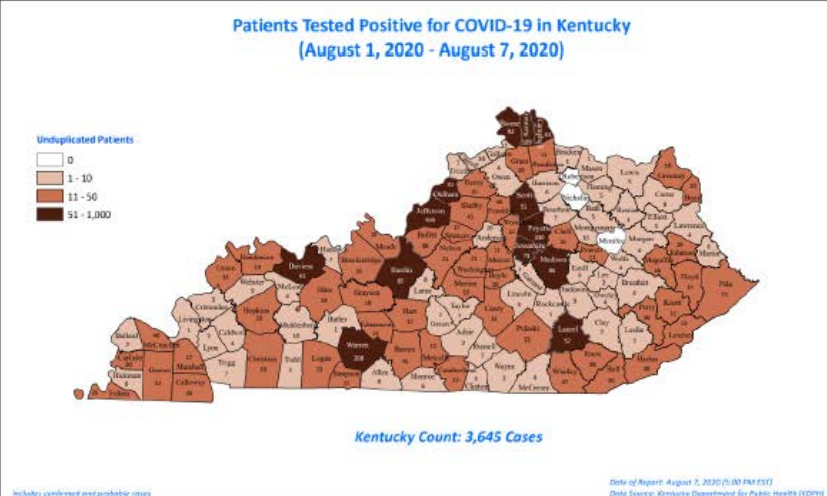
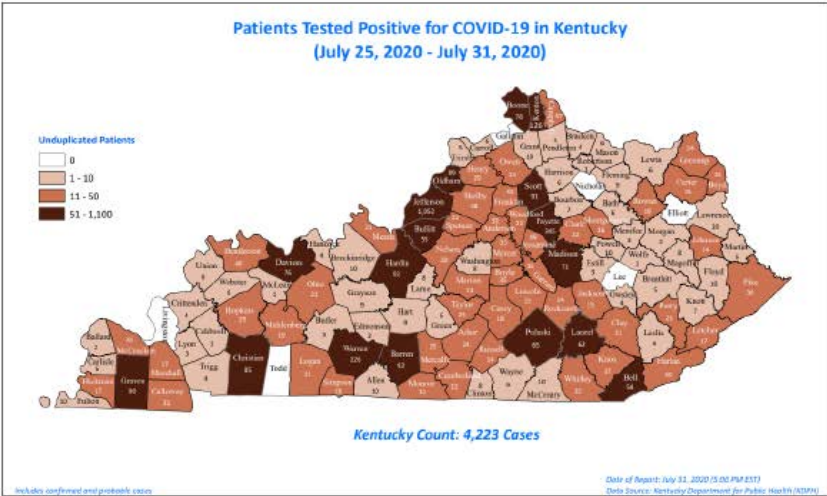


- If there is substantial, controlled transmission, significant mitigation strategies are necessary. These include following all the actions listed above and also ensuring that student and staff groupings/cohorts are as static as possible with limited mixing of student and staff groups, field trips and large gatherings and events are canceled, and communal spaces (e.g., cafeterias, media centers) are closed.
- If there is substantial, uncontrolled transmission, schools should work closely with local health officials to make decisions on whether to maintain school operations. The health, safety, and wellbeing of students, teachers, staff and their families is the most important consideration in determining whether school closure is a necessary step. Communities can support schools staying open by implementing strategies that decrease a community's level of transmission. However, if community transmission levels cannot be decreased, school closure is an important consideration. Plans for virtual learning should be in place in the event of a school closure.



The Situation is Dynamic

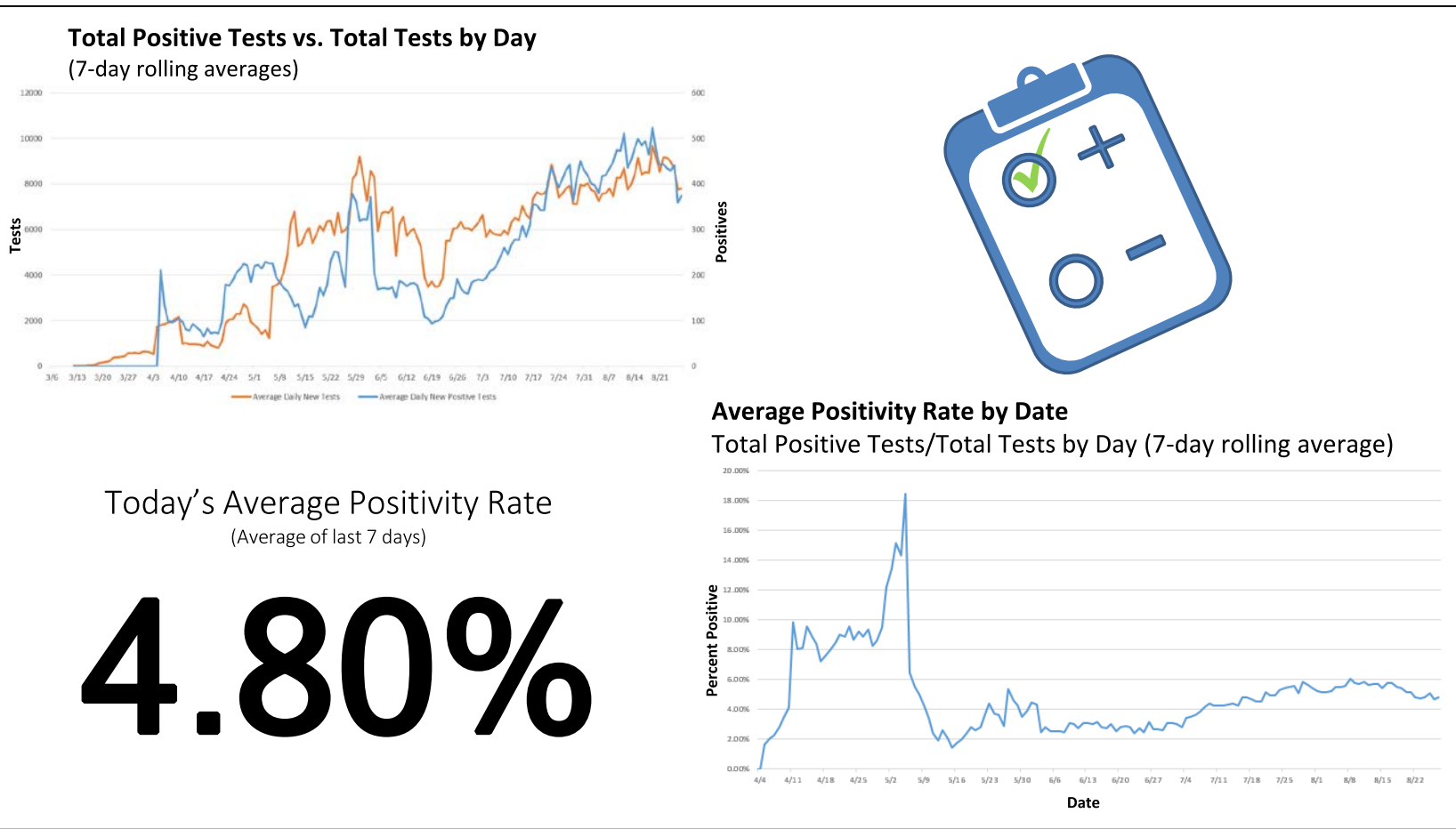
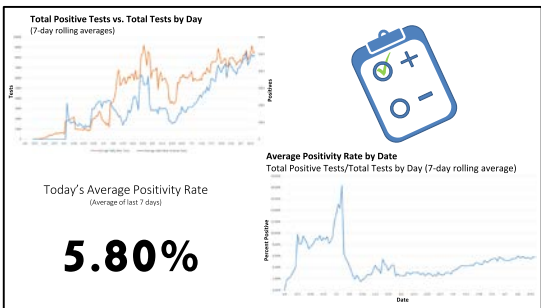
Patients Tested Positive for COVID-19 in Kentucky – Weekly Maps (July 25, 2020 – August 21, 2020)





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KY Test Positivity (8/17/20 & 8/27/20)

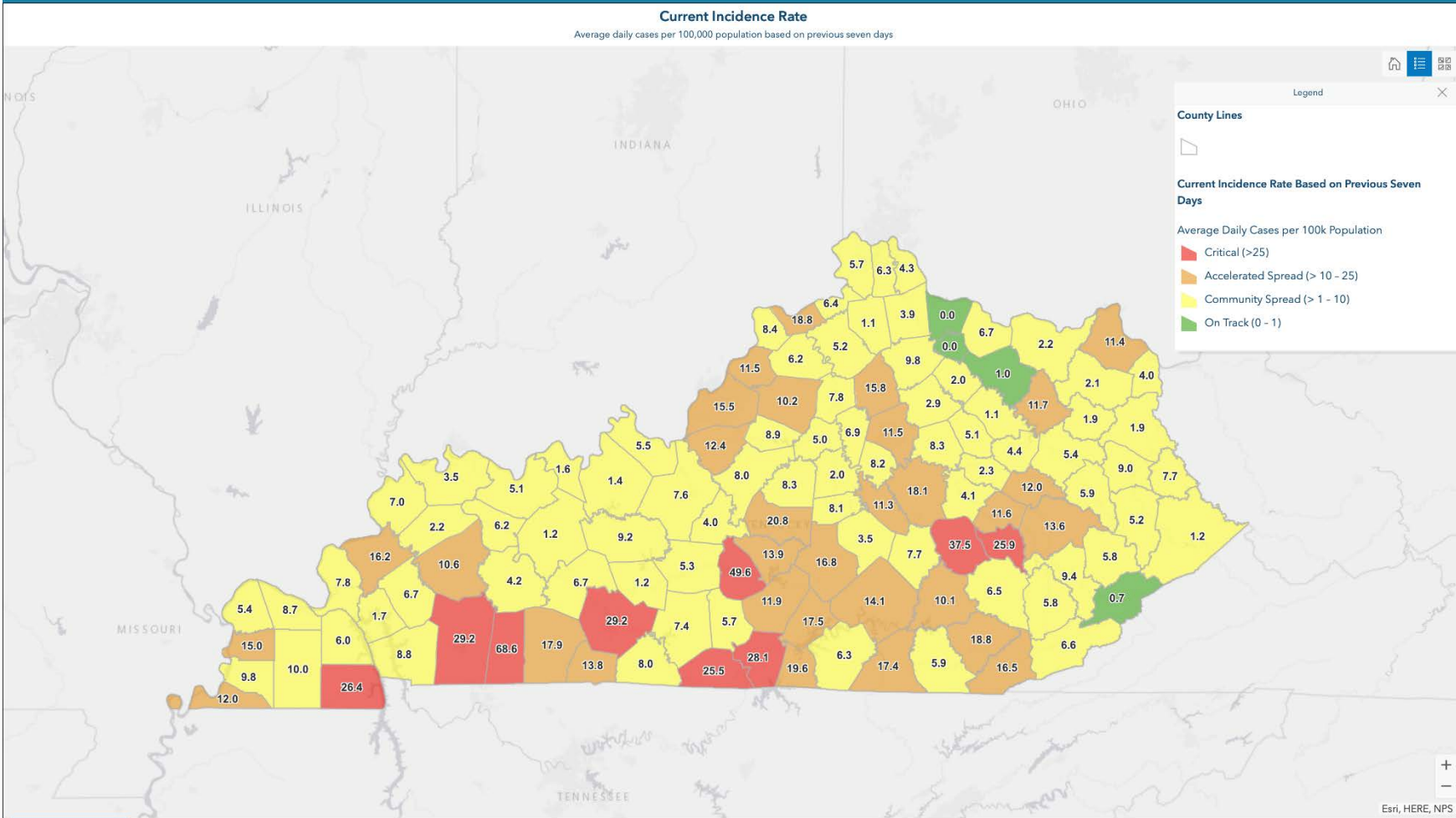


August 2020



KY Incidence Rate (8/27/20)

KDPH COVID-19 Dashboard



August 2020



County-Specific Protocols

SCHOOL RE-ENTRY METRICS & PROTOCOLS

The School Re-entry Metrics and Protocols – developed by Governor Jim Justice, the West Virginia Department of Health and Human Resources, and the West Virginia Department of Education – provide a consistent tool to determine whether schools can hold in-person instruction and scheduled athletic and extracurricular activities. **The protocols set forth in this document will be in effect so long as the state as a whole remains below a 5% positivity rate based on a seven-day rolling basis.** This tool will assess community transmission. The color-coded system is driven by data and science to monitor the level of COVID-19 in each county. Once the disease reaches identified levels, counties must respond with mitigation to prevent further spread. The metrics provide county education and local health officials the opportunity to make local decisions within permissible guidelines. Communities are key in managing the transmission of COVID-19 so that school, athletic and extracurricular activities can begin as scheduled and continue uninterrupted.

On September 8, 2020, all counties identified as green and yellow may begin in-person instruction and may maintain this status as long as levels remain steady. Counties with orange or red levels will not be permitted to open to in-person instruction until yellow or green levels are reached on a seven-day rolling basis. After opening, if a county elevates to orange, it may continue to operate under the orange school re-entry protocols. If the county continues to elevate to red, in-person instruction will be suspended and will not resume until the county's levels return to green or yellow.

For more information, visit wvde.us/reentrymetrics



Revised August 14, 2020



In-person Instruction

GREEN Minimal Community Transmission 7 OR FEWER CASES PER 100,000 PEOPLE

- » Continue best health practices to prevent the spread of disease.
- » Engage community to actively participate in continued mitigation.

YELLOW Increased Community Transmission 8-15 CASES PER 100,000 PEOPLE

- Local education leaders work with county health departments to determine increased mitigation measures such as:
- » Required masks for grades 3 and above in congregant settings where social distancing is limited.
 - » Increased hand washing and hygiene protocols.
 - » Increased student cohorting by limiting exposure outside of core groups.
 - » Limiting activities where social distancing is not feasible.
 - » Increased community engagement to prevent escalation of disease.

ORANGE Heightened Community Transmission 16-24 CASES PER 100,000 PEOPLE

- » Local county education leaders will work collaboratively with local health departments to implement aggressive mitigation measures both in schools and in communities.
- » Required masks grades 3-5 in congregant settings and grades 6 and above at all times.
- » Increased community engagement to prevent escalation of disease.

RED Substantial Community Transmission 25+ CASES PER 100,000 PEOPLE

- » Suspend in-person instruction and all school-related activities until yellow level is maintained on a seven-day rolling basis.
- » Activate remote learning.
- » Staff continues essential student support services including meals, student engagement and special education services.



Athletic & Extracurricular Activity Guidance

- » Athletic and extra-curricular activities permit spectators with limited tickets.

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- » Athletic and extracurricular activities to be limited to controlled practices/activities only.

- » All school-related athletic and extracurricular activities are suspended until yellow level is maintained on a seven-day rolling basis.

COVID-19 and High School Athletics



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Pediatric Viral Load & Disease Transmission

The JOURNAL
of PEDIATRICS

ORIGINAL ARTICLES | ARTICLES IN PRESS

Pediatric SARS-CoV-2: Clinical Presentation, Infectivity, and Immune Responses

Lael M. Yonker, MD  • Anne M. Neilan, MD • Yannic Bartsch, PhD • ... Galit Alter, PhD •
Jonathan Z. Li, MD, MMSc • Alessio Fasano, MD • [Show all authors](#)

Published: August 19, 2020 • DOI: <https://doi.org/10.1016/j.jpeds.2020.08.037>

Methods

Results

Discussion

Uncited reference

Supplementary data

References

Article Info

Figures

Tables

Related Articles

Data sharing: The data obtained as part of this study are available from the corresponding author upon reasonable request.

Objectives

As schools plan for re-opening, understanding the potential role children play in the coronavirus infectious disease 2019 (COVID-19) pandemic and the factors that drive severe illness in children is critical.

Study design: Children ages 0-22 years with suspected severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection presenting to urgent care clinics or being hospitalized for confirmed/suspected SARS-CoV-2 infection or multisystem inflammatory syndrome in children (MIS-C) at Massachusetts General Hospital (MGH) were offered enrollment in the MGH Pediatric COVID-19 Biorepository. Enrolled children provided nasopharyngeal, oropharyngeal, and/or blood specimens. SARS-CoV-2 viral load, ACE2 RNA levels, and serology for SARS-CoV-2 were quantified.

Results

A total of 192 children (mean age 10.2 +/- 7 years) were enrolled. Forty-nine children (26%) were diagnosed with acute SARS-CoV-2 infection; an additional 18 children (9%) met criteria for MIS-C. Only 25 (51%) of children with acute SARS-CoV-2 infection presented with fever; symptoms of SARS-CoV-2 infection, if present, were non-specific. Nasopharyngeal viral load was highest in children in the first 2 days of symptoms, significantly higher than hospitalized adults with severe disease ($P = .002$). Age did not impact viral load, but younger children had lower ACE2 expression ($P = 0.004$). IgM and IgG to the receptor binding domain (RBD) of the SARS-CoV-2 spike protein were increased in severe MIS-C ($P < 0.001$), with dysregulated humoral responses observed.

Conclusion

This study reveals that children may be a potential source of contagion in the SARS-CoV-2 pandemic in spite of milder disease or lack of symptoms, and immune dysregulation is implicated in severe post-infectious MIS-C.

August 2020

From: **A Game Plan for the Resumption of Sport and Exercise After Coronavirus Disease 2019 (COVID-19) Infection**

JAMA Cardiol. Published online May 13, 2020. doi:10.1001/jamacardio.2020.2136

COVID-19 Heart Disease

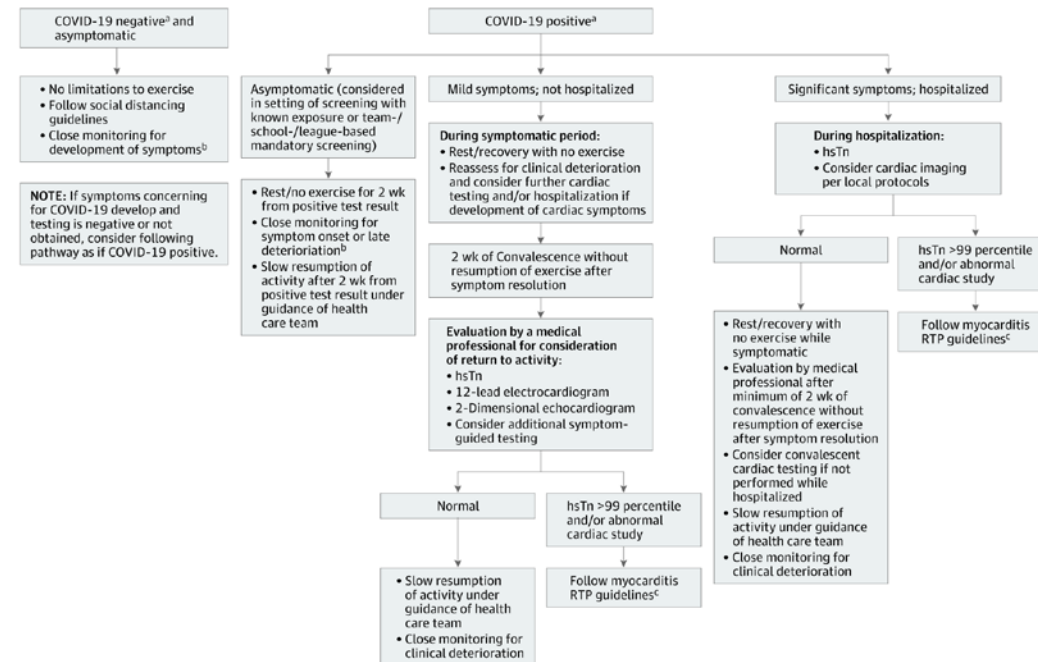
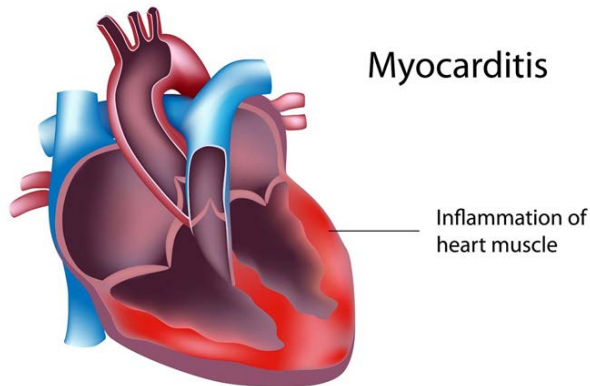


Figure Legend:

COVID-19 Return-to-Play Algorithm for Competitive Athlete and Highly Active People COVID-19 indicates coronavirus disease 2019; hsTn, high-sensitivity troponin I; RTP, return to play.

^aTypical testing obtained via a nasopharyngeal swab. All athletes with positive testing should be isolated for 2 weeks regardless of symptoms.

^bIf clinical and/or cardiac symptoms develop, follow appropriate clinical pathway.

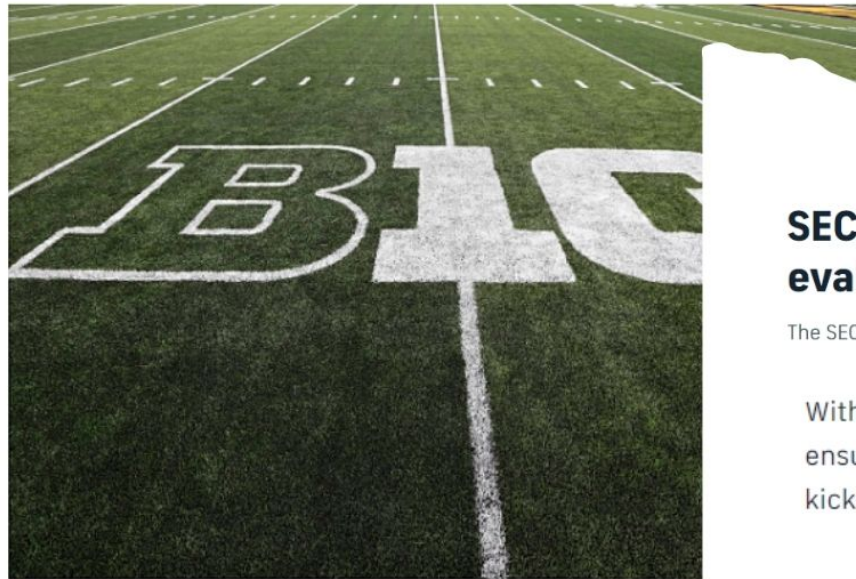
^cGiven lack of clean pathophysiology, we recommend American College of Cardiology/American Heart Association athlete myocarditis guidelines.



Ohio State

Behind the Big Ten's decision to cancel football lurks this rare heart condition linked to coronavirus

Updated Aug 13, 2020; Posted Aug 13, 2020



In this Aug. 31, 2019, file photo, the Big Ten logo is displayed on the an NCAA college football game between Iowa and Miami of Ohio in

COVID-19 AND SPORTS

CBSSPORTS.COM

SEC coronavirus protocols: Conference increasing cardiac evaluations, adding additional COVID-19 test

The SEC's protocols go above the guidelines set forth by the NCAA and Power Five conferences

With camps open and the start of the 2020 season around the corner, the need to ensure the health and safety of student-athletes has become paramount as we near kickoff. As a result, the SEC has decided to beef up its testing procedures.



COVID-19 AND SPORTS

Doctor warns athletes who contract coronavirus may develop rare heart condition

"We're not sure of the overall impact of what that means. We're continuing to get more data," Dr. Curt Daniels of Ohio State University said.

Aug 13, 2020 3:03 PM By: Mahoning Matters staff



Dr. Curt Daniels of Ohio State University said training athletes who contract coronavirus may develop rare heart condition requiring them to be sidelined. He spoke during the state's Thursday, Aug. 13, 2020.

Of the athletes with coronavirus who were examined at OSU, doctors found between **10 and 13% had developed mild cases of myocarditis**, which is inflammation of heart muscle.

SEC Testing Protocols

BIRMINGHAM, Alabama (August 21, 2020) - The Southeastern Conference has clarified and expanded its previously announced COVID-19 management requirements for the fall athletics season by specifying the cardiac evaluation requirements in its initial report and confirming a third weekly test prior to competition.

The SEC's initial medical response plan for confirmed infected individuals called for a cardiac evaluation for those individuals returning to activity following isolation. The SEC's Return to Activity and Medical Guidance Task Force has now specified the cardiac evaluation would mandate a troponin level, electrocardiogram, echocardiogram and a medical evaluation by a physician.

In addition, as part of the SEC's COVID-19 management requirements announced previously, SEC members committed to enhanced testing that includes a minimum of two PCR tests per week during weeks of competition. The SEC, at the recommendation of the Task Force, has now confirmed a third rapid diagnostic test will be performed each week close to competition for sports with a high risk of close contact.

"We remain vigilant in monitoring the trends and effects of COVID-19 as we learn more about the virus, and this cardiac evaluation enhances the effectiveness of the protocols already in place," said SEC Commissioner Greg Sankey. "We are confident in our institutions' ability to provide a healthy environment supported by rigorous testing and surveillance. Our student-athletes have indicated their desire to compete and it is our responsibility to make every effort to deliver a healthy and medically sound environment for providing that opportunity."

As outlined in the initial COVID-19 management requirements of the Task Force, the SEC will coordinate centralized testing through a third-party provider to ensure consistency in surveillance and pre-competition testing.

The 14 members of the SEC have committed to honoring the scholarship of any student-athlete who chooses to opt out of playing the fall 2020 season due to concerns related to COVID-19.





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High School Athletics



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Kentucky Experience in Past Couple Weeks



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Looking Ahead

- Pediatric & adolescent disease transmission
 - Impact on minors
 - Impact on adults
- Testing
- Isolation, quarantine, & tracing
- Long-term COVID-19 medical consequences
- COVID-19 consequences
- Non-COVID-19 consequences
- Known unknowns and unknown unknowns



**Unfortunately, there is no easy path. But,
we will get through this together.**

Thank you!



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