



## Letter to Our Genesee County School Community

Good afternoon,

Earlier this year, the Genesee County Health Department (GCHD) took action to fill a public health gap by instituting a mask mandate for school-aged children that were not yet eligible for the vaccine. The county mask mandate was lifted on December 22, 2021 in recognition of the outstanding protection afforded by vaccination and the on-going guidance from Michigan Department of Health and Human Services' (MDHHS). Currently, all persons ages 5 and older, have vaccines available in our community and have had enough time to be fully vaccinated. The county mask mandate still remains in full effect for both children and staff if there is a child under 5 in any school or childcare setting, as they are not yet eligible for vaccination. Likewise, the federal mandate still remains in effect for public transportation, including school buses.

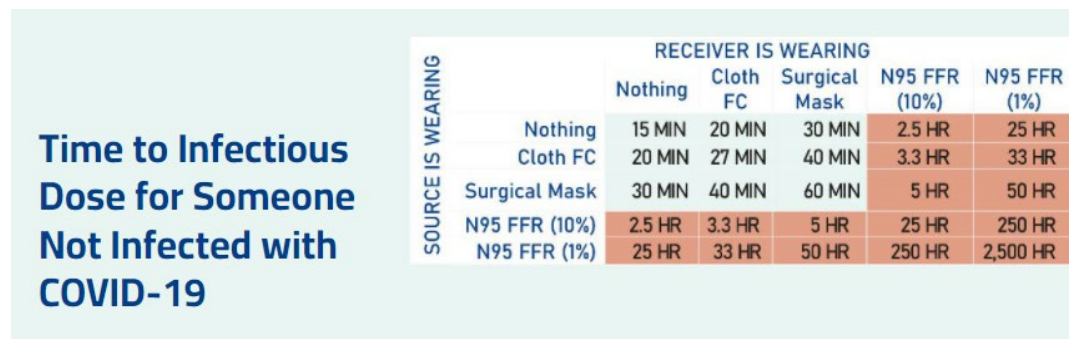
Completing the vaccination series does protect against infection, but with Delta and the new Omicron variants in our community, breakthrough cases are increasing. However, even for these variants, vaccination reduces severe cases of COVID-19 and the number of days that an infected person is contagious to others. Genesee County Health Department strongly urges that everyone get vaccinated, to protect themselves and also to protect our community members who are at risk of severe disease or even death because of a medical condition or being too young to get a vaccine. Every parent of a child who is immunocompromised, knows how their child longs not to be singled out; they just want to have as normal a life as possible when they are not getting medical care. Children may have juvenile arthritis, inflammatory bowel disease, or kidney disease; they may have had or are currently being treated for cancer, or taking other medications that put them at higher risk for infection. The point is that we just do not know which children, or which staff, may really need the protection that others can provide by getting vaccinated.

Long term disruptions to in-person schooling during the pandemic had distressing consequences for most students and families. And while GCHD fully supports any school district's decision to temporarily revert to remote learning, the key to containing the spread of COVID-19 in schools is layering of different preventive strategies, such as masking, increasing ventilation, social distancing and testing or screening for symptoms. Even more crucial is to take steps within each school, within each classroom, to actually enforce the policies.

Masking remains critical in schools, particularly as the county's vaccination numbers for children are still low. MDHHS guidance has consistently called for universal masking to be put in place by school districts in all K-12 school settings. The state's most recent communication to superintendents from December 30th can be found at [MDHHS COVID-19 Guidance for Schools](#). It states that the CDC and MDHHS strongly recommends universal indoor masking for all teachers, staff, students, and visitors (age 2 and older), regardless of vaccination status. "As Michigan remains in high community transmission, universal indoor masking is a critical prevention strategy for all school districts to allow students to maintain in-person learning".

Proper masking will add protection but with the Omicron variant, cloth masks should now be upgraded to masks with increased filtration layers, such as a well-fitted surgical mask, or better yet a KN95 mask. These are now available in a wide variety of sizes based on the age of a child. The chart below is from the ACGIH, a professional organization of industrial hygienists devoted to worker safety. These are based on adult guidelines and are estimates, but the

numbers are clear that a mask should be worn in times of high community transmission of COVID-19. <https://www.acqih.org/covid-19-fact-sheet-worker-resp/>



N95 FFR (10%) is the assigned protective factor but if fit tested on an individual worker, they are fit tested to 1% inward leakage (N95FFR 1%).

When [transmission numbers in a county](#) are “substantial” or “high,” every school should be enforcing the wearing of well-fitted masks for both students and staff. “Substantial” is more than 50 new cases per 100,000 people in the community in the past seven days. As of January 2nd, the statewide transmission rate is 945 cases per 100,000 people in the past 7 days. Genesee County is lower at 834 cases per 100,000 people, but both are shockingly high and masks should be worn while indoors with people outside of your household.

Individual school districts have the necessary tools to keep their students and staff safe, especially now that all K-12 school-aged children are eligible for the vaccine. School districts are best able, through their elected boards of education, to respond to the unique and individual needs of their community’s children. Our state has diverse areas of population density and other regional factors that drive COVID-19 case numbers. The intent of keeping mask mandates at the community level is to allow local transmission and outbreak numbers to be factored into decision making. Whether there is a county mask mandate or not, was never intended to serve as divisive political statement.

In lifting the county mask mandate, masking in schools was **not** made “optional” by the health department, as some have stated. Current transmission levels in our county are eight times the rate identified by the CDC as “high.” All school districts should have mask mandates in place to protect students and staff, as well as doing their part to protect the community. In an opinion letter from November 22, 2021, the Network for Public Health Law spells out the responsibility of school districts to implement mask policies to protect children in their care. School districts and local health departments have separate and distinct legal authority to protect students within their jurisdiction. “Michigan public schools have independent legal authority and responsibility to protect students’ safety, health, and welfare. This includes ensuring that all children, including students with disabilities, have equal access to free and appropriate public education. Schools that fail to provide a safe environment for students to learn may face liability if they refuse to implement reasonable evidence-based protective measures such as mask requirements and social distancing.”

Specifics regarding the recent [CDC updates to isolation and quarantine based on the Omicron variant](#) will be sent out in a separate email. MDHHS sent out an update on December 31<sup>st</sup> stating that, “The updated guidance is specific to the general public and does not change the current guidance recommendations for congregate settings, early childcare or K-12 settings -

these settings should continue to use existing guidelines and policies regarding quarantine and isolation.” However, for those interested in more details about how the isolation and quarantine periods are determined, below are a few general points to note regarding these and other changes which may come in the future. Those who may not want the details, can skip the next paragraph.

The CDC guidelines are based on Omicron being the dominant variant in a geographic area. Quarantine and isolation guidelines are based on the average time from a person’s exposure to a person with an infectious case of COVID-19, to the time that the exposed person gets ill or would test positive. Getting ill either before or the exact “average” day of the incubation period would happen about 50% of the time. To include a few days longer in the period of quarantine allows approximately the next 35% of people, those people who take a bit longer than the average, to show symptoms or test positive. This is called the incubation period and why it is given as a range of days. For SARS-CoV-2, the most infectious time to transmit the virus is the day of symptom onset and the two days before symptom onset. Particularly because the SARS-CoV-2 virus infects people for at least two days before someone would test positive with an antigen test, or have any symptoms, quarantining after exposure is extremely important even if the exposed person feels perfectly fine. The reason the CDC updated the quarantine and isolation period to fewer days for the Omicron variant is its shorter incubation period. When a geographic area, such as a state or country, knows that almost all of the new cases are from a variant with a shorter incubation period, then the quarantine and isolation period can be correspondingly shorter. Michigan still has a high percentage of the Delta variant virus spreading, now mixed with the Omicron variant, and unfortunately the Delta variant causes more hospitalizations and severe disease. The Delta variant’s average incubation period is between 4-5 days, so at day 5 only about 50% of Delta cases would test positive or show symptoms. By day 7, about 85% of Delta cases could be identified. Once Omicron is the substantial majority of cases, then if quarantine and isolation is reduced to five days, it would be identifying about 85% of Omicron cases. Quarantine and isolation is based on the variant, and should a new variant arise that again increases the number of days before symptom onset, the number of days would again need to be adjusted.

As the COVID-19 pandemic persists in our state, reaching new heights of number of cases, GCHD is urging all our community members to respond to the heightened need for infection prevention measures. It is important to remember that vaccines continue to offer the best protection against severe illness, hospitalization and death. They also are the best option to reduce the likelihood of new variants emerging. To counter the emerging Omicron variant in our community, please continue to use all tools available to protect oneself and others, masking while indoors, social distancing and good ventilation, along with frequent testing and following quarantine and isolation guidelines after exposure.

Thank you.

Sincerely,

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