



Project SafeSchools

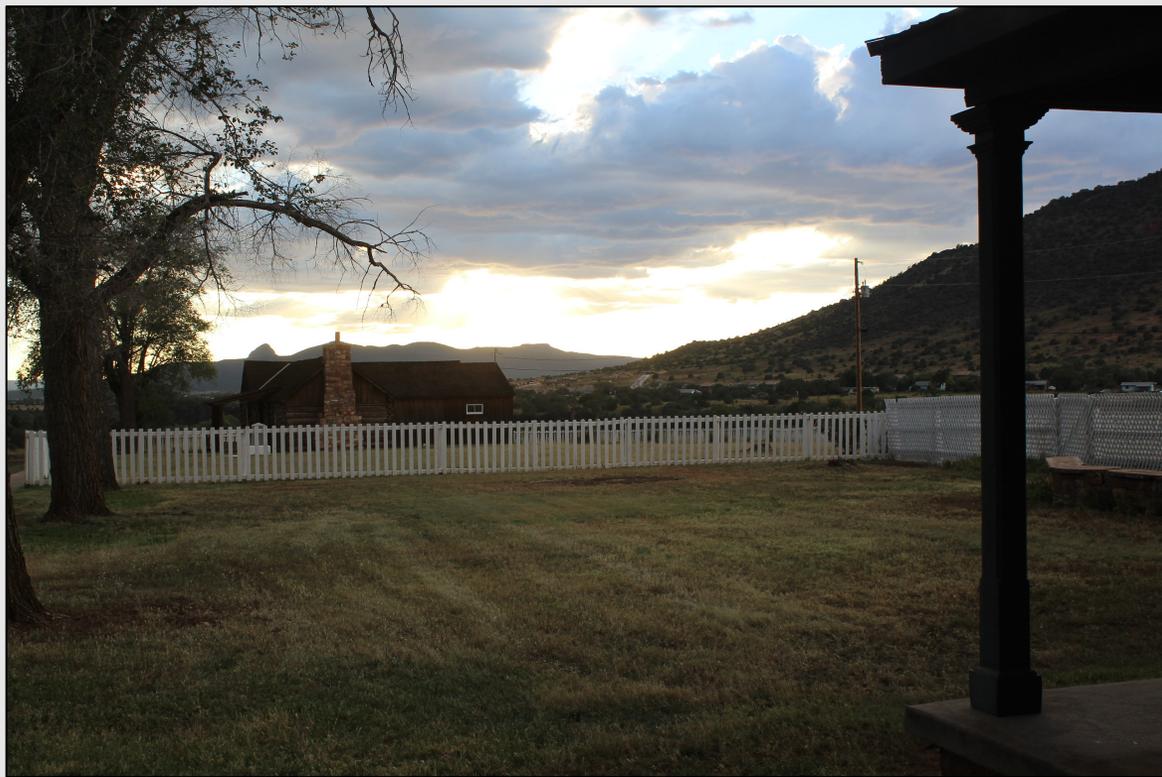
Planning for the 2022-2023 school year

Ms. Leeanna Crocker & Dr. Emily Haroz



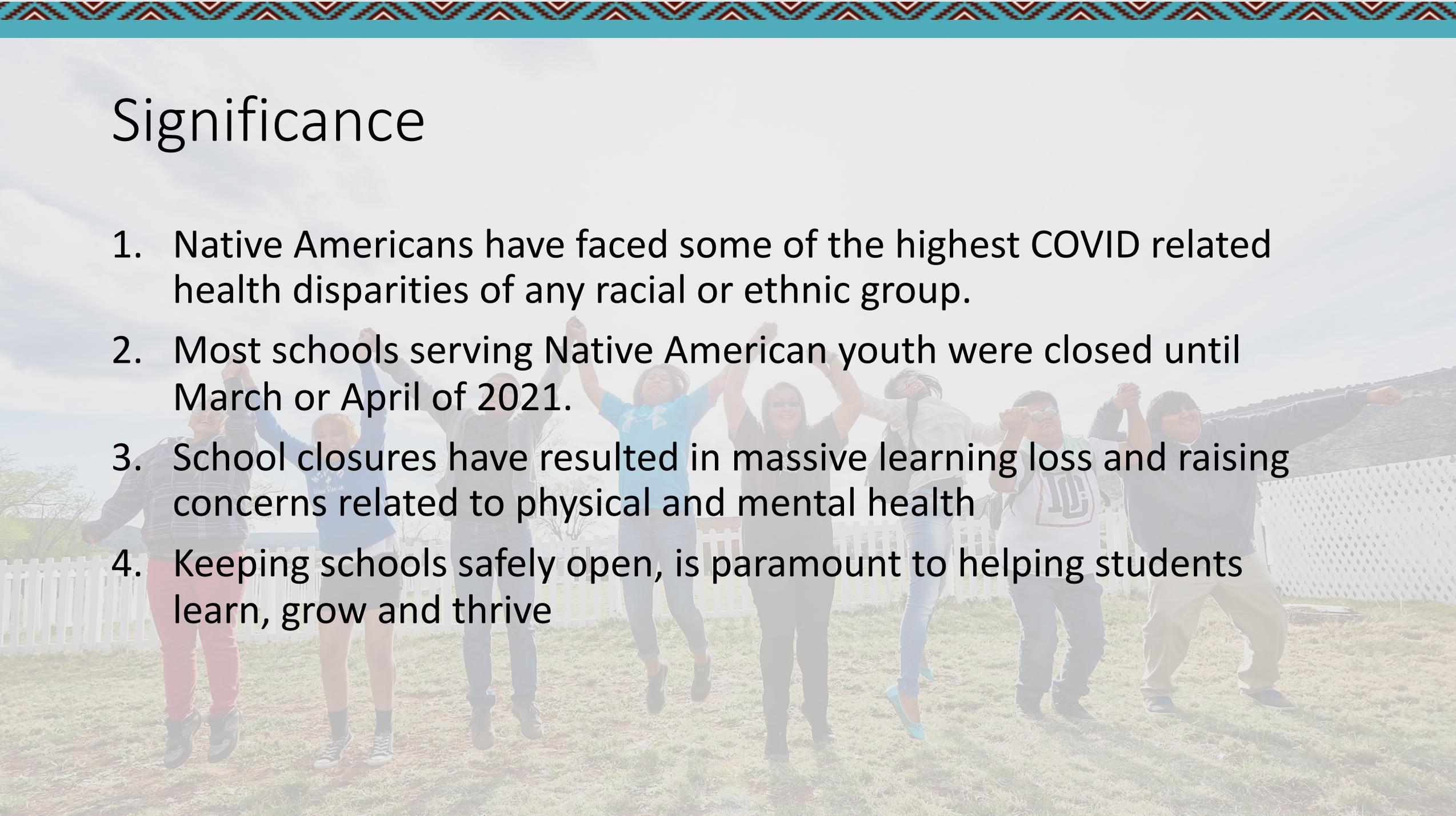
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Land acknowledgement



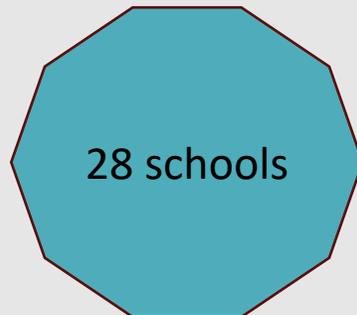
Significance

1. Native Americans have faced some of the highest COVID related health disparities of any racial or ethnic group.
2. Most schools serving Native American youth were closed until March or April of 2021.
3. School closures have resulted in massive learning loss and raising concerns related to physical and mental health
4. Keeping schools safely open, is paramount to helping students learn, grow and thrive



Project background

- Since 2021, JHU has partnered with schools that serve Native communities in the Southwest to facilitate implementation of COVID-19 testing and support other safe return to in-person learning efforts.
- The work is also focused on understanding the educational, social, emotional, physical and mental health impacts of returning to in-person learning for Native American youth ages 4-16 years.
- The partnership with the Whiteriver Unified School District began in the spring of 2021.



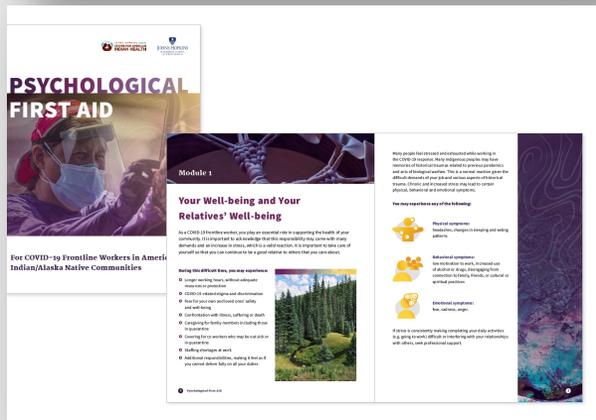
Our work is rooted in community engagement: CAB



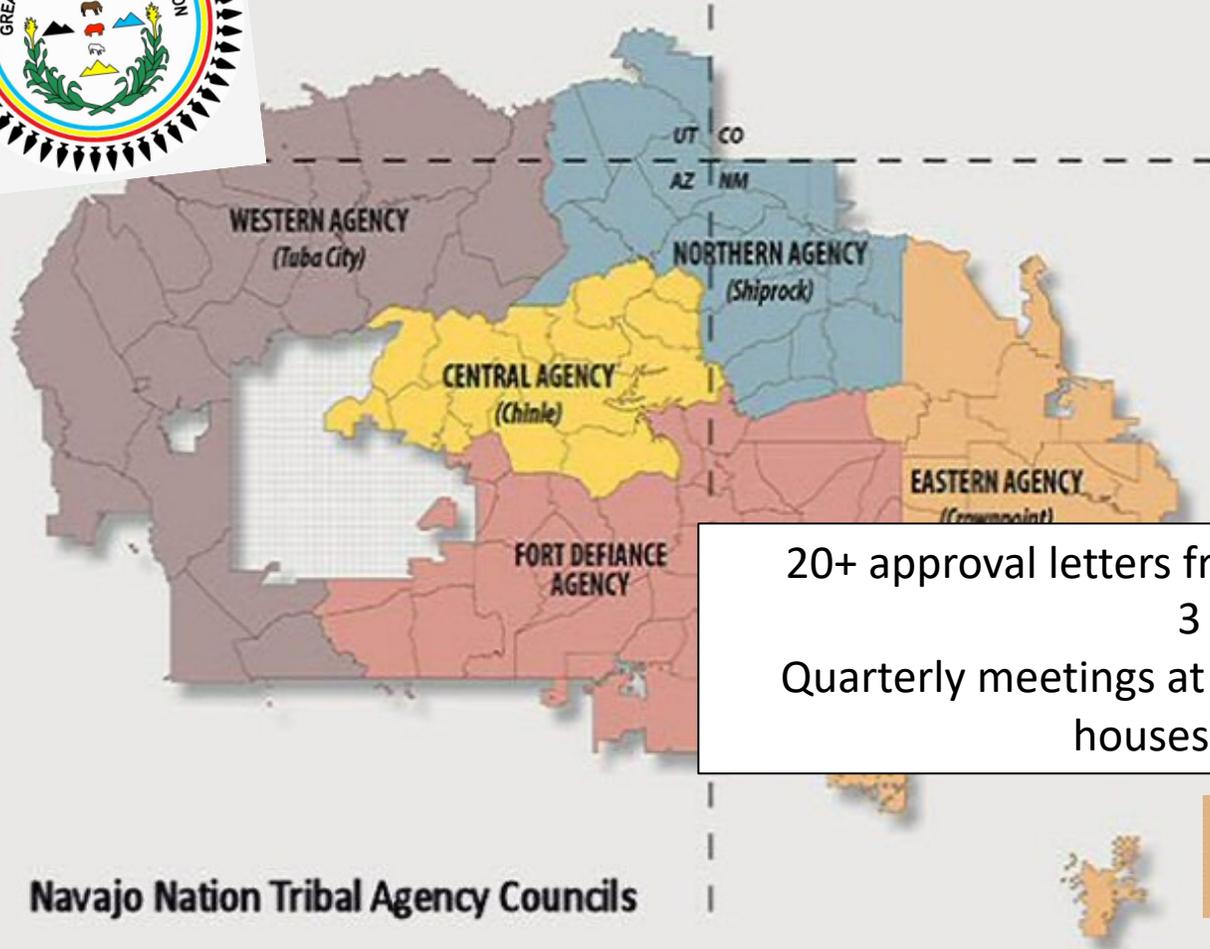
School, community, research partnerships



Partnering Practice & Research



Local Approvals



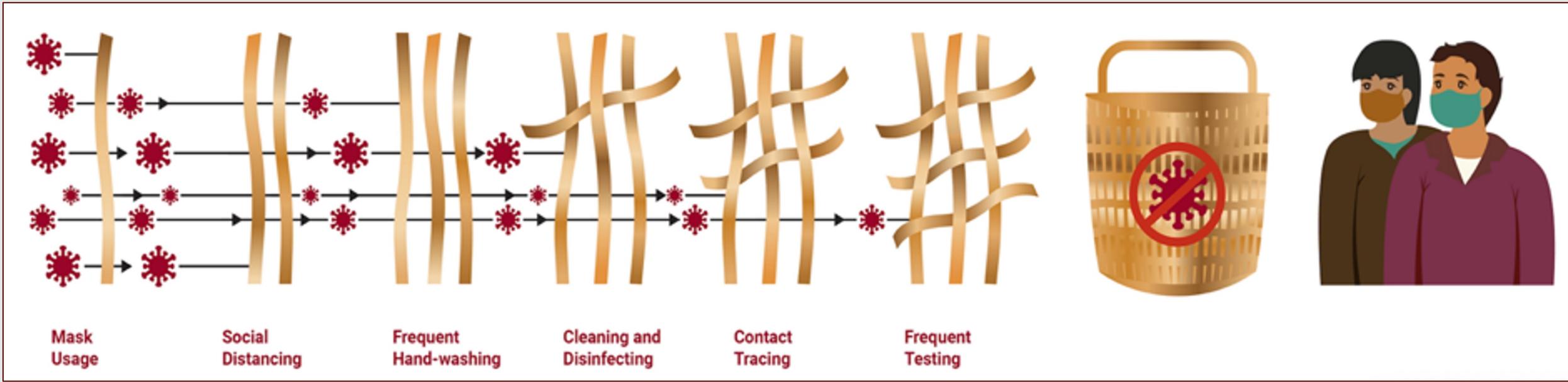
*White Mountain Apache
Division of Health Programs*

PO Box 1210 • 301 W Ponderosa • Whiteriver, AZ 85941
928-338-4855/4949, Fax 928-338-1615

20+ approval letters from community agencies
3 IRBs
Quarterly meetings at agency councils, chapter houses, and IRBs

Navajo Nation
Human Research Review Board

Planning for 2022-2023: Weaving a basket to keep our schools safe



Encourage vaccination

What's the best way to prevent serious illness from COVID?

Get
VACCINATED!



JOHNS HOPKINS CENTER FOR AMERICAN INDIAN HEALTH

COVID-19 vaccines
are safe and available
for everyone
6 months and older!



Vaccination resources

<https://caih.jhu.edu/resource-library/>

Health Resource Library for Native American Communities

Tribal Leaders

Community Members

Healthcare Workers

See All

Search ...

All Topics

All Material Types

Submit

226 results | [Clear Filters](#)

Featured Resource

 Social Media Toolkit

COVID-19 vaccines are safe and available for everyone 6 months and older!

JOHNS HOPKINS CENTER FOR AMERICAN INDIAN HEALTH

COVID-19 vaccines
are safe and available

Featured Resource

 Factsheets

Kids and COVID-19 Vaccines:
What Parents and Caregivers
Need To Know

Kids and COVID-19 Vaccines: What Parents and Caregivers Need To Know

Children as young as 6 months of age can get a COVID vaccine.

Both COVID-19 mRNA vaccines are safe for children as young as 6 months of age. Children receive the same vaccine as adults, but the dose is smaller depending on their age.

Children are as likely as adults to be infected with COVID-19 and can spread the virus to others. Children can also get very sick and have short and long-term health complications from COVID.

Ask your child's health care provider about any questions you have about the COVID-19 vaccine.



Featured Resource

 Social Media Toolkit

Protect Your Summer Plans
With A Booster

How schools can help with vaccine uptake



Host vaccine clinic(s) during the summer, and/or as a back-to-school event

- Important for new pediatric boosters



Communicate about family-friendly clinics—many planned for spring and summer

- Send community clinic information home with students via **flyers**
- Send **robocalls and texts** to families with community clinic information
- Share community clinic information via **school/district email, social media, website, etc.**



Provide an opportunity for parents to opt-in to receiving help booking a vaccine appointment for their children/family

Children ages 5-11 are now eligible for a COVID-19 booster.

- This age group can get only the **Pfizer vaccine**
- Booster eligibility for ages 5-11 begins **5 months** after the first shot
- Now everyone age 5+ can get a booster

Masking still plays a role!

1



**Made of medical-grade materials,
like N95, KN95, and KF94.**

2



**Fits snugly on sides of
the face.**

3



**Has a nose bridge to keep
mask tight around nose.**

When rates are high, consider masking, particularly inside to help stop the spread!

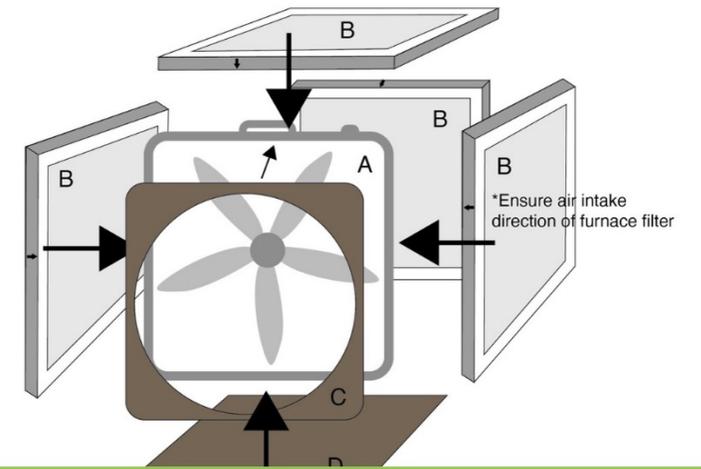
Enhance ventilation



DIY Box Fan Filters

Corsi-Rosenthal Box

illustrated by @ughberta



Consider adding testing strategies



Testing approaches

	Screening Tests		Surveillance Testing
	Rapid Antigen Tests At Schools	Rapid Antigen Tests at Home	Front End PCR Pooling
What tests?	Abbot Binax Now Ellume Home Test Kits	Abbot Binax Now Ellume Home Test Kits	Concentric by Gingko
Frequency	2x per week, symptomatic testing, test-to-stay	1-2x per week, backpack programs, test-to-stay	1x per week
Sensitivity/Specificity (asymptomatic)	Binax: 70.2/99.6 ¹ Ellume: 91/96 ²	Binax: 70.2/99.6 ¹ Ellume: 91/96 ²	96/100 ³

Teachers
& Staff

Students

Both

Logistics of antigen tests

Situation	CLIA Certificate of Waiver Required?	Reporting to DPH Required?	Provider's Order Required?
BinaxNOW "Professional" or other official point of care test, any testing reason	Yes	Varies by state	Yes
Self-test sent home, any testing reason	No	No	No
Self-test performed and result interpreted at school by the individual being tested, any testing reason	No	No	No
Self-test performed or result interpreted by third party (e.g., staff), any testing reason	Yes	Varies by state	Yes

PCR POOLING: SENSITIVITY

Studies comparing the sensitivity of pooled versus individual tests confirm that **PCR pooling is more than sufficient** for asymptomatic screening tests and has **similar sensitivity to individual testing**. In April 2021, the FDA recommended that best practice for the use of antigen tests is serial testing – two tests within 24 to 36 hours.



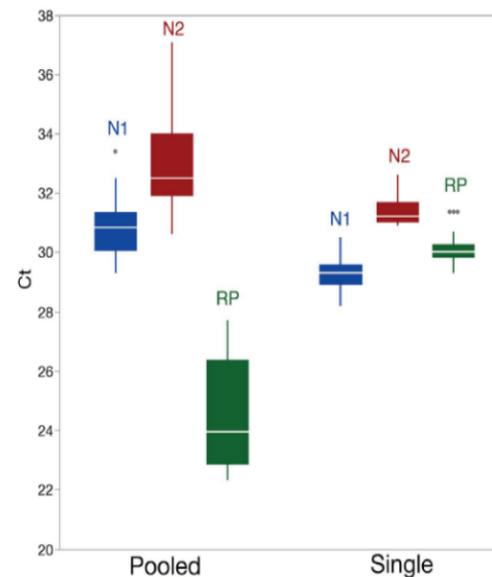
A study conducted by *The Broad Institute* found comparable levels of detection when samples are pooled or individually tested

Results show that the sensitivity was comparable for pooled and individual/single samples

Notes on the graph:

- 10 samples were pooled together to compare sensitivity **N1** and **N2** samples look for Covid-19 virus genome and **RP** samples look for human genome (control)
- A lower Ct value means a higher amount of virus genome is present
- The RP Ct is significantly lower in the pool as expected since human genomic material is present on both positive and negative swabs

Pooled vs individual testing sensitivity



UNITEDHEALTH GROUP

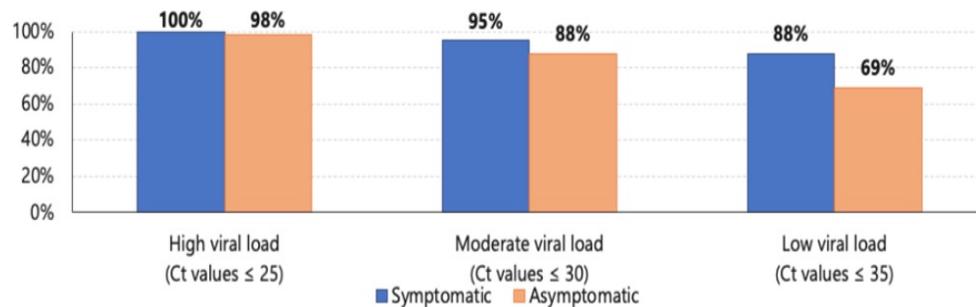
A study by the *UnitedHealth Group* showed pooled testing had comparable performance to individual PCR testing

Results show that up to 15 samples could be pooled together to reduce costs and supplies while maintaining accuracy of results

RAPID ANTIGEN: USE FOR POOL DECONVOLUTION

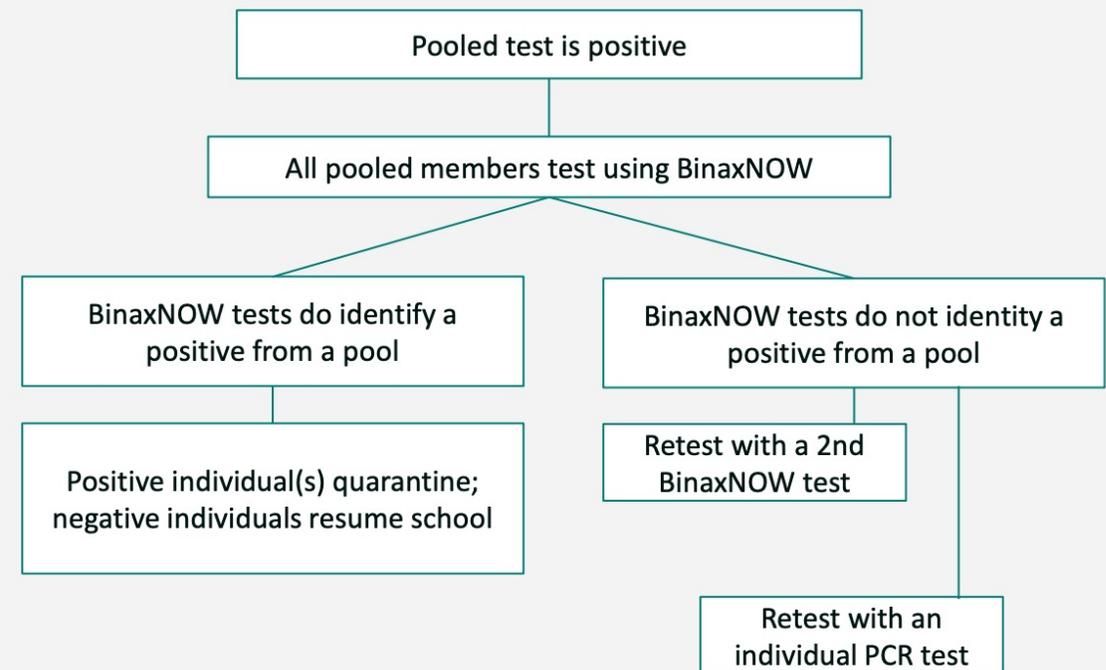
Given the speed, accuracy, price and widespread availability, some schools are using **rapid antigen testing as a way for recommended follow-up testing** to support the pooled test program

Percentage of positive PCR tests accompanied by a positive BinaxNOW test, by viral load
All other results were false negatives (PCR positive & BinaxNOW negative)



When compared to PCR tests, BinaxNOW is **accurate in detecting COVID-19 in children with moderate to high viral loads**, even if they are asymptomatic.
These children are the most likely to be highly contagious and transmit the disease.

One potential follow-up testing approach Example: BinaxNow in Massachusetts



“Test to Stay” programs

- Instead of quarantines for close contacts, students get tested everyday
- One group had close contacts quarantine for 10 days; Other group was allowed to return to school and was tested.
- No difference between groups in terms of COVID-19 incidence
- Test to stay group had more learning days

THE LANCET

ARTICLES | [VOLUME 398, ISSUE 10307, P1217-1229, OCTOBER 02, 2021](#)

Daily testing for contacts of individuals with SARS-CoV-2 infection and attendance and SARS-CoV-2 transmission in English secondary schools and colleges: an open-label, cluster-randomised trial

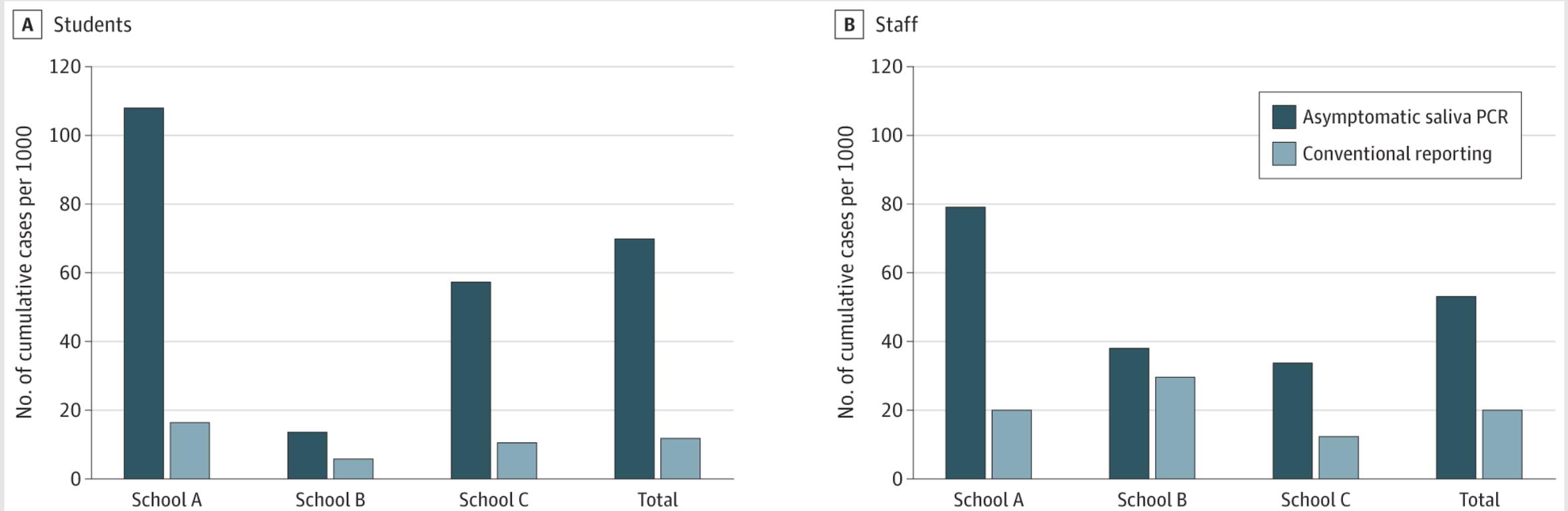
[Bernadette C Young, DPhil](#)   • [David W Eyre, DPhil](#)  • [Saroj Kendrick, BA](#) • [Chris White, BSc](#) • [Sylvester Smith, MBA](#) • [George Beveridge, MSc](#) • et al. [Show all authors](#) • [Show footnotes](#)

Published: September 14, 2021 • DOI: [https://doi.org/10.1016/S0140-6736\(21\)01908-5](https://doi.org/10.1016/S0140-6736(21)01908-5) •  Check for updates

Evidence for testing approaches



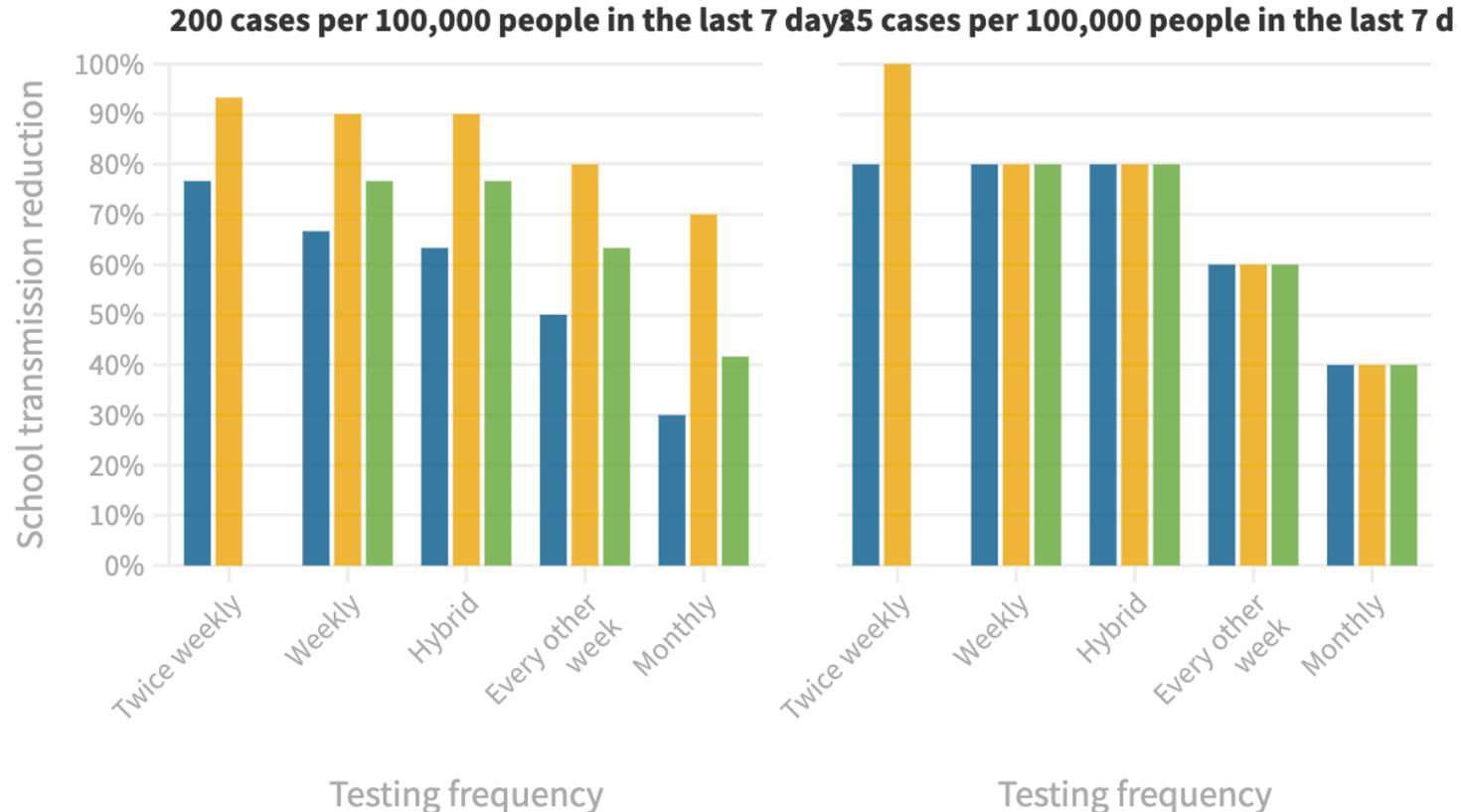
Weekly testing can improve detection of cases in schools



Testing can help stop school transmission even in communities with high incidence rates

Estimated COVID-19 transmission reduction in schools under different testing scenarios and community incidence rates

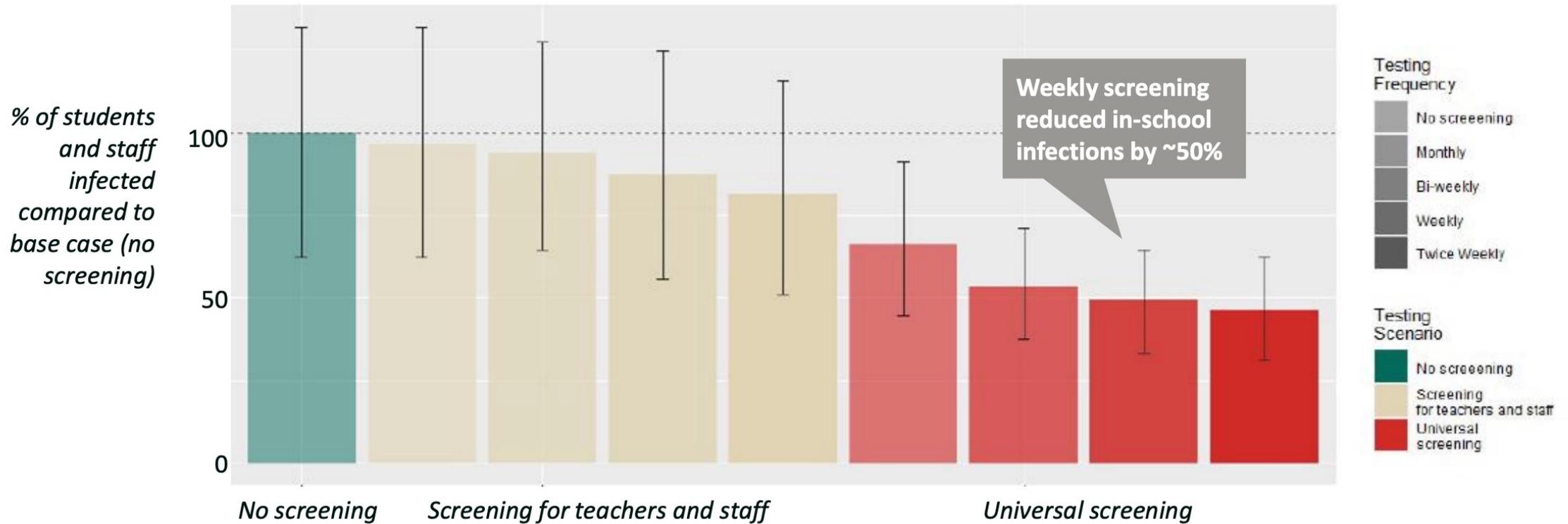
■ Single antigen testing ■ Pooled PCR testing ■ Serial antigen testing



REGULAR TESTING IN SCHOOLS CAN REDUCE INFECTION

Evidence from Mathematica, supported by The Rockefeller Foundation, found that **weekly testing** of all students, teachers and staff can **reduce in-school infections by an estimated 50%**

Cumulative COVID-19 infections among students and staff in high schools



SCHOOL PREVALENCE RATES ARE 10X LOWER THAN COMMUNITY RATES

Aggregate data across multiple schools and their contiguous communities shows **average school positivity is 0.25% to 0.5%** while surrounding **community positivity is ~ 7.23%***



NYC

0.53%
positivity
rate in K-12
schools

5.60%
positivity rate
in community



COLORADO

0.5%
positivity
rate among
teachers

4%
positivity
rate across
the state

CDC and others support a return to in-person schooling, citing low prevalence rate in schools as a key part of the justification

Disclaimer: It is important to note that community testing is an opt-in process, and the actual community positivity may be different

*Calculated by aggregating data collected by Ginkgo, CiC Health and JCM Analytics

TESTING BRINGS STUDENT, PARENT AND TEACHER CONFIDENCE

“I feel **more safe now knowing solid facts** about who has it and that the people who have it are not at school. So, it's keeping everything safer.” - *Parent*

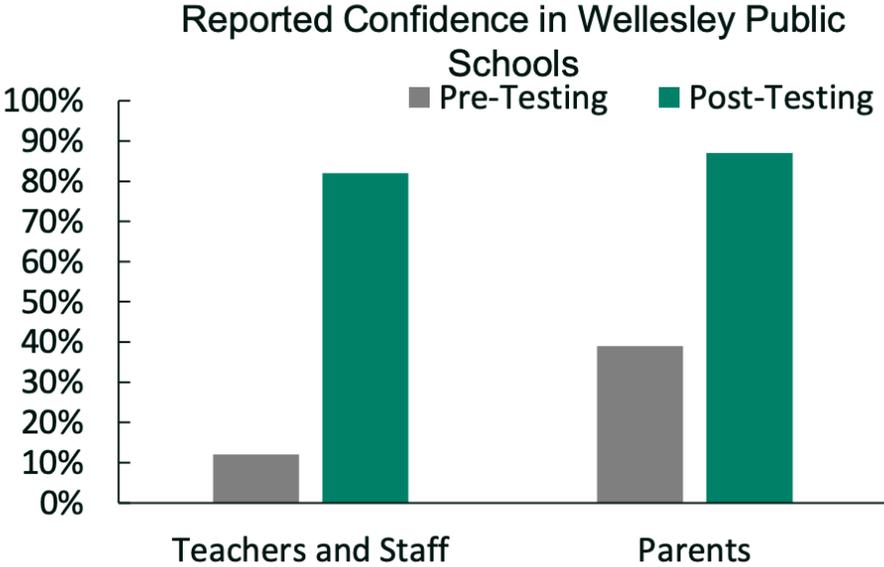
Participants strongly supported the use of testing to confidently return to in-person learning



UNITEDHEALTH GROUP

SURVEY RESULTS (% agree/strongly agree)	Parents	Students	Staff
Testing students, staff and teachers on a regular basis is important to ensure that school can remain open and the WIS community can be as safe as possible	91.8	95.1	92.6
Post-launch: I am open to being part of a pooled testing protocol once or twice a week, with an individual confirmatory test required if the pool is positive	90.3	93.4	98.8
I feel that students or teachers who refuse to be tested individually or as part of a pool on a frequent basis should not be allowed to attend in person classes	80.4	83.13	74.1

Baseline testing increased confidence of safety of in-person learning



What did/does mitigation look like in schools?

CIVITAS
Civitas Networks for Health

Increasing testing buy-in through family engagement/communication

**Family Engagement/
Communication:**

Providing personal, direct communication to families led to high participation in Whiteriver Elementary School's testing program. The school worked closely with Indian Health Services and the local White Mountain Apache tribe to create a system that works for their community.

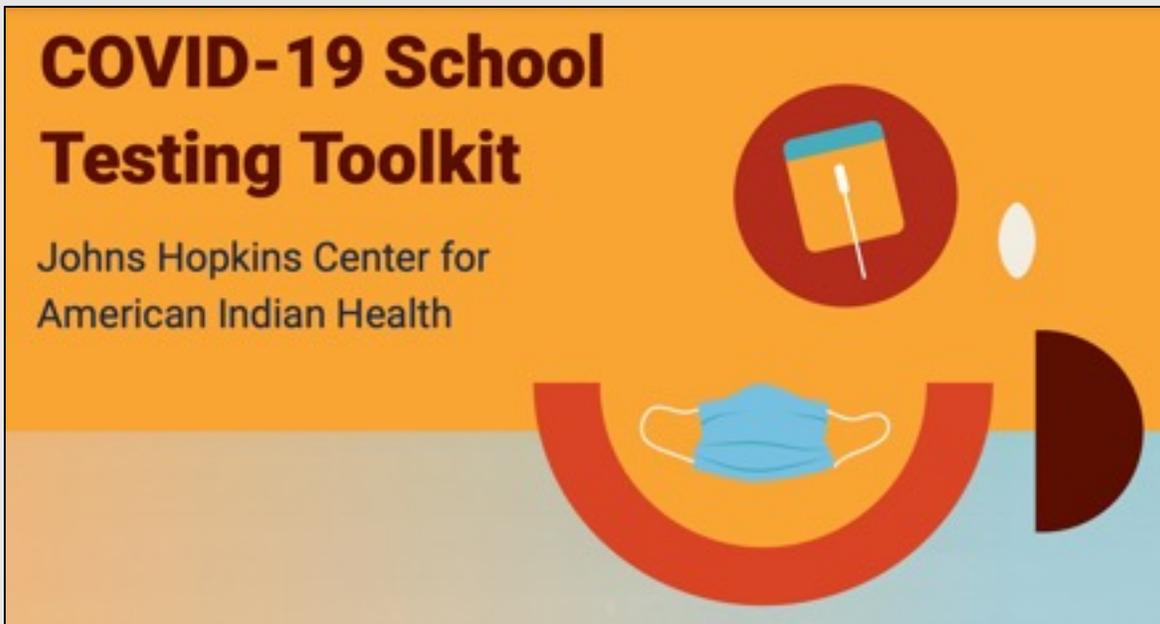
Leanna Crocker
CNA Whiteriver Elementary School,
Whiteriver, AZ

**The ROCKEFELLER
FOUNDATION**

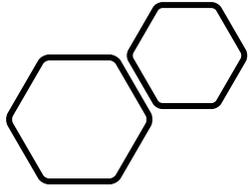
A woman with dark hair, wearing a black and white zip-up jacket over a white t-shirt with blue lettering, is speaking. She is in a school setting with a clock on the wall and a sign that says "Whiteriver Elementary Accelerator Lab" in the background.

Whiteriver Elementary School
Let Your Pride Soar

Resources for schools serving Native American communities



<https://caih.jhu.edu/schoolresources/>



Project SafeSchools

Working together to make in-person
learning safer for ALL.



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INDIAN HEALTH