



**Mohammed Choudhury**  
State Superintendent of Schools

**FROM:** Mohammed Choudhury

**DATE:** February 22, 2022

**SUBJECT:** School Logistics and Transmission Rates related to COVID-19 - Update

---

**PURPOSE:**

The purpose of this item is to provide an update on school logistics and transmission rates related to the COVID-19 pandemic.

**BACKGROUND/HISTORICAL PERSPECTIVE:**

Beginning with the September 28, 2021, State Board meeting, and for each subsequent State Board meeting, updates are provided on school logistics and transmission rates related to the COVID-19 pandemic.

**EXECUTIVE SUMMARY:**

Data on how the local school systems are addressing vaccinations, screening, testing, and contact tracing, data on the number of students and staff who have needed to be quarantined, positivity rates, 7-Day moving average case rates per 100K by jurisdiction, community transmission levels, statewide hospitalizations, and local school system instructional modes. The February 22, 2022, presentation will also cover information on county wide vaccination rates and an overview of the face covering requirement off-ramps per the existing emergency regulations, an explanation of the CDC transmission rate methodology, and an overview of states that are lifting the school face covering requirements and other national, statewide shifts occurring as it relates to COVID-19 mitigation strategies.

**ACTION:**

For discussion only.

**ATTACHMENT:**

School Logistics and Transmission Rates related to COVID-19 - Update PowerPoint February 22, 2022  
Summary of States/Territories with Current or Recent Mask Mandates in Schools  
*The End of K-12 Contact Tracing? Some Schools Say Symptoms, Not Exposure, Should Spur Tests* (The 74 January 25, 2022)



**School Logistics and Transmission Rates Related to COVID-19 –  
Update  
Maryland State Board of Education  
February 22, 2022**

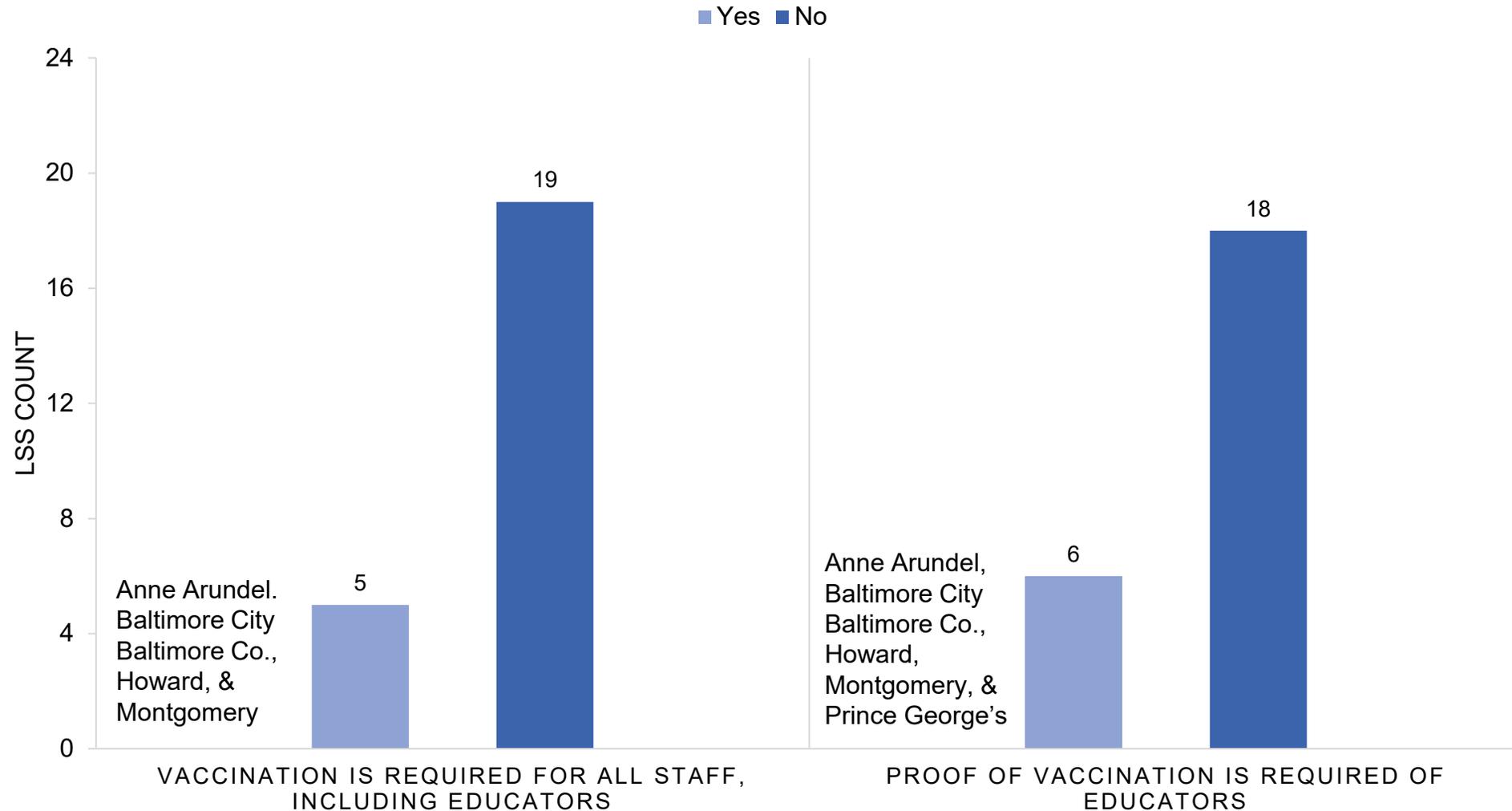
- Data collected related to COVID-19 logistics from the 24 local school systems (LSSs) through February 16, 2022 (LSSs update the data weekly)
- Data published by the Maryland Department of Health (MDH) on the most recent positivity rates, as well as the 7-day moving average case rates per 100K population for each jurisdiction, community transmission levels (CDC data), and statewide hospitalizations
- Information about MDH and federal guidance and testing programs
- Data on the percentage of the total population in each county who are fully vaccinated, information about the off-ramp available to LSSs in relation to lifting face covering restrictions
- Emerging nationwide trends in response to the latest COVID-19 developments

# Vaccinations

# Vaccinations Requirements for Staff



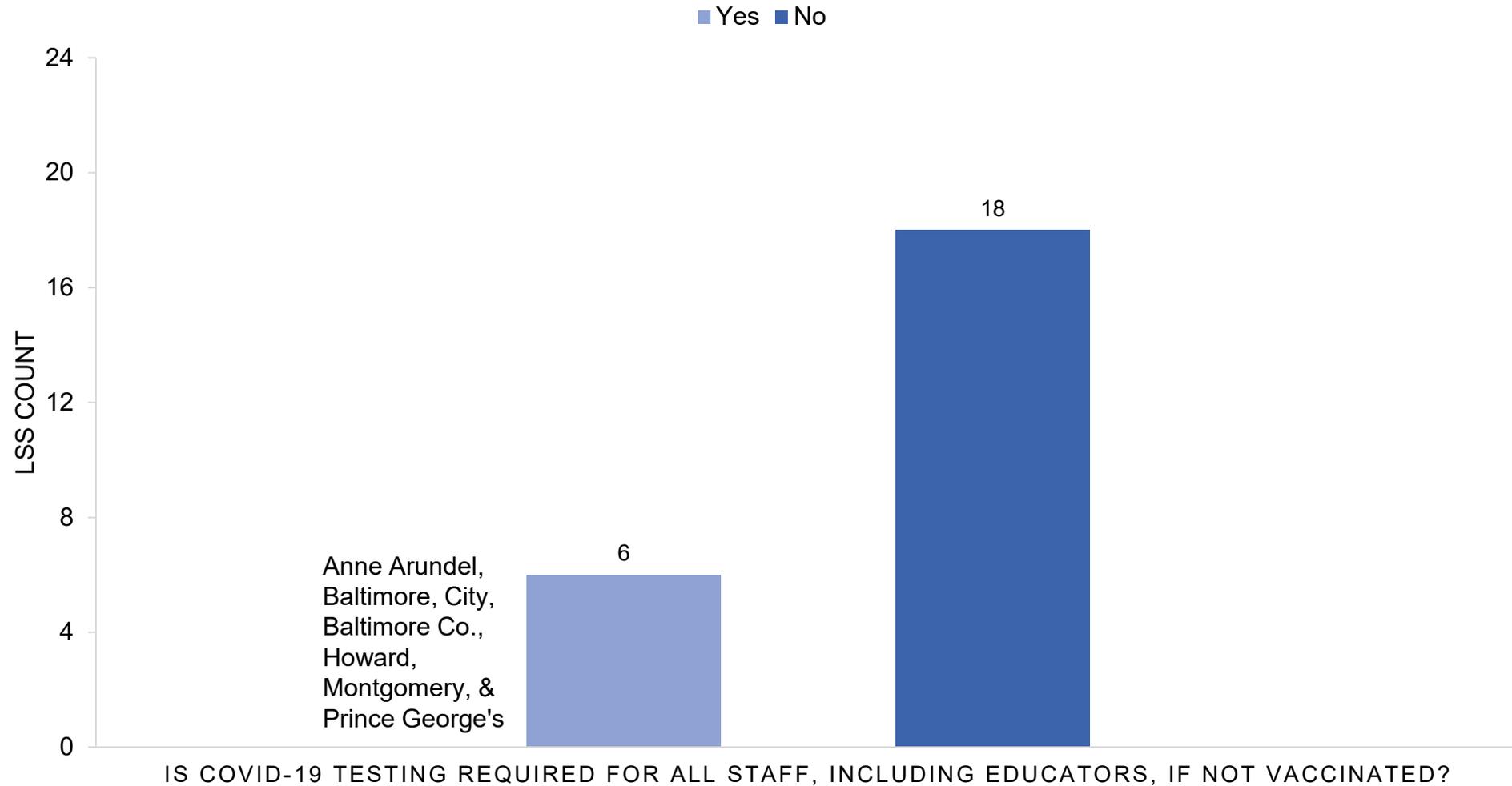
## VACCINATION REQUIREMENTS as of 02/16/2022



# COVID-19 Testing for Unvaccinated Staff



## COVID-19 TESTING AS OF 02/16/2022



# Reported Percentage of Teachers Vaccinated as of 02/16/2022



LSS	%	LSS	%	LSS	%
Allegany County	75%+	Charles County	70-80%	Prince George's County	90%
Anne Arundel County	91%	Dorchester County	48%	Queen Anne's County	Approximately 78%
Baltimore City	93%	Frederick County	70%+	Somerset County	68%
Baltimore County	83%	Garrett County	85%	St. Mary's County	Approximately 87%
Calvert County	82%	Harford County	74% of teachers who are Harford County residents	Talbot County	85%
Caroline County	62%	Howard County	94%	Washington County	72%+
Carroll County	85%	Kent County	80%	Wicomico County	Approximately 67%
Cecil County	85%	Montgomery County	95%	Worcester County	66%

# Screening, Testing, and Contact Tracing

# COVID-19 Testing Definitions



- **Diagnostic Testing** – is intended to identify current infection in individuals and is performed when a person has signs or symptoms consistent with COVID-19, or is asymptomatic, but has recent known or suspected exposure to SARS-CoV-2. Examples of diagnostic testing include:
  - Testing persons with symptoms consistent with COVID-19, whether or not they are vaccinated.
  - Testing persons as a result of contact tracing efforts.
  - Testing persons who indicate that they were exposed to someone with a confirmed or suspected case of COVID-19.
- **Screening Tests** – are recommended for unvaccinated (or vaccinated) people to identify those who are asymptomatic and do not have known, suspected, or reported exposure to SARS-CoV-2. Screening helps to identify unknown cases so that measures can be taken to prevent further transmission. Examples of screening tests include:
  - Testing students, faculty, and staff in a school or university setting.
- **Test-to-Stay (TTS)** – is a practice comprised of contact tracing and serial testing (testing that is sequentially repeated) to allow school-associated close contacts who are not fully vaccinated (or are fully vaccinated) to continue in-person learning during their quarantine period. While implementation of TTS may vary, contact tracing and testing as well as masking of contacts during their in-school quarantine period are integral to minimize risk of transmission.

[Definitions retrieved from the Center for Disease Control \(CDC\) - Overview of Testing & Test-to-Stay](#)

- COVID-19 testing sites are available across the State and are accessible by specific location, zip code, etc. on the MDH website.
- On January 11, 2022, the Governor and the MDH announced:
  - The opening of new COVID-19 testing sites across the state;
  - Expanded hours; and
  - Free walk-up or drive-through COVID-19 testing without an appointment.

# MDH K-12 COVID-19 Screening Program Available to LSSs and Non-Public Schools



- Since July 2021, the MDH and the MSDE have offered the opportunity for LSSs and non-public schools to participate in a free K-12 COVID-19 Screening Testing Program.
- The testing program operates in conjunction with the Diagnostic Testing Program.
- Participating schools and school systems must complete an application and choose from a variety of State-contracted testing vendors who provide end-to-end testing services onsite in schools.
- Testing vendor services include:
  - Conducting an assessment to assist in identifying school testing needs;
  - Providing clinical staff to administer tests and assist with test collection;
  - Transferring tests to laboratories;
  - Communicating test results through their resulting portal; and
  - Reporting results to schools and health authorities.

Source: Maryland Department of Health

# MDH K-12 Testing Program - Overview

(as Reported to the MSDE on 02/11/2022)



- In the 2021-2022 school year, the MDH has conducted 1,470,861 tests.
- Since the start of January 2022, 405,000 tests have been administered in participating schools.
- Since the start of January 2022, the MDH has distributed 121,080 Abbott BinaxNOW PRO tests to schools.
- Maryland is also participating in the White House's Abbott BinaxNOW PRO test distribution initiative.

# White House's Abbott BinaxNOW PRO Test Distribution Initiative

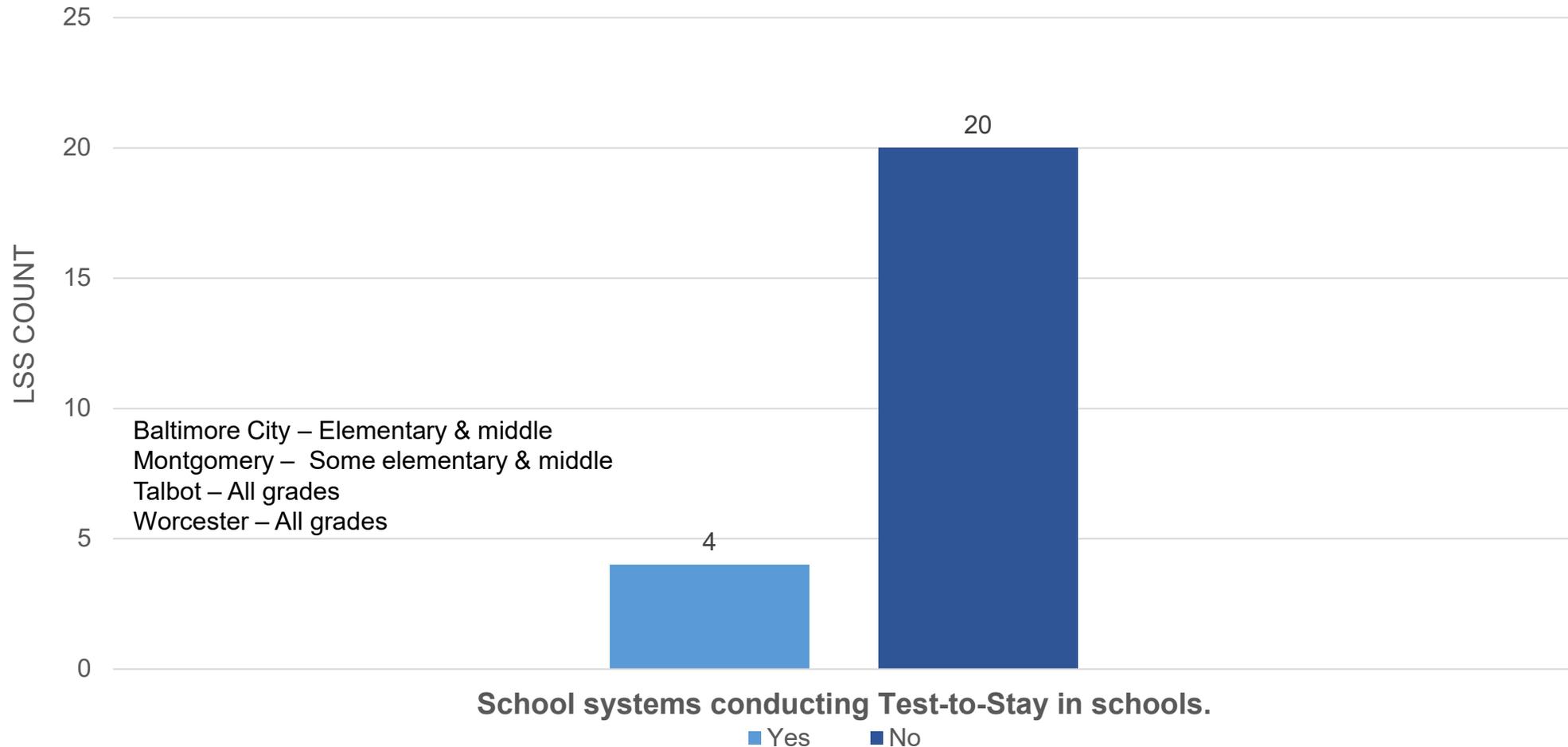


- CDC is providing five million POC tests to schools nationwide every month.
- States can select five LSSs to receive these tests in each distribution cycle, with priority given to LSSs with the most socially vulnerable students.
- Since mid-January, Maryland schools have received 126,000 Abbott BinaxNOW PRO tests:
  - In 1<sup>st</sup> distribution, Baltimore City and Baltimore, Howard, Montgomery, and Prince George's county public schools received 60,000 tests (12,000 each).
  - In 2<sup>nd</sup> distribution, Anne Arundel, Cecil, Talbot, Wicomico, and Worcester county public schools received 32,000 tests cumulatively.
  - In 3<sup>rd</sup> distribution, Caroline, Carroll, Charles, Garrett, and Somerset county public schools received 21,000 tests cumulatively.
  - In 4<sup>th</sup> distribution, the Archdiocese of Baltimore and Baltimore City, Dorchester, Montgomery, and Prince George's county public schools received 13,000 tests cumulatively.
- The MDH point of contact for this initiative is Meredith Schlüssel ([meredith.schlüssel@maryland.gov](mailto:meredith.schlüssel@maryland.gov)).

# LSS Conducting Test-to-Stay in Schools

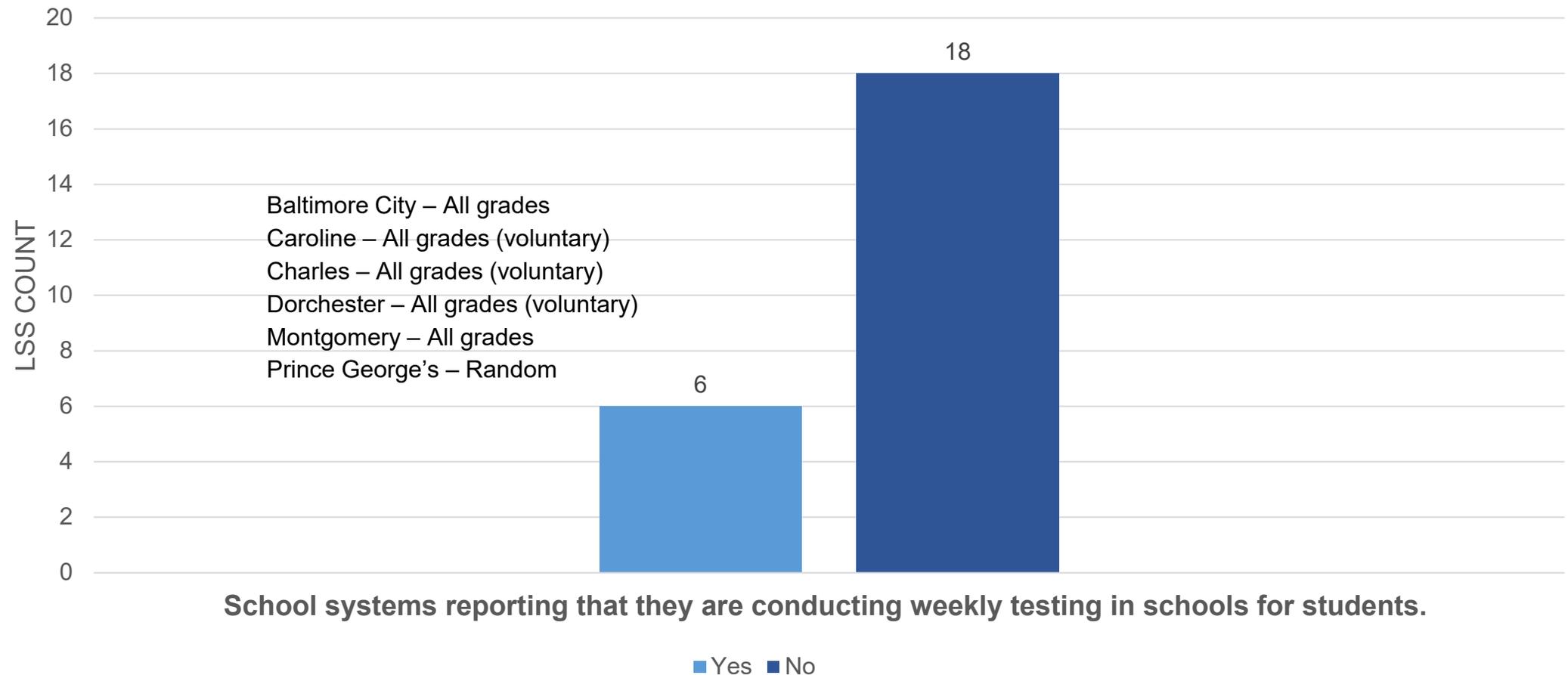


UPDATED 02/16/2022



# LSSs Conducting Weekly Testing

UPDATED 02/16/2022



- **Utilizing a centralized testing site.**
  - Allegany and Carroll
- **Testing for students in extracurricular activities e.g., athletics, clubs, etc.**
  - Anne Arundel, Baltimore County, Harford, Howard, Kent, Prince George's, Somerset, Talbot, and Wicomico
- **Diagnostic testing** (testing for students with symptoms).
  - Anne Arundel, Baltimore County, Calvert, Cecil, Garrett, Harford, Howard, Prince George's, Queen Anne's, Somerset, Talbot, Washington, and Wicomico
- **Testing through Local Health Department or Wellness Centers.**
  - Calvert and Caroline
- **Testing voluntarily in various formats.**
  - Caroline, Charles, Garrett, Howard, Queen Anne's, and Washington

# Factors Limiting Testing, Screening, and Contact Tracing Protocols



Local school systems report that factors include:

- Obtaining parent/guardian consent and family reluctance to test
- Sufficient staffing
- Test availability
- Sufficient resources – e.g., time, tests, etc.
- Managing the volume of cases
- Overall sustainability

# Quarantine and COVID-19 Data

# Interim K-12 School and Child Care COVID-19 Isolation and Quarantine Guidance



An **updated guidance document** was sent by the MSDE and the MDH to all LSSs, non-public schools, and licensed childcare providers on January 7, 2022. The main recommendations (based on the latest CDC guidance) include:

- **All persons who test positive for COVID-19 or have suspected COVID-19, regardless of vaccination status, should stay home for at least 5 full days** from the date of symptom onset (if symptomatic) or the date of the positive test if no symptoms.
- **Vaccinated persons** (provided they meet specific criteria) **do not need to quarantine if exposed** to someone with COVID-19.
- **Unvaccinated persons** and those who have not received booster shots **should quarantine for at least 5 days if exposed** to someone with COVID-19.

# Staff Quarantine Progressions by LSS



LSS	Nov 16	Dec 7	Jan 25	Feb 22
Allegany	0	2	63	27
Anne Arundel	286	183	731	0
Baltimore City	34	8	103	81
Baltimore County	13	10	62	*0
Calvert	6	5	80	16
Caroline	0	0	4	0
Carroll	6	8	64	0
Cecil	120	59	642	196
Charles	3	1	22	19
Dorchester	6	6	70	41
Frederick	4	8	96	31
Garrett	5	1	18	0
Harford	12	12	154	34
Howard	13	3	213	74
Kent	3	2	32	8
Montgomery	21	8	408	102
Prince George's	35	28	638	242
Queen Anne's	0	2	15	5
Somerset	14	1	25	10
St. Mary's	5	1	18	4
Talbot	0	0	16	8
Washington	0	0	4	3
Wicomico	7	17	69	67
Worcester	10	13	164	116

Column 1 (Nov 10 data reported on Nov 16) represents the number of staff quarantines reported between the 10/26/2021 and 11/16/2021 State Board meetings.

Column 2 (Dec 1 data reported on Dec 7) represents the number of staff quarantines reported between the 11/16/2021 and 12/07/2021 State Board meetings.

Column 3 (Jan 19 data reported on Jan 25) represents the number of staff quarantines reported between the 12/07/2021 and 01/25/2022 State Board meetings.

Column 4 (Feb 16 data reported on Feb 22) represents the number of staff quarantines reported between the 01/25/2022 and 02/22/2022 State Board meetings.

\*LSS contact tracing now provided by local health department.

# Student Quarantine Progressions by LSS



LSS	Nov 16	(%)	Dec 7	(%)	Jan 25	(%)	Feb 22	(%)
Allegany	260	(3.2)	123	(1.5)	910	(11.2)	512	(6.3)
Anne Arundel	3,701	(4.4)	2,110	(2.5)	10,028	(12.0)	0	(0.0)
Baltimore City	1,032	(1.3)	531	(0.7)	1,930	(2.5)	318	(0.4)
Baltimore County	717	(0.6)	345	(0.3)	2,657	(2.4)	*0	*(0.0)
Calvert	96	(0.6)	39	(0.3)	933	(6.0)	47	(0.3)
Caroline	191	(3.4)	32	(0.6)	707	(12.7)	41	(0.7)
Carroll	889	(3.6)	523	(2.1)	3,406	(13.9)	275	(1.1)
Cecil	546	(3.7)	182	(1.2)	2,015	(13.5)	690	(4.6)
Charles	136	(0.5)	21	(0.1)	562	(2.0)	499	(1.8)
Dorchester	893	(19.5)	171	(3.7)	1,024	(22.3)	972	(21.2)
Frederick	204	(0.4)	172	(0.4)	2,931	(6.4)	1,018	(2.2)
Garrett	389	(11.1)	127	(3.6)	566	(16.2)	229	(6.5)
Harford	807	(2.1)	877	(2.3)	4,499	(11.8)	519	(1.4)
Howard	1,276	(2.2)	923	(1.6)	9,842	(17.1)	470	(0.8)
Kent	47	(2.8)	30	(1.8)	285	(16.7)	137	(8.0)
Montgomery	1,227	(0.8)	291	(0.2)	14,765	(9.3)	7,529	(4.7)
Prince George's	524	(0.4)	296	(0.2)	4,462	(3.4)	1,681	(1.3)
Queen Anne's	166	(2.2)	88	(1.2)	647	(8.7)	154	(2.1)
Somerset	46	(1.7)	33	(1.2)	215	(7.8)	291	(10.6)
St. Mary's	134	(0.8)	29	(0.2)	854	(4.9)	440	(2.5)
Talbot	318	(6.9)	108	(2.4)	1,020	(22.3)	480	(10.5)
Washington	165	(0.7)	162	(0.7)	509	(2.3)	228	(1.0)
Wicomico	386	(2.6)	373	(2.5)	1,629	(11.0)	1,296	(8.8)
Worcester	232	(3.4)	158	(2.3)	1,312	(19.3)	629	(9.3)

Column 1 (Nov 10 data reported on Nov 16) represents the number of student quarantines reported between the 10/26//2021 and 11/16/2021 State Board meetings.

Column 2 (Dec 1 data reported on Dec 7) represents the number of student quarantines reported between the 11/16/2021 and 12/07/2021 State Board meetings.

Column 3 (Jan 19 data reported on Jan 25) represents the number of student quarantines reported between the 12/07/2021 and 01/25/2022 State Board meetings.

Column 4 (Feb 16 data reported on Feb 22) represents the number of student quarantines reported between the 01/25/2022 and 02/22/2022 State Board meetings.

\*LSS contact tracing now provided by local health department.

# Staff COVID Case Progressions by LSS



LSS	Nov 16	Dec 7	Jan 25	Feb 22
Allegany	14	6	148	59
Anne Arundel	47	56	925	278
Baltimore City	55	54	391	168
Baltimore County	61	40	2,449	479
Calvert	6	6	139	44
Caroline	10	2	111	30
Carroll	19	8	366	87
Cecil	18	29	316	114
Charles	23	15	562	90
Dorchester	8	7	81	41
Frederick	20	29	606	192
Garrett	6	1	56	22
Harford	32	50	546	117
Howard	29	28	359	177
Kent	2	3	28	10
Montgomery	42	20	3,781	600
Prince George's	44	21	1,403	245
Queen Anne's	5	2	60	70
Somerset	15	0	35	20
St. Mary's	12	3	223	94
Talbot	2	0	40	20
Washington	40	36	377	135
Wicomico	12	8	88	77
Worcester	10	11	92	77

Column 1 (Nov 10 data reported on Nov 16) represents the number of staff COVID cases reported between the 10/26//2021 and 11/16/2021 State Board meetings.

Column 2 (Dec 1 data reported on Dec 7) represents the number of staff COVID cases reported between the 11/16/2021 and 12/07/2021 State Board meetings.

Column 3 (Jan 19 data reported on Jan 25) represents the number of staff COVID cases reported between the 12/07/2021 and 01/25/2022 State Board meetings.

Column 4 (Feb 16 data reported on Feb 22) represents the number of staff COVID cases reported between the 01/25/2022 and 02/22/2022 State Board meetings.

# Student COVID Case Progressions by LSS



LSS	Nov 16	(%)	Dec 7	(%)	Jan 25	(%)	Feb 22	(%)
Allegany	99	(1.2)	61	(0.8)	669	(8.2)	461	(5.7)
Anne Arundel	356	(0.4)	308	(0.4)	5,178	(6.2)	2,269	(2.7)
Baltimore City	244	(0.3)	253	(0.3)	1,099	(1.4)	623	(0.8)
Baltimore County	257	(0.2)	120	(0.1)	4,965	(4.5)	1,626	(1.5)
Calvert	62	(0.4)	53	(0.3)	1,151	(7.4)	482	(3.1)
Caroline	91	(1.6)	12	(0.2)	476	(8.5)	126	(2.3)
Carroll	121	(0.5)	209	(0.9)	2,484	(10.1)	1,123	(4.6)
Cecil	65	(0.4)	74	(0.5)	812	(5.5)	361	(2.4)
Charles	76	(0.3)	48	(0.2)	2,117	(7.6)	711	(2.6)
Dorchester	36	(0.8)	12	(0.3)	448	(9.8)	259	(5.6)
Frederick	140	(0.3)	196	(0.4)	4,039	(8.9)	1,274	(2.8)
Garrett	73	(2.1)	39	(1.1)	234	(6.7)	152	(4.3)
Harford	227	(0.6)	309	(0.8)	2,885	(7.6)	797	(2.1)
Howard	132	(0.2)	165	(0.3)	2,053	(3.6)	910	(1.6)
Kent	3	(0.2)	5	(0.3)	111	(6.5)	66	(3.9)
Montgomery	161	(0.1)	101	(0.1)	18,476	(11.6)	2,937	(1.8)
Prince George's	162	(0.1)	72	(0.1)	1,930	(1.5)	1,476	(1.1)
Queen Anne's	41	(0.5)	57	(0.8)	608	(8.1)	265	(3.5)
Somerset	17	(0.6)	7	(0.3)	68	(2.5)	88	(3.2)
St. Mary's	138	(0.8)	21	(0.1)	1,125	(6.4)	693	(4.0)
Talbot	35	(0.8)	26	(0.6)	321	(7.0)	208	(4.5)
Washington	271	(1.2)	241	(1.1)	1,851	(8.3)	701	(3.2)
Wicomico	45	(0.3)	33	(0.2)	235	(1.6)	352	(2.4)
Worcester	56	(0.8)	19	(0.3)	498	(7.3)	287	(4.2)

Column 1 (Nov 10 data reported on Nov 16)  
represents the number of student COVID cases reported between the 10/26//2021 and 11/16/2021 State Board meetings.

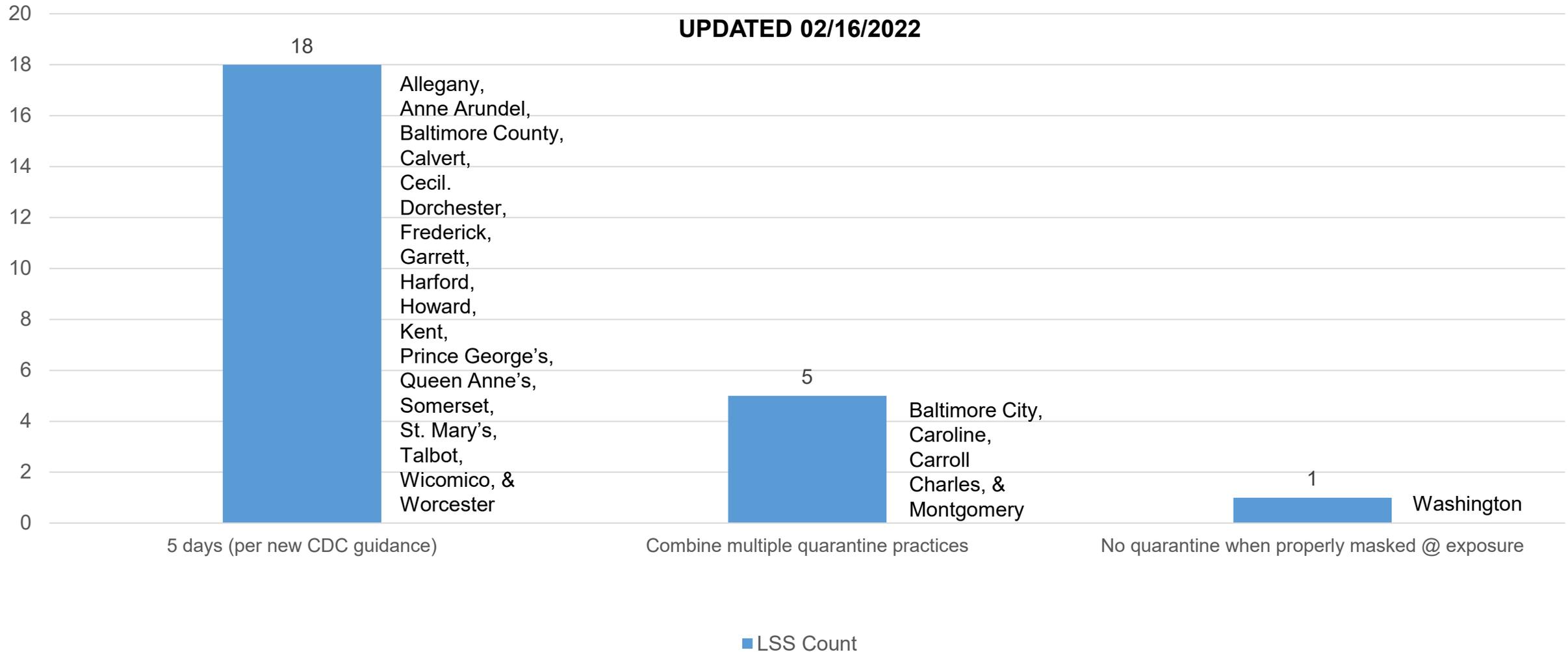
Column 2 (Dec 1 data reported on Dec 7)  
represents the number of student COVID cases reported between the 11/16/2021 and 12/07/2021 State Board meetings.

Column 3 (Jan 19 data reported on Jan 25)  
represents the number of student COVID cases reported between the 12/07/2021 and 01/25/2022 State Board meetings.

Column 4 (Feb 16 data reported on Feb 22)  
represents the number of student COVID cases reported between the 01/25/2022 and 02/22/2022 State Board meetings.

# Quarantine Practices

## Current and Modified Quarantine Practices



Positivity Rates,  
7-Day Moving Average Case Rates per  
100K by Jurisdiction,  
Vaccination Rates, and  
Community Transmission Levels

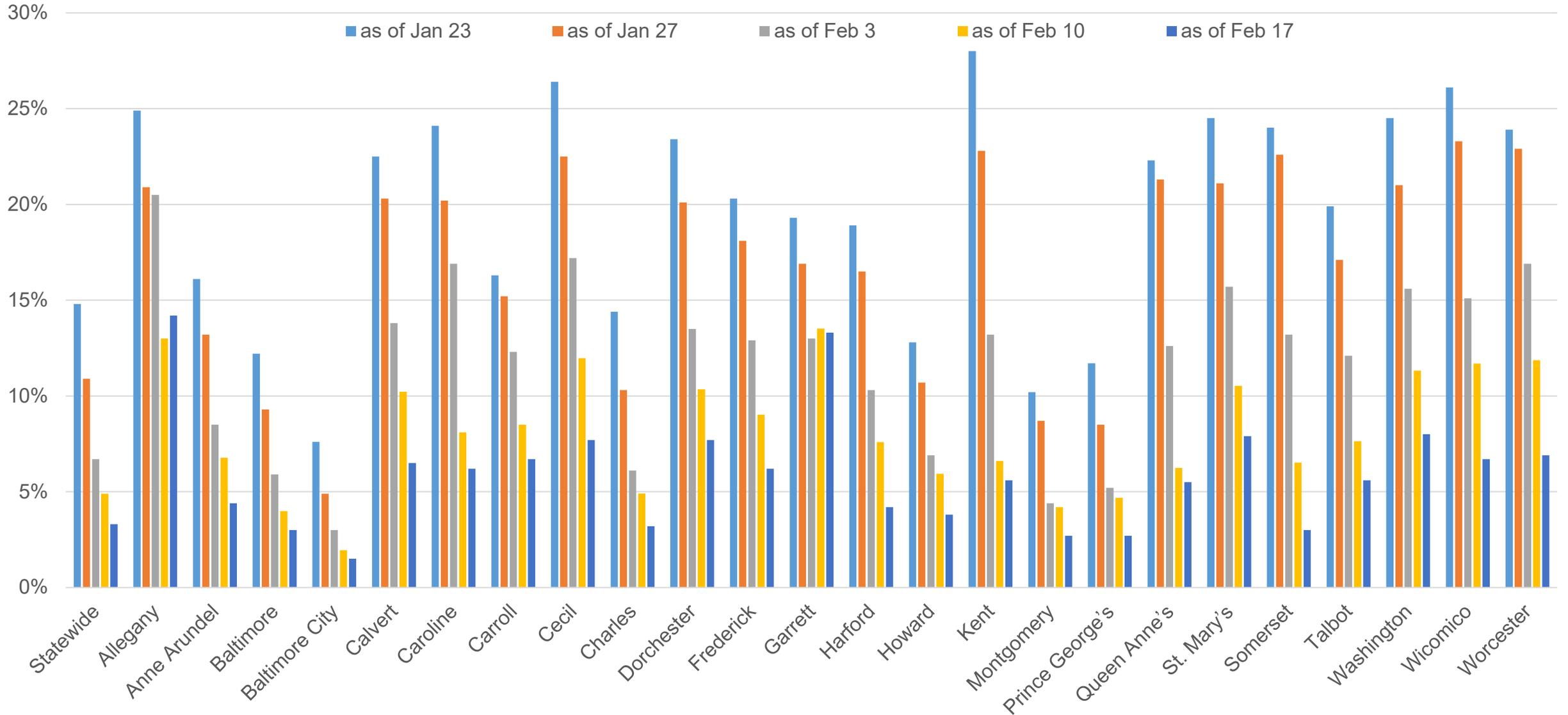
# Daily Positivity Rate (as Reported by MDH)



County	Jan 23	Jan 27	Feb 3	Feb 10	Feb 17
Statewide	14.8%	10.9%	6.7%	4.9%	3.3%
Allegany	24.9%	20.9%	20.5%	13.0%	14.2%
Anne Arundel	16.1%	13.2%	8.5%	6.8%	4.4%
Baltimore	12.2%	9.3%	5.9%	4.0%	3.0%
Baltimore City	7.6%	4.9%	3.0%	2.0%	1.5%
Calvert	22.5%	20.3%	13.8%	10.2%	6.5%
Caroline	24.1%	20.2%	16.9%	8.1%	6.2%
Carroll	16.3%	15.2%	12.3%	8.5%	6.7%
Cecil	26.4%	22.5%	17.2%	12.0%	7.7%
Charles	14.4%	10.3%	6.1%	4.9%	3.2%
Dorchester	23.4%	20.1%	13.5%	10.4%	7.7%
Frederick	20.3%	18.1%	12.9%	9.0%	6.2%
Garrett	19.3%	16.9%	13.0%	13.5%	13.3%
Harford	18.9%	16.5%	10.3%	7.6%	4.2%
Howard	12.8%	10.7%	6.9%	5.9%	3.8%
Kent	28.0%	22.8%	13.2%	6.6%	5.6%
Montgomery	10.2%	8.7%	4.4%	4.2%	2.7%
Prince George's	11.7%	8.5%	5.2%	4.7%	2.7%
Queen Anne's	22.3%	21.3%	12.6%	6.2%	5.5%
St. Mary's	24.5%	21.1%	15.7%	10.5%	7.9%
Somerset	24.0%	22.6%	13.2%	6.5%	3.0%
Talbot	19.9%	17.1%	12.1%	7.6%	5.6%
Washington	24.5%	21.0%	15.6%	11.3%	8.0%
Wicomico	26.1%	23.3%	15.1%	11.7%	6.7%
Worcester	23.9%	22.9%	16.9%	11.9%	6.9%

Source: [https://state-of-maryland.github.io/DailyPositivitybyJurisdiction/index\\_fullscreen.html](https://state-of-maryland.github.io/DailyPositivitybyJurisdiction/index_fullscreen.html)

# Daily Positivity Rate (as Reported by MDH)



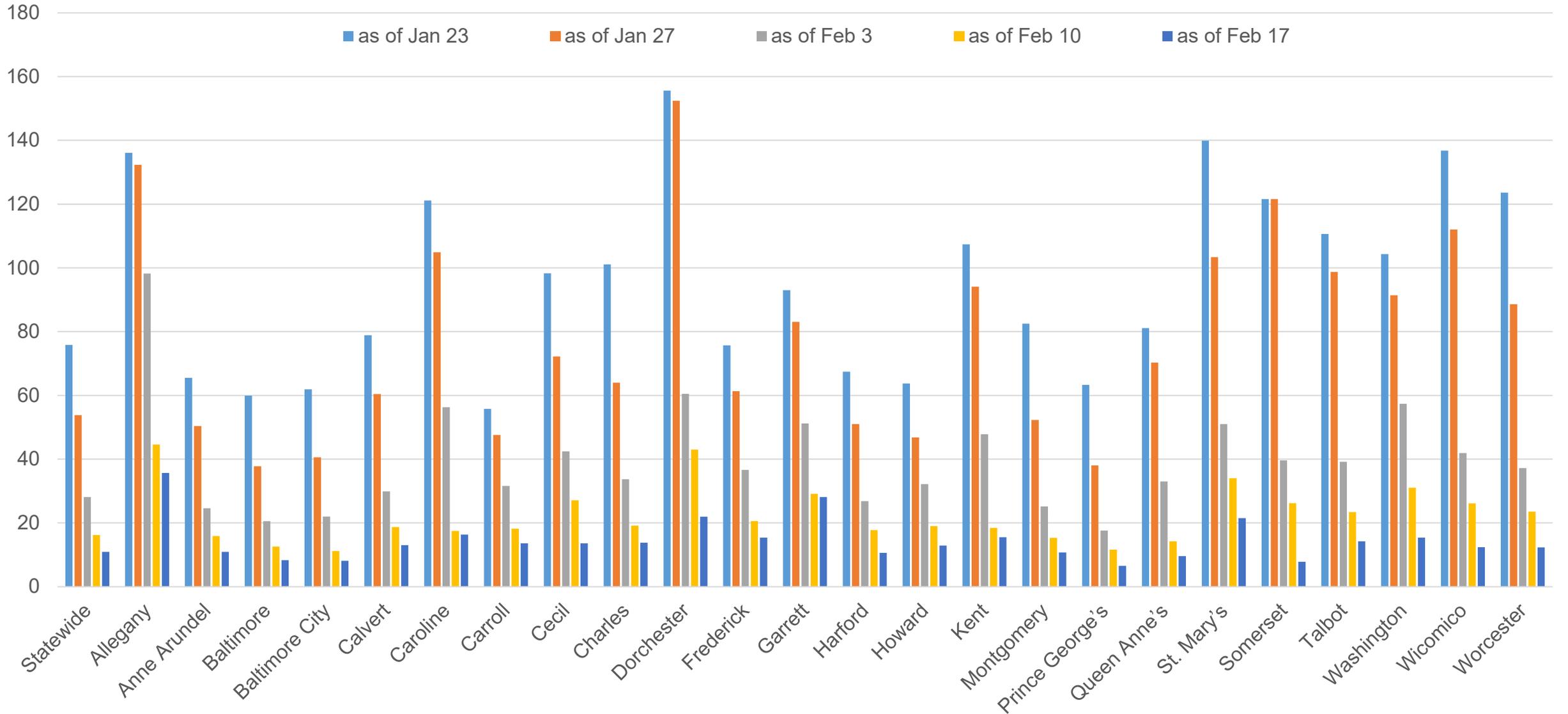
# 7-Day Moving Average New Daily Case Rate per 100K by Jurisdiction (as Reported by MDH)



County	Jan 23	Jan 27	Feb 3	Feb 10	Feb 17
Statewide	75.8	53.8	28.1	16.2	10.9
Allegany	136.1	132.3	98.2	44.6	35.7
Anne Arundel	65.5	50.4	24.6	15.9	10.9
Baltimore	59.9	37.8	20.5	12.6	8.3
Baltimore City	61.9	40.6	22.0	11.2	8.1
Calvert	78.9	60.4	29.9	18.7	13.0
Caroline	121.1	104.9	56.3	17.5	16.3
Carroll	55.8	47.6	31.6	18.2	13.6
Cecil	98.3	72.2	42.4	27.1	13.6
Charles	101.1	64.0	33.7	19.1	13.8
Dorchester	155.6	152.4	60.5	43.0	21.9
Frederick	75.7	61.3	36.6	20.6	15.4
Garrett	93.0	83.1	51.2	29.1	28.1
Harford	67.4	51.0	26.8	17.7	10.6
Howard	63.7	46.8	32.2	19.0	12.9
Kent	107.4	94.1	47.8	18.4	15.5
Montgomery	82.5	52.3	25.2	15.3	10.7
Prince George's	63.3	38.0	17.6	11.6	6.5
Queen Anne's	81.1	70.3	33.0	14.2	9.6
St. Mary's	139.9	103.4	51.0	34.0	21.5
Somerset	121.6	121.6	39.6	26.2	7.8
Talbot	110.6	98.7	39.2	23.4	14.2
Washington	104.3	91.4	57.4	31.0	15.4
Wicomico	136.8	112.0	41.9	26.1	12.4
Worcester	123.6	88.6	37.2	23.5	12.3

Source: [https://state-of-maryland.github.io/DailyCaseRatebyJurisdiction/index\\_fullscreen.html](https://state-of-maryland.github.io/DailyCaseRatebyJurisdiction/index_fullscreen.html)

# 7-Day Moving Average New Daily Case Rate per 100K by Jurisdiction (as Reported by MDH)



# Level of Community Transmission over past 7 Days by Jurisdiction (as Reported by CDC)



County	Jan 23	Jan 27	Feb 3	Feb 10	Feb 16	Feb 21
Statewide	High	High	High	High	Substantial	Substantial
Allegany	High	High	High	High	High	High
Anne Arundel	High	High	High	High	Substantial	Substantial
Baltimore	High	High	High	High	Substantial	Substantial
Baltimore City	High	High	High	High	Substantial	Substantial
Calvert	High	High	High	High	High	Substantial
Caroline	High	High	High	High	Substantial	High
Carroll	High	High	High	High	High	Substantial
Cecil	High	High	High	High	High	Substantial
Charles	High	High	High	High	High	Substantial
Dorchester	High	High	High	High	High	High
Frederick	High	High	High	High	High	High
Garrett	High	High	High	High	High	High
Harford	High	High	High	High	High	Substantial
Howard	High	High	High	High	High	Substantial
Kent	High	High	High	High	High	High
Montgomery	High	High	High	High	Substantial	Substantial
Prince George's	High	High	High	Substantial	Substantial	Moderate
Queen Anne's	High	High	High	High	Substantial	Substantial
St. Mary's	High	High	High	High	High	High
Somerset	High	High	High	High	Substantial	Substantial
Talbot	High	High	High	High	High	Substantial
Washington	High	High	High	High	High	High
Wicomico	High	High	High	High	High	Substantial
Worcester	High	High	High	High	High	Substantial

How the CDC classifies transmission levels:

- Low: 0-10 new cases per 100K residents over the past week or 0-5% positivity rate
- Moderate: 15-50 new cases per 100K residents over the past week or 5-8% positivity rate
- Substantial: 50-100 new cases per 100K residents over the past week or 8-10% positivity rate
- High: 100+ new cases per 100K residents over the past week or 10%+ positivity rate

Source: [https://covid.cdc.gov/covid-data-tracker/index.html#county-view|Maryland|Risk|community\\_transmission\\_level](https://covid.cdc.gov/covid-data-tracker/index.html#county-view|Maryland|Risk|community_transmission_level)

# Level of Community Transmission over past 7 Days – Count by Jurisdiction (as Reported by CDC)



■ High ■ Substantial ■ Moderate ■ Low

24



AS OF JAN 23

24



AS OF JAN 27

24



AS OF FEB 3

23



AS OF FEB 10

Prince George's

1

CDC changed the statewide community transmission Level classification for Maryland as a whole to substantial on February 15, 2022

16



AS OF FEB 16

Anne Arundel  
Baltimore City  
Baltimore County  
Caroline  
Montgomery  
Prince George's  
Queen Anne's  
Somerset

8



8



AS OF FEB 21

15



Prince George's

1

Anne Arundel  
Baltimore County  
Baltimore City  
Calvert  
Carroll  
Cecil  
Charles  
Harford  
Howard  
Montgomery  
Queen Anne's  
Somerset  
Talbot  
Wicomico  
Worcester

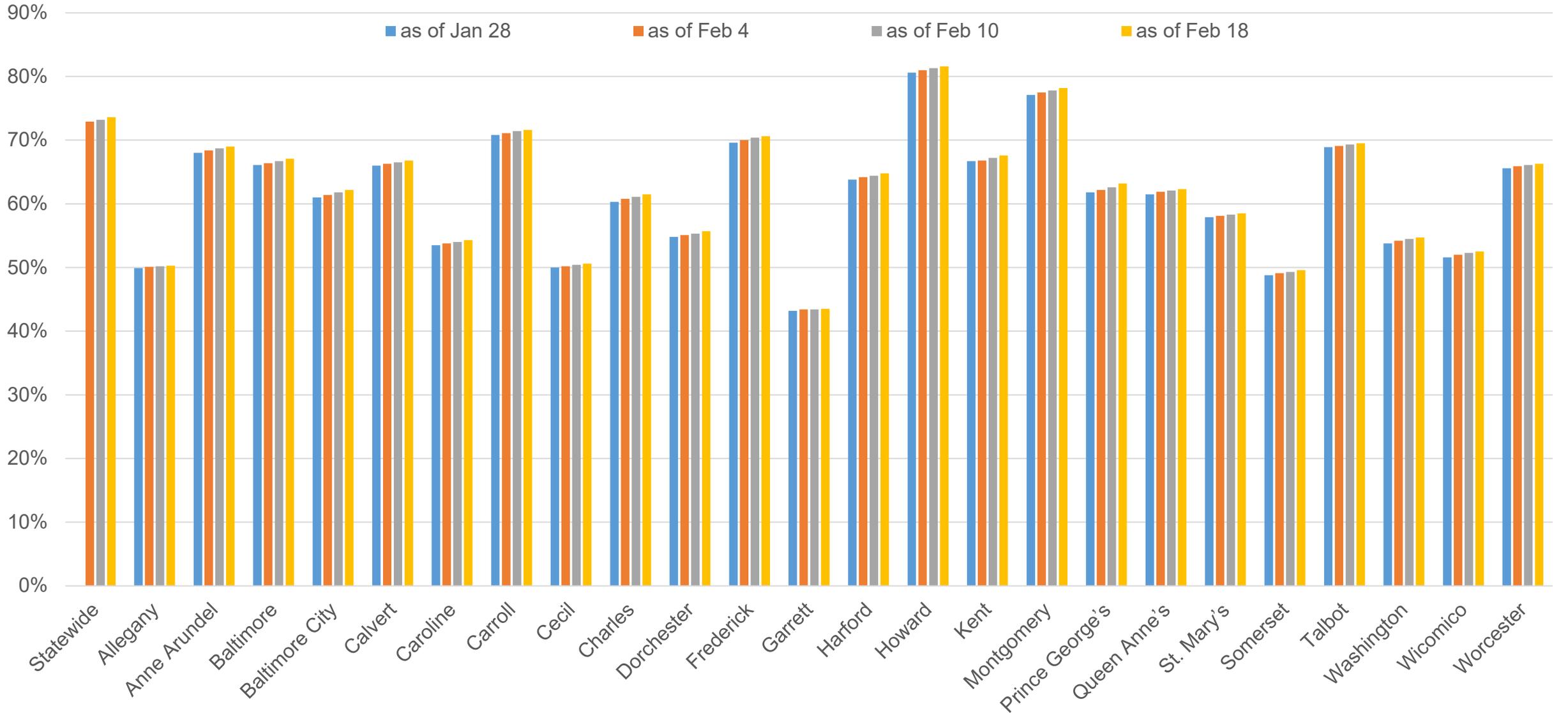
# Percentage of Total Population Fully Vaccinated (as Reported by MDH)



County	Jan 28	Feb 4	Feb 10	Feb 18
Statewide	N/A	72.9%	73.2%	73.6%
Allegany	49.9%	50.1%	50.2%	50.3%
Anne Arundel	68.0%	68.4%	68.7%	69.0%
Baltimore	66.1%	66.4%	66.7%	67.1%
Baltimore City	61.0%	61.4%	61.8%	62.2%
Calvert	66.0%	66.3%	66.5%	66.8%
Caroline	53.5%	53.8%	54.0%	54.3%
Carroll	70.8%	71.1%	71.4%	71.6%
Cecil	50.0%	50.2%	50.4%	50.6%
Charles	60.3%	60.8%	61.1%	61.5%
Dorchester	54.8%	55.1%	55.3%	55.7%
Frederick	69.6%	70.0%	70.4%	70.6%
Garrett	43.2%	43.4%	43.4%	43.5%
Harford	63.8%	64.2%	64.4%	64.8%
Howard	80.6%	81.0%	81.3%	81.6%
Kent	66.7%	66.8%	67.2%	67.6%
Montgomery	77.1%	77.5%	77.8%	78.2%
Prince George's	61.8%	62.2%	62.6%	63.2%
Queen Anne's	61.5%	61.9%	62.1%	62.3%
St. Mary's	57.9%	58.1%	58.3%	58.5%
Somerset	48.8%	49.1%	49.3%	49.6%
Talbot	68.9%	69.1%	69.3%	69.5%
Washington	53.8%	54.2%	54.5%	54.7%
Wicomico	51.6%	52.0%	52.3%	52.5%
Worcester	65.6%	65.9%	66.1%	66.3%

Source: <https://coronavirus.maryland.gov/#Vaccine>

# Percentage of Total Population Fully Vaccinated (as Reported by MDH)



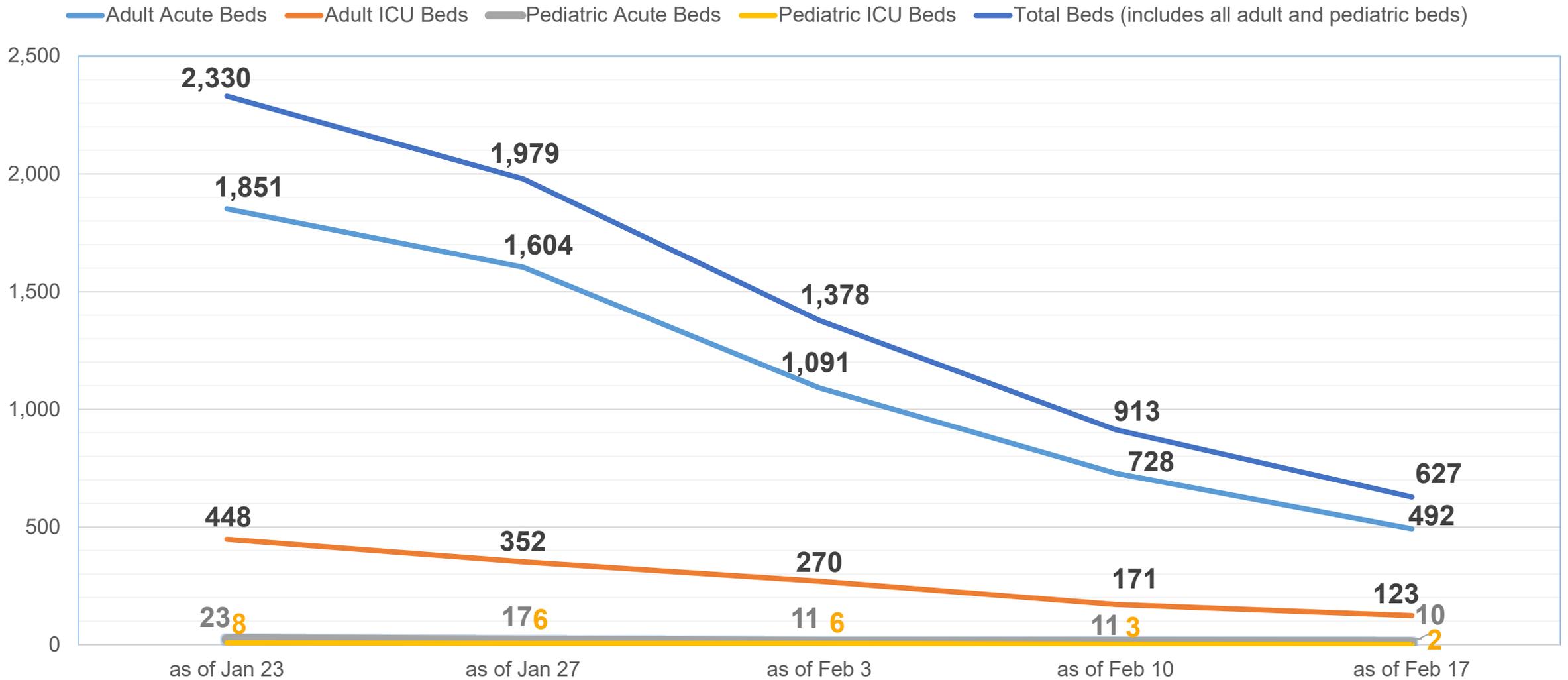
# Statewide Hospitalizations - ICU and Acute Hospital Beds for COVID-19, Currently in Use (as Reported by MDH)



	Jan 23	Jan 27	Feb 3	Feb 10	Feb 17
<b>Adult Acute Beds</b>	1,851	1,604	1,091	728	492
<b>Adult ICU Beds</b>	448	352	270	171	123
<b>Pediatric Acute Beds</b>	23	17	11	11	10
<b>Pediatric ICU Beds</b>	8	6	6	3	2
<b>Total Beds (includes all adult and pediatric beds)</b>	2,330	1,979	1,378	913	627

Source: <https://coronavirus.maryland.gov/>

# Statewide Hospitalizations - ICU and Acute Hospital Beds for COVID-19, Currently in Use (as Reported by MDH)



Source: Maryland Department of Health

# Local School System Instructional Modes and the Methodologies Used to Determine Whether to Shift to Virtual Instruction

# Updated MDH Definition of an Outbreak (Effective 01/02/2022)



## **Cohort outbreak definition:**

- Three or more laboratory-confirmed COVID-19 cases among students/teachers/staff in a specified group with onsets (or, if asymptomatic, collection dates) within a 14-day period, and who are epidemiologically linked in the school setting, but not household contacts.

## **School-wide outbreak definition:**

- Five or more classrooms or cohorts with cases from separate households that meet the cohort outbreak definition that occurs within 14 days; or
- Five percent or more unrelated students/teachers/staff have confirmed COVID-19 within a 14-day period [minimum of 10 unrelated students/teachers/staff].

Source: Maryland Department of Health

# MDH Statement Regarding the Suspension of In-Person Learning due to a COVID-19 Outbreak (Issued 01/06/2022)



- Maryland **does not currently recommend any automatic trigger** or threshold for suspension of in-person learning.
- School outbreaks, as defined by the MDH, should be considered only as parameters to help administrators recognize increased risk of infection spread and plan accordingly.
- **Declaration of an outbreak should not be considered an automatic trigger** for the suspension of in-school learning.
- Decisions around the suspension of in-person learning for an entire school or a portion of a school due to COVID-19 as well as the duration of the suspension of in-person learning should be made in coordination with the local health department and the LSS as applicable.
- The MDH encourages school administrators to make every possible effort to keep schools open for in-person learning, and **suspension of in-person learning should be considered only as a last option, after exhausting all possible alternatives.**

**No LSSs or individual schools are currently in a fully virtual instructional mode due to COVID-19 as of February 18, 2022.**

# COMAR 13A.01.07 Face Covering Requirements – Off-Ramps

# Overview of Off-Ramps

The *Face Coverings in School Facilities* regulation (COMAR 13A.01.07) requires any person inside a school facility to wear a face covering, subject to certain exemptions. The regulation provides **three off-ramps** from the face covering requirements in schools and facilities:

- The first off-ramp is based on **80 percent vaccination of the population in the county or Baltimore City based on data from the Maryland Department of Health**. Upon gathering that data and with a motion or resolution of the local board of education (or the governing authority of the applicable entity) at a public meeting, the local superintendent and/or local board of education may remove the mask mandate and inform staff, students, parents, and community.
- The second off-ramp method is based on **80 percent of the students and staff at a school or facility being fully vaccinated**. The local superintendent will submit this information to the State Superintendent.
- The third off-ramp is based on a **14 consecutive days of moderate or low transmission rates of COVID-19 cases (as reported by CDC)**. The local superintendent may remove the mask mandate based on this data.

# First Off-Ramp: Face Coverings in School Facilities



- In consultation with the MDH and legal counsel, in addition to using the overall vaccination rate for the **entire county population**, local school systems may lift the mask mandate also based on the **vaccination rate for ages 5+**.
- On February 16, 2022, the Anne Arundel County Board of Education voted to lift face covering requirements in all county public schools (effective February 18, 2022) on the basis that 80 percent of the county population ages 5+ was now fully vaccinated based on MDH data.

# Second Off-Ramp: Face Coverings in School Facilities



- Attestation procedures for the second off-ramp option:
  - **Principals verify** to the local superintendent that 80 percent of the school staff and students in the identified school have been fully vaccinated based on vaccination records or other reliable proof. Students or school staff who have not been vaccinated due to medical contraindications or religious exemptions are excluded from the 80-percent threshold calculation. This procedure can also apply to school facilities.
  - The **local superintendent submits a signed attestation** to the State Superintendent affirming that the 80-percent vaccination rate has been achieved for the identified school or facility.

# Level of Community Transmission over past 7 Days by Jurisdiction (as Reported by CDC)



County	Jan 23	Jan 27	Feb 3	Feb 10	Feb 16	Feb 21
Statewide	High	High	High	High	Substantial	Substantial
Allegany	High	High	High	High	High	High
Anne Arundel	High	High	High	High	Substantial	Substantial
Baltimore	High	High	High	High	Substantial	Substantial
Baltimore City	High	High	High	High	Substantial	Substantial
Calvert	High	High	High	High	High	Substantial
Caroline	High	High	High	High	Substantial	High
Carroll	High	High	High	High	High	Substantial
Cecil	High	High	High	High	High	Substantial
Charles	High	High	High	High	High	Substantial
Dorchester	High	High	High	High	High	High
Frederick	High	High	High	High	High	High
Garrett	High	High	High	High	High	High
Harford	High	High	High	High	High	Substantial
Howard	High	High	High	High	High	Substantial
Kent	High	High	High	High	High	High
Montgomery	High	High	High	High	Substantial	Substantial
Prince George's	High	High	High	Substantial	Substantial	Moderate
Queen Anne's	High	High	High	High	Substantial	Substantial
St. Mary's	High	High	High	High	High	High
Somerset	High	High	High	High	Substantial	Substantial
Talbot	High	High	High	High	High	Substantial
Washington	High	High	High	High	High	High
Wicomico	High	High	High	High	High	Substantial
Worcester	High	High	High	High	High	Substantial

How the CDC classifies transmission levels:

- Low: 0-10 new cases per 100K residents over the past week or 0-5% positivity rate
- Moderate: 15-50 new cases per 100K residents over the past week or 5-8% positivity rate
- Substantial: 50-100 new cases per 100K residents over the past week or 8-10% positivity rate
- High: 100+ new cases per 100K residents over the past week or 10%+ positivity rate

Source: [https://covid.cdc.gov/covid-data-tracker/index.html#county-view|Maryland|Risk|community\\_transmission\\_level](https://covid.cdc.gov/covid-data-tracker/index.html#county-view|Maryland|Risk|community_transmission_level)

# How CDC Determines Community Transmission Level Classifications

- CDC determines the community transmission level (at the state or county level) based on the following two criteria:
  - New cases per 100,000 persons in the past 7 days; and
  - Percentage of positive tests during the past 7 days.
- If there is a discrepancy between the two data points (e.g., the new case rate is categorized as moderate, but the positivity rate is categorized as high), then the higher level is chosen as the community transmission level determinant.

## Determining Transmission Risk

If the two indicators suggest different transmission levels, the higher level is selected



	Low	Moderate	Substantial	High
New cases per 100,000 persons in the past 7 days	<10	10-49.99	50-99.99	≥100
Percentage of positive NAATs tests during the past 7 days	<5%	5-7.99%	8-9.99%	≥10.0%

NAAT = Nucleic acid amplification test

CDC definition of transmission risk

Source: <https://covid.cdc.gov/covid-data-tracker/index.html#county-view>

# Percentage of Total Population Fully Vaccinated (as Reported by MDH on the MDH website)



County	Jan 28	Feb 4	Feb 10	Feb 18
Statewide	N/A	72.9%	73.2%	73.6%
Allegany	49.9%	50.1%	50.2%	50.3%
Anne Arundel	68.0%	68.4%	68.7%	69.0%
Baltimore	66.1%	66.4%	66.7%	67.1%
Baltimore City	61.0%	61.4%	61.8%	62.2%
Calvert	66.0%	66.3%	66.5%	66.8%
Caroline	53.5%	53.8%	54.0%	54.3%
Carroll	70.8%	71.1%	71.4%	71.6%
Cecil	50.0%	50.2%	50.4%	50.6%
Charles	60.3%	60.8%	61.1%	61.5%
Dorchester	54.8%	55.1%	55.3%	55.7%
Frederick	69.6%	70.0%	70.4%	70.6%
Garrett	43.2%	43.4%	43.4%	43.5%
Harford	63.8%	64.2%	64.4%	64.8%
Howard	80.6%	81.0%	81.3%	81.6%
Kent	66.7%	66.8%	67.2%	67.6%
Montgomery	77.1%	77.5%	77.8%	78.2%
Prince George's	61.8%	62.2%	62.6%	63.2%
Queen Anne's	61.5%	61.9%	62.1%	62.3%
St. Mary's	57.9%	58.1%	58.3%	58.5%
Somerset	48.8%	49.1%	49.3%	49.6%
Talbot	68.9%	69.1%	69.3%	69.5%
Washington	53.8%	54.2%	54.5%	54.7%
Wicomico	51.6%	52.0%	52.3%	52.5%
Worcester	65.6%	65.9%	66.1%	66.3%

Source: <https://coronavirus.maryland.gov/#Vaccine>

# Daily Maryland COVID Vaccine Summary - as Reported by MDH (as of 02/18/2022)



County	% of Total Population Fully Vaccinated	% of Eligible Population (Aged 5+) Fully Vaccinated
Statewide	73.6%	78.3%
Allegany	55.0%	57.5%
Anne Arundel	75.6%	80.6%
Baltimore	70.0%	74.4%
Baltimore City	63.0%	67.2%
Calvert	69.8%	73.7%
Caroline	55.7%	59.4%
Carroll	72.9%	77.2%
Cecil	57.0%	60.3%
Charles	68.5%	72.7%
Dorchester	57.2%	60.5%
Frederick	75.6%	80.2%
Garrett	49.0%	51.4%
Harford	68.2%	72.3%
Howard	84.3%	89.6%
Kent	66.3%	69.0%
Montgomery	85.1%	90.7%
Prince George's	72.0%	76.9%
Queen Anne's	65.2%	68.7%
St. Mary's	65.0%	69.4%
Somerset	49.7%	52.0%
Talbot	71.9%	75.4%
Washington	58.5%	61.9%
Wicomico	54.5%	57.9%
Worcester	70.2%	73.2%

Source: MDH Daily COVID Vaccine Summary

# Emerging Trends Nationwide in Response to Latest COVID-19 Developments

# Summary of CDC Data for States that Have Lifted or Intend to Lift Mask Mandate Requirements in Schools (as of 02/18/2022)



State	% of Total Statewide Population Vaccinated	Statewide Community Transmission Level	Statewide Positivity Rate
Connecticut	77.5%	High	4.7%*
Delaware	67.2%	High	8-9.9%
Massachusetts	77.3%	High	3-4.9%
Nevada	59.4%	High	15-19.9%
New Jersey	73.9%	High	5-7.9%
Oregon	68.4%	High	10-14.9%
Rhode Island	80.2%	High	5-7.9%

\*Statewide positivity rate as reported by the Connecticut Department of Public Health on February 17, 2022; data not reported on the CDC website

# Summary of Main Rationales Given by States for Lifting Mask Mandate Requirements in Schools



- Decline in overall COVID-19 case numbers
- Decline in overall COVID-19-related hospitalization numbers
- Decline in overall COVID-19-related deaths
- High vaccination and booster rates among population
- Widespread availability of vaccines for adults and children over the age of 5
- Robust COVID-19 testing programs in schools
- Increase in treatment options available to treat COVID-19
- Masking requirement tied to improved statewide conditions (case rates, hospitalizations, transmission rates, etc.)

# Statewide Shifts in COVID-19 Mitigation Strategies: Contact Tracing



- Pre-Omicron study in California and Illinois performed by the CDC found **one in 100 school-based close contacts of positive cases ultimately got sick, suggesting that contact tracing was not viable or beneficial.**
- Timeline from exposure to transmission with Omicron is significantly faster compared to previous variants.
  - Rapid spread of **Omicron created major challenges with the accuracy of contact tracing.**
  - Secondary transmission rate still under 5% but no longer in the 1% range compared to previous variants.
  - Contact tracing no longer manageable; **too much demand on schools and staff.**
- **New York announced a *statewide* end to contract tracing** that was not just K-12 school specific.
- Massachusetts, Vermont, and Connecticut issued new guidance to **shift away from contact tracing in *all K-12 schools.***
- Berkeley, CA; Brevard County, FL; York, ME; and Delaware Valley, PA, are ***individual school systems* no longer conducting contact tracing.**
- **Reasons** behind these shifts include:
  - **Desire to increase efforts around identifying symptomatic individuals.**
  - **Other mitigation efforts (masking, ventilation, and vaccination) seen as more beneficial.**

# Statewide Shifts in COVID-19 Mitigation Strategies: Massachusetts Deep Dive (1 of 2)



- Community Statewide Transmission Level = **HIGH**
- Statewide Positivity Rate = **3-4.9%**
- Over 2,000 schools participated in the statewide testing program, which included:
  - Symptomatic testing, Routine pooled testing, and Test and Stay.
- Implemented a **standardized reporting system** across all school systems and a **statewide masking mandate**.
- Testing data confirmed that **schools are safe environments for teaching and learning**.
- Key testing metrics included:
  - Individual positivity rate in K-12 schools in the state's pooled testing data was **significantly lower than the overall statewide positivity rate**.
  - **Students and staff individually identified as asymptomatic** close contacts and repeatedly tested through Test and Stay program **tested negative over 90% of the time**.
  - Study in the first 13 weeks of the Test and Stay program across all participating MA schools found **secondary transmission rate was 2.9%**.

# Statewide Shifts in COVID-19 Mitigation Strategies: Massachusetts Deep Dive (2 of 2)



- In response to the testing data, MA recommended that school health personnel **end the focus on contact tracing, and increase focus on identifying symptomatic individuals**, rather than monitoring in-school close contacts who are unlikely to contract or spread the virus.
- **MA updated testing program:**
  - Effective January 31, 2022, schools still participating in symptomatic and/or pooled testing may choose to continue those testing strategies and **discontinue contact tracing and Test and Stay.**
  - Districts and schools within this category that elect to continue symptomatic and/or pooled testing will also be **provided rapid antigen at-home tests for all participating students and staff weekly.**
- **MA announced school mask mandates due to be lifted effective February 28.**

**SUMMARY OF STATES/TERRITORIES WITH CURRENT OR RECENT MASK MANDATES IN SCHOOLS  
(as of February 15, 2022)**

The table presents information about states that: 1) currently have a statewide mask mandate for schools in place, 2) have recently lifted their mask mandate (highlighted in light blue), or 3) have announced plans to lift their mask mandate in the near future (also highlighted in light blue). For the states that fall into one of these three categories, the statewide percentage of the total population that is fully vaccinated and the statewide community transmission level (as reported by the CDC) are shown, along with the statewide positivity rate (as reported by the CDC or, if CDC data is unavailable, by the state’s department of health). Additionally, for states that have recently lifted or announced plans to lift their mask mandate for schools, the rationales for doing so are summarized.

STATE	STATEWIDE MASK MANDATE FOR SCHOOLS IN PLACE?	RATIONALE(S) GIVEN FOR LIFTING MASK MANDATE	% OF TOTAL POPULATION FULLY VACCINATED STATEWIDE (PER CDC AS OF 2/15/22) <sup>1</sup>	STATEWIDE COMMUNITY TRANSMISSION LEVELS (PER CDC AS OF 2/15/22) <sup>1</sup>	STATEWIDE POSITIVITY RATE (AS OF 2/15/22)
California <sup>2</sup>	Yes, but will review on Feb 28	N/A	69.8%	High	5.7% (as reported by state)
Connecticut	Yes, but due to be lifted on Feb 28	<ul style="list-style-type: none"> <li>Decline in cases caused by Omicron variant</li> <li>Vaccine for children over the age of 5 has been available for more than 3 months</li> </ul>	77.4%	High	3.3% (as reported by state on 2/14/22)
Delaware	Yes, but due to be lifted on March 31	<ul style="list-style-type: none"> <li>Decline in cases and hospitalizations caused by Omicron surge</li> <li>“Have tools to keep ourselves and each other safe”</li> </ul>	66.9%	High	8-9.9% (as reported by CDC)
Hawaii	Yes	N/A	76.7%	High	6.3% (as reported by state on 2/14/22)

<sup>1</sup> CDC data pulled from <https://covid.cdc.gov/covid-data-tracker/index.html#datatracker-home>.

<sup>2</sup> Note that California will be lifting indoor masking requirement for vaccinated people on February 15, 2022, but the mask mandate in schools remains in place for now.

STATE	STATEWIDE MASK MANDATE FOR SCHOOLS IN PLACE?	RATIONALE(S) GIVEN FOR LIFTING MASK MANDATE	% OF TOTAL POPULATION FULLY VACCINATED STATEWIDE (PER CDC AS OF 2/15/22) <sup>1</sup>	STATEWIDE COMMUNITY TRANSMISSION LEVELS (PER CDC AS OF 2/15/22) <sup>1</sup>	STATEWIDE POSITIVITY RATE (AS OF 2/15/22)
Illinois	Yes <sup>3</sup>	N/A	66.9%	High	3-4.9% (as reported by CDC)
Maryland	Yes, but off-ramps established	<ul style="list-style-type: none"> <li>Off-ramp decision based on vaccination rates (80% at county or individual school level) or lower community transmission levels</li> </ul>	73.4%	Substantial	5-7.9% (as reported by CDC)
Massachusetts	Yes, but due to be lifted on Feb 28	<ul style="list-style-type: none"> <li>High vaccination rates among both young people and the population overall (compared to other states)</li> <li>Robust school testing programs (nation-leading), including newly launched at-home testing program for students and educators</li> </ul>	77.1%	High	3-4.9% (as reported by CDC)
Nevada	No, lifted on Feb 11	<ul style="list-style-type: none"> <li>Rapid decline in case numbers</li> <li>Declining hospitalizations</li> <li>Drop in COVID-19 detected in wastewater</li> <li>Broader availability of testing</li> <li>Increase in available treatments</li> </ul>	59.2%	High	15-19.9% (as reported by CDC)
New Jersey	Yes, but due to be lifted on March 7	<ul style="list-style-type: none"> <li>Declining COVID numbers</li> <li>Growth in vaccinations</li> </ul>	73.7%	High	5-7.9% (as reported by CDC)
New Mexico	Yes	N/A	69.1%	High	15.7% (as reported by state)
New York	Yes <sup>4</sup>	N/A	75.0%	High	3-4.9% (as reported by CDC)

<sup>3</sup> Note that Illinois will be lifting its mask mandate in most indoor spaces on February 28, 2022, but the mask mandate in schools remains in place for now.

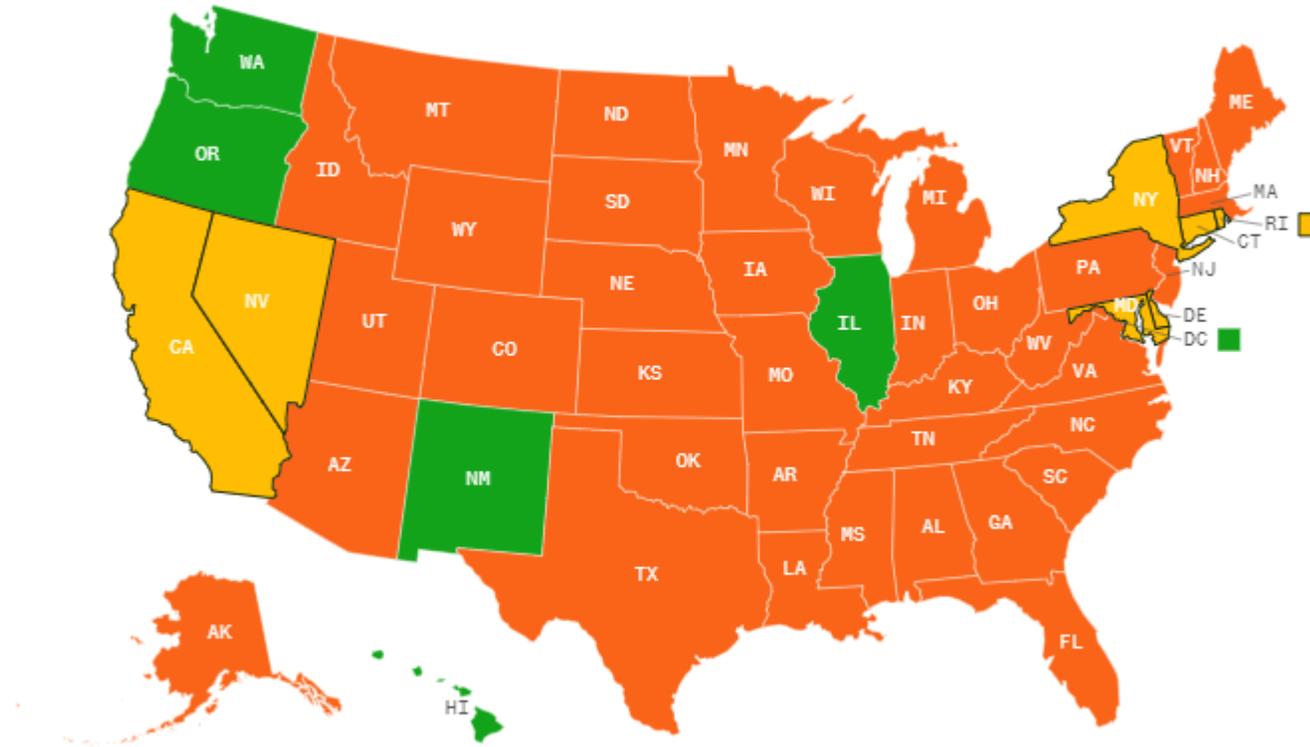
<sup>4</sup> Note that New York lifted its mask mandate for most businesses on February 10, 2022, but the mask mandate in schools remains in place at least until early March.

STATE	STATEWIDE MASK MANDATE FOR SCHOOLS IN PLACE?	RATIONALE(S) GIVEN FOR LIFTING MASK MANDATE	% OF TOTAL POPULATION FULLY VACCINATED STATEWIDE (PER CDC AS OF 2/15/22) <sup>1</sup>	STATEWIDE COMMUNITY TRANSMISSION LEVELS (PER CDC AS OF 2/15/22) <sup>1</sup>	STATEWIDE POSITIVITY RATE (AS OF 2/15/22)
Oregon	Yes, but due to be lifted on March 31	<ul style="list-style-type: none"> <li>• Comparatively strong compliance with mask requirements</li> <li>• High vaccination and booster rates</li> <li>• Low COVID-19 case and death rates</li> <li>• Projected decline in hospitalizations by end of March</li> </ul>	68.3%	High	10-14.9% (as reported by CDC)
Rhode Island	Yes, but due to be lifted on March 5	<ul style="list-style-type: none"> <li>• Decreasing case numbers</li> <li>• Decreasing hospitalization numbers</li> </ul>	79.9%	High	5-7.9% (as reported by CDC)
Washington	Yes, but State Superintendent of Public Instruction has called for the statewide masking requirement for students to end	N/A	70.5%	High	N/A <sup>5</sup>
Washington, DC	Yes	N/A	66.9%	High	2.2% (as reported by CDC)
Puerto Rico	Yes	N/A	80.6%	High	10-14.9% (as reported by CDC)

<sup>5</sup> Note that the Washington State Department of Health does not publish statewide positivity rate data on its COVID-19 Data Dashboard.

According to *NBC News*, as of February 15, 2022, the following seven states/territories currently have a statewide mask mandate (not just for schools) in place: Hawaii, Illinois, New Mexico, Oregon, Washington, the District of Columbia, and Puerto Rico.

- No mask requirement
- Mask requirement removed since late January
- Masks required in some or all situations for vaccinated and unvaccinated people



Source: <https://www.nbcnews.com/news/us-news/mask-mandate-map-february-2022-n1289093>

# The End of K-12 Contact Tracing? Some Schools Say Symptoms, Not Exposure, Should Spur Tests

Some states and districts have pivoted away from individualized contact tracing in schools, leaning instead on symptom monitoring and at-home test kits.

*Updated*

It's long been an underlying logic of pandemic safety for schools: In order to contain COVID transmission, identify which students and staff have been exposed to the virus and make sure they quarantine or test negative before coming back to class.

That wisdom appears to be changing, however, in the wake of the Omicron surge, which experts say may have now peaked in many U.S. communities, but continues to strain K-12 operations.

Three New England states — [Massachusetts](#), [Vermont](#) and [Connecticut](#) — have recently announced new guidance recommending a pivot away from individualized contact tracing in schools and toward strategies like symptom monitoring and home test kits for those worried that they may be sick.

“We are recommending that school health personnel increase their focus on identifying symptomatic individuals, rather than monitoring in-school close contacts,” Massachusetts Education Commissioner Jeffrey Riley, Massachusetts wrote in a Jan. 18 [memo](#).

“Individuals identified as close contacts in school are very unlikely to contract or spread COVID-19,” he continued. “Therefore, extensive contact tracing and associated Test and Stay procedures are not adding significant value as a mitigation strategy despite the demand they place on the time of school health staff and school staff at large.”

New York announced in mid-January that it was [ending its statewide contact tracing program](#), which was for the general population rather than K-12 specific. And individual school systems including [Bekeley, California](#); [Brevard County, Florida](#); [York, Maine](#) and [Delaware Valley, Pennsylvania](#) have also opted to ease away from the practice, often ramping up other mitigation strategies instead.

Contact tracing puts a “now-impossible workload” on school districts, Berkeley Unified School District Superintendent Brent Stephens wrote in a Jan. 15 [message to parents](#). The school system is now offering [twice-weekly testing to every K-12 student](#), regardless of exposure, and is investing in highly protective KN95 masks for students and staff.

A pre-Omicron study of classroom transmission in California and Illinois published by the Centers for Disease Control and Prevention found that roughly just [one individual](#) out of every 100 school-based close contacts of positive cases, on average, ultimately got sick themselves — casting into doubt, for [some experts](#), the added value of the labor intensive practice of cross-checking rosters to track in-school exposure.

Then came the Omicron variant, spurring record-breaking infection levels. In Yonkers, New York, a [quarter of students tested positive](#). In Providence, Rhode Island, some classrooms had [more students absent or quarantining](#) than present in class. Last week, across the country, more than [1.1 million young people](#) caught the virus, a pandemic record and over four times more than at any point during previous surges.

The ultra-rapid spread made it next to impossible for some districts to accurately track exposures, school leaders said.

“Omicron is spreading more quickly than contacts can be traced. Contact tracing for this variant is ineffective,” wrote Lou Goscinski, superintendent of Maine’s York School District, in a Jan. 13 [message to the community](#) explaining that the practice would be discontinued.

Indeed, the timeline from exposure to transmission is [faster with Omicron](#) than with Delta or other strains of the virus, scientists say. For districts that are practicing universal masking, that means “contact tracing doesn’t do much as a preventative measure,” said Danny Benjamin, co-chair of the [ABC Science Collaborative](#) at Duke University, which examines COVID-19 spread in schools.

“By the time you figure out who was in the room, were they really close, were they vaccinated, the list goes on and on, it’s now a couple of days after exposure and that child is now infectious,” Benjamin told The 74. “So [contact tracing] is not as helpful to contain the disease as we were seeing with the ancestral variant or the Delta variant.”

Linda Mendonca (National Association of School Nurses)

From a labor standpoint, too, Omicron made contact tracing less tenable, said Linda Mendonca, president of the National Association of School Nurses. Tracking exposure was already a heavy lift for school personnel,

usually requiring nurses to scour seating charts from mealtimes, bus rides and classrooms every time a student would test positive. In many cases, that work continued into the weekends because schools needed to keep sick or potentially exposed students from showing up on Monday, she said. At some schools, nurses had to let the typical yearly screening of students' eyesight and hearing go by the wayside because the contact tracing programs took up so much of their time.

Then after the winter holidays, skyrocketing caseloads pushed many schools' case tracking programs past the breaking point.

"I heard many school nurses just saying, 'This is not manageable. We can't keep doing this at this ... capacity,'" Mendonca told The 74.

Regardless, the longtime school nurse chose not to comment on whether now is the right time to ditch contact tracing altogether.

"We're waiting to see what the CDC comes out with," she said, emphasizing the continued importance of mitigation strategies like masking, ventilation and vaccination.

The last update to CDC guidance on contact tracing in schools came in mid-October, according to the agency's [website](#), which says the practice remains an effective strategy for reducing COVID spread in schools when used alongside other layered mitigation strategies.

But Benjamin is willing to take a stronger stance. Even amid Omicron, COVID transmission in schools remains low when all students and staff are wearing masks, he said. His team has a forthcoming paper that answers a key question: How many close contacts in fully masked schools develop infections after being exposed to the highly infectious variant?

"If everyone's wearing masks, it's still under 5 percent, but it's no longer in the 1 percent range," he said, referring to the secondary transmission rate in school under the earlier strains.

Those numbers combined with Omicron's speed of transmission and the logistical headaches of exposure tracking lead him to believe contact tracing may no longer be a necessary or useful measure for schools that are universally masking. But for schools that aren't mandating face coverings, he takes a different tune.

“In the unmasked districts, you probably want to [continue contact tracing],” said the Duke University doctor, explaining that the practice can help determine whether specific individuals who were exposed should mask going forward so as not to infect others and test, tactics known as mask to stay and test to stay. “It interrupts the chain between a bunch of us infecting each other,” said Benjamin.

As cases begin to subside in some, but not all, parts of the country, many schools are now scrapping mask rules. Virginia Gov. Glen Youngkin’s executive order to let parents opt out of school face-covering requirements took effect on Monday (although it is now facing legal challenges). And two Long Island districts recently voted to end their requirement that students wear face coverings in school when the New York state masking mandate expires on Feb. 1.

A New York state judge, meanwhile, ruled on Monday night that the mandate was unconstitutional and can’t be enforced, but that decision was quickly stayed by an appellate court judge Tuesday afternoon. For now, New York’s mask mandate will remain in place until the appellate court decides whether to uphold or overturn the lower court’s ruling. The back-and-forth created at least temporary confusion for school leaders Tuesday and fueled school mask opponents, with the hashtag #UNMASKOURCHILDREN trending on Twitter.

Meanwhile, students themselves are spooked. In early January, young people in New York City staged a walkout to protest what participants said were unsafe conditions in schools. Thousands of students joined the demonstration, calling for more COVID safety mitigation measures and a temporary pivot to remote learning.

In the following days, students in Round Rock, Texas; Oakland, California; Montgomery County, Maryland and Chicago have also staged walkouts making similar demands.

Samantha Farrow, an organizer of the New York City walkout and a high school junior in the city, said that her school did not notify her when her desk-mate in French class left halfway through the school day after testing positive. The high schooler only found out about the exposure, she said, because that student texted her directly.

“No one tells students anything and it feels like we’re getting left out of the loop,” Farrow told The 74 in early January. “It’s not fair to us because we’re the ones being impacted by this.”  
<https://www.the74million.org/article/the-end-of-k-12-contact-tracing-some-schools-say-symptoms-not-exposure-should-spur-tests/>