Today's Agenda

Welcome

Stephen Proffitt and Christine Kuehlewind, State Education Resource Center (SERC)

What's New at CSDE and Partners

Kari Sullivan Custer, Attendance & Engagement Consultant, CSDE

Connecticut Weekly Respiratory Viral Disease Trends Report

Kristen Soto, MPH, COVID-19 and Influenza Surveillance Unit Coordinator/Epidemiologist
4Infectious Disease Section, Connecticut Department of Public Health

Strategies to Stop the Spread

Chlo-Anne Bobrowski, MSN, RN, Education Manager, Connecticut State Department of Education

Upcoming Attendance & Engagement Meetings

Christine Kuehlewind, SERC

What's New at CSDE

November 14, 2022
- [Annual FERPA and PPRA Notice from the U.S. Department of Education](#)

- [Remote Learning Commission Report](#)

- [Statement on Restraint and Seclusion](#)

November 7, 2022
- [E-Learning Series on Attendance & Engagement](#)

November 2, 2022
- [Updated Definition of Attendance](#)

- [New CSDE Model Curricula Model Units Connected to Defined Learning Performance Tasks](#)

- [Statement from Connecticut Department of Public Health Commissioner Dr. Manisha Juthani](#)

[Superintendent's Digest (ct.gov)](#)

CONNECTICUT STATE DEPARTMENT OF EDUCATION
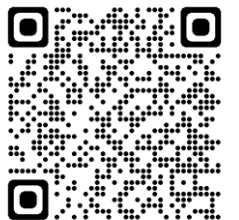
Attendance & Engagement
E-Learning Series with Attendance Works

Register for Sessions 1–3 today!

Is your school struggling with student attendance or are you concerned about the spike in absenteeism during the pandemic?

Info Session for District & BOE Leaders — December 1, 2022
Learn about the E-Learning Series and if it's a match for a school team in your district.

Register for this session only

Session 1 — January 23, 2023
Whole School Engagement Strategies for Reducing Student Absenteeism

- Understand the impact of chronic absence on student

https://portal.ct.gov/-/media/SDE/Digest/2022-23/ELearningFlyer.pdf

CONNECTICUT STATE DEPARTMENT OF EDUCATION

CSDE

SBE Resolution, Definition of "in attendance"

A student is considered to be "in attendance" if:
1) present at their assigned school, and/or
2) participating in an activity sponsored by the school (e.g., field trip); and/or,
3) participating in statutorily authorized remote learning as determined through a combination of: synchronous virtual classes, synchronous virtual meetings, activities on time-logged electronic systems, and/or the completion and submission of assignments

for at least half of the instructional school day.

Students serving an out-of-school suspension or expulsion are reported as "absent" except for each day that the student receives alternative education programming for at least half of the instructional school day.

SBE Resolution, Definition of "in attendance"

Updated definition of "in attendance" was adopted by the State Board of Education (SBE) on September 7, 2022. SBE resolution.

- Expanded to include students participating in statutorily authorized remote learning;
- Applies only to students who are **enrolled** in a remote learning model that is aligned with the CSDE Standards for Remote Learning Grades 9-12 (ct.gov).
- Currently, state statute permits remote learning for students in Grades 9 through 12 only.

The new definition does not apply to students who are quarantined or isolated due to illness. Students who are absent due to sickness should be marked absent according to the CSDE Guidelines for Excused and Unexcused Absences.

Connecticut Weekly Respiratory Viral Disease Trends Report

November 15, 2022

For internal use
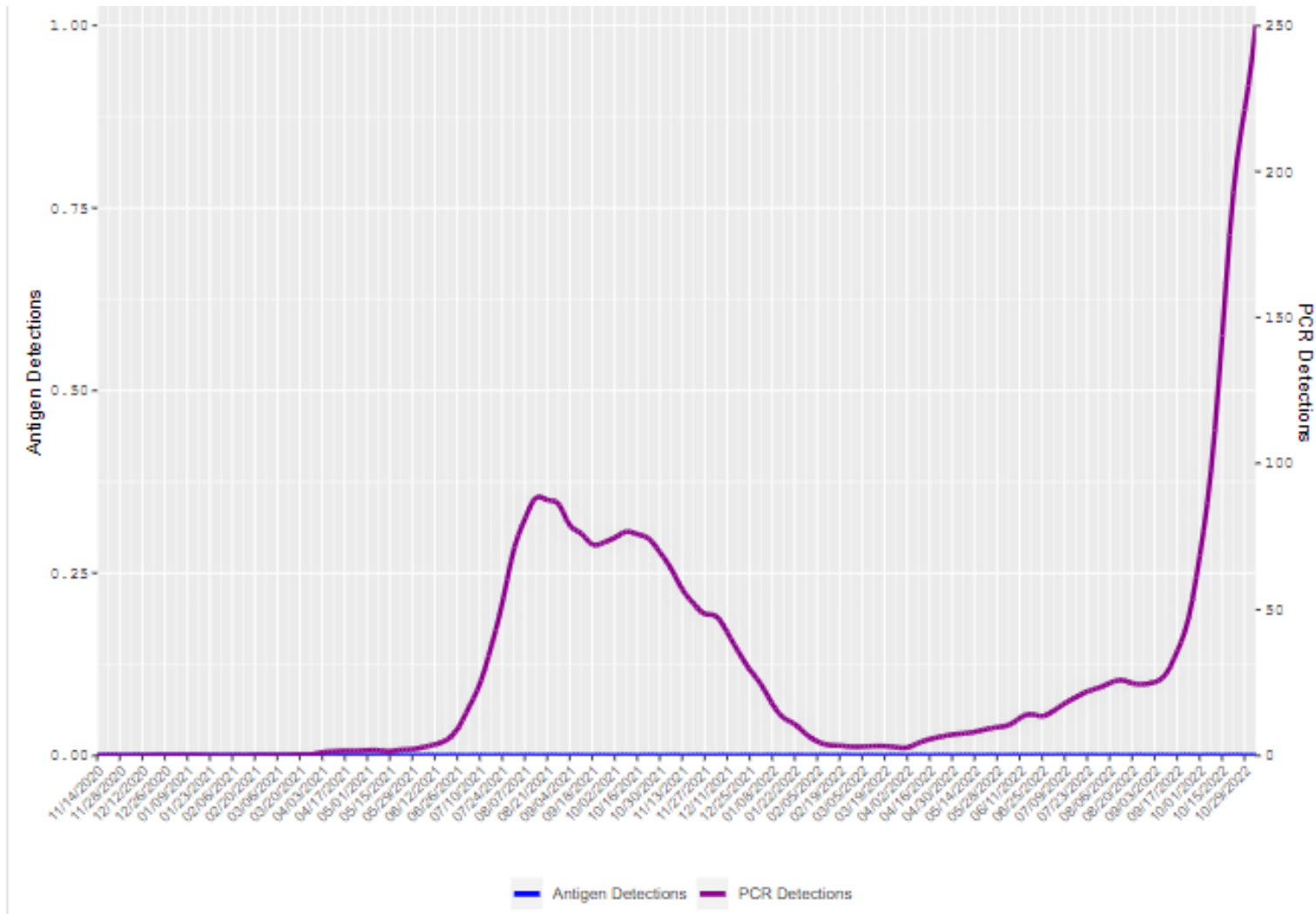
How can we stop the spread?

1. Get your seasonal flu vaccine and COVID-19 boosters
2. Stay home if you are sick
3. Cover your cough/wear a mask with mild symptoms
4. Wash your hands
5. Routinely clean/disinfect surfaces
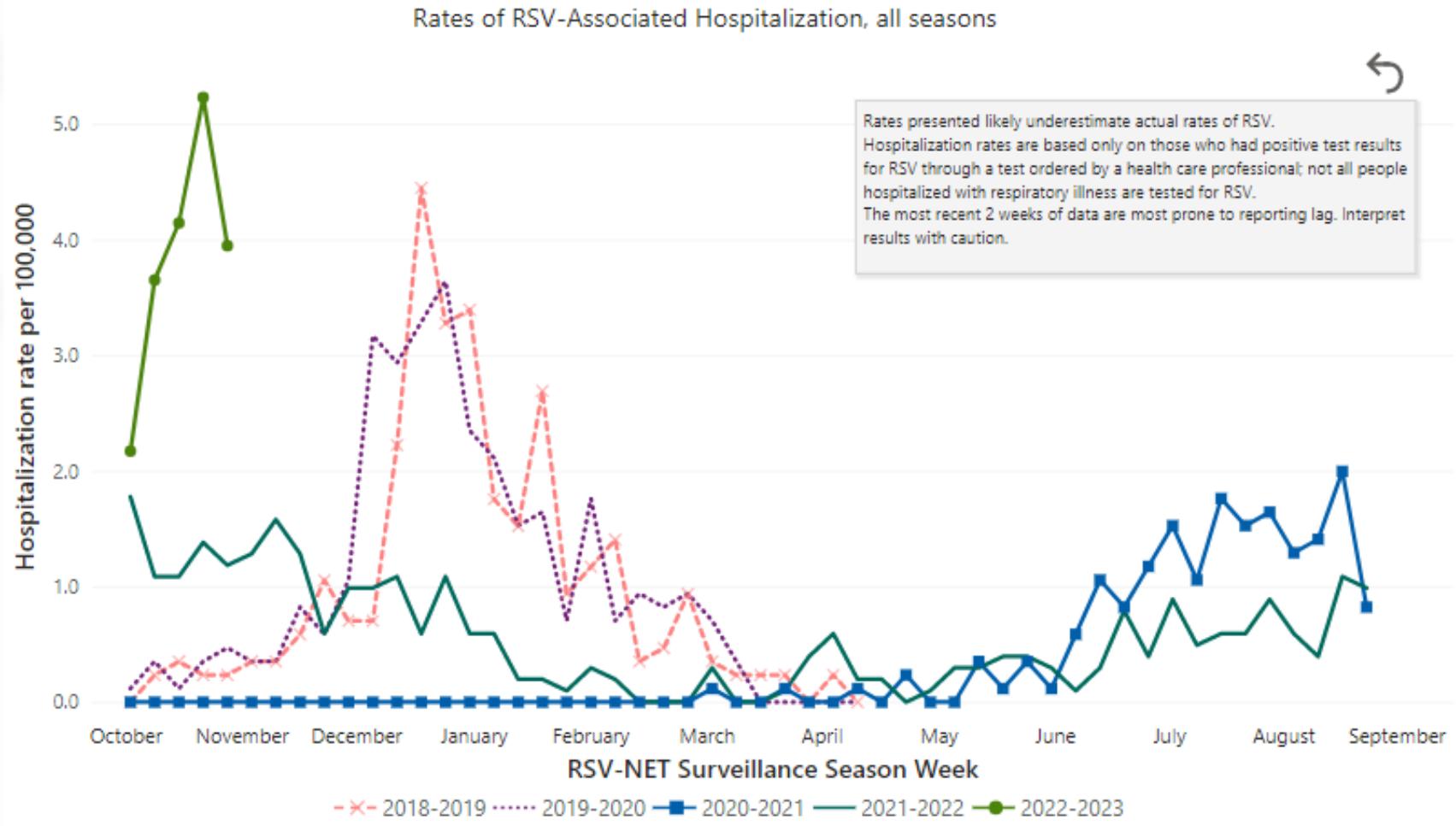
RESPIRATORY SYNCYTIAL SUMMARY

What is RSV?

- Signs and Symptoms
  - Typically mild, cold-like symptoms
  - May cause bronchiolitis or pneumonia in infants, older adults, or those with underlying conditions

- Testing
  - Most people with mild illness will not be tested

- School exclusion
  - No RSV-specific guidance
  - May return to school if fever free and feeling well enough
  - Masks are recommended as part of test-mask-go for staff and students with mild symptoms

National Respiratory and Viral Enteric Virus Surveillance System (NREVSS)

Hospitalizations

Rates of RSV-Associated Hospitalization, all seasons

Rates presented likely underestimate actual rates of RSV.
Hospitalization rates are based only on those who had positive test results for RSV through a test ordered by a health care professional; not all people hospitalized with respiratory illness are tested for RSV.
The most recent 2 weeks of data are most prone to reporting lag. Interpret results with caution.

X-axis: RSV-NET Surveillance Season Week
Y-axis: Hospitalization rate per 100,000

Legend: 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023

Data last updated: 11/09/2022 | **Accessibility:** Hover over graph area to display options such as show data as table and copy visual.
Note: AI/AN, American Indian or Alaska Native; A/PI, Asian and Pacific Islander.

INFLUENZA SUMMARY

What is Influenza?

- Signs and Symptoms
  - Fever with cough and/or sore throat
  - Infants, older adults, and persons with underlying conditions at increased risk of severe disease

- Testing
  - Testing is recommended as antiviral therapies are effective and readily available

- School exclusion
  - No influenza-specific guidance
  - May return to school if fever free and feeling well enough

Connecticut Department of Public Health

Weekly Influenza Update

Influenza data are collected year-round, however, data are presented in terms of the respiratory disease 'season' that is October 1st to April 30th.

For additional information go to CT DPH Influenza Information or the Centers for Disease Control and Prevention FLUView page.

Current Report Period: 11/6/2022 - 11/12/2022

Influenza Cases

Previous Complete Week	Current Week (Incomplete)	Season Total to Date
536	516	1,538

Influenza-associated Hospitalizations

Current Week	Season to Date
2	41

Influenza-associated Deaths

Current Week	Season to Date
0	0

Date of last update: 11/10/2022

Case & Syndromic Surveillance by Week	County Cases & Rates	Influenza Related Hospitalization	Information

Total Number of Patients Hospitalized with Laboratory-Confirmed Influenza by Virus Type per Week

● A H1N1 ● A H3N2 ● A Unspecified ● B Seasonal

Total Number of Patients Hospitalized with Laboratory-Confirmed Influenza by Age Group and Virus Type

● A H1N1 ● A H3N2 ● A Unspecified ● B Seasonal

Connecticut Department of Public Health

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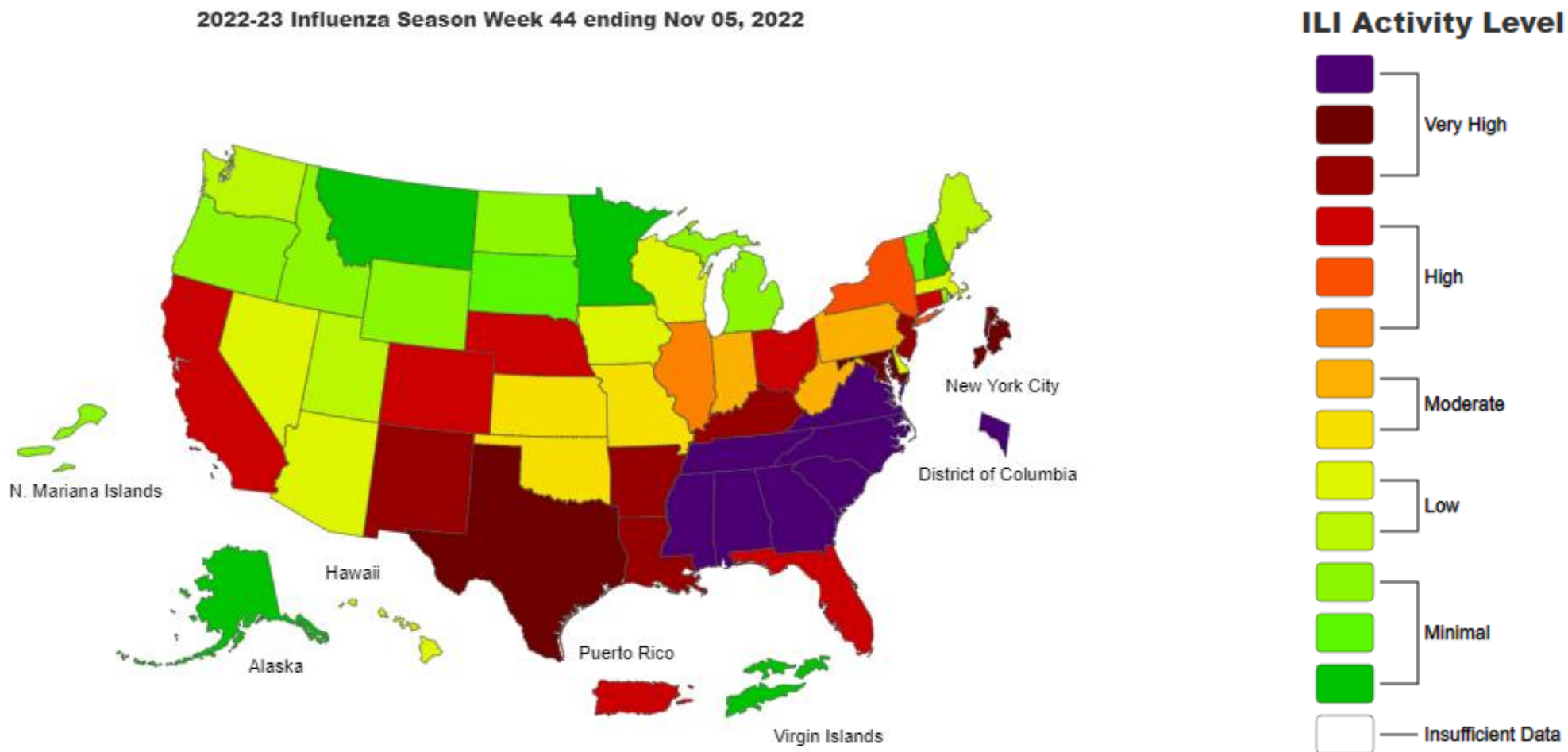| Case & Syndromic Surveillance by Week	County Cases & Rates	Influenza Related Hospitalization	Information

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Oct 09 Oct 16 Oct 23 Oct 30 Nov 06

Total Number of Patients Hospitalized with Laboratory-Confirmed Influenza by Age Group and Virus Type

● A H1N1 ● A H3N2 ● A Unspecified ● B Seasonal

0-9 10-19 20-29 30-39 40-49 50-59 60-69 70-79 80+

2022-23 Influenza Season Week 44 ending Nov 05, 2022

COVID-19 SUMMARY

What is COVID-19?

- Signs and Symptoms
  - Fever
  - Cough, congestion, runny nose
  - Fatigue, headache, muscle ache
  - Shortness of breath
  - Nausea, vomiting, diarrhea
  - New loss of taste or smell

- Testing
  - Testing important so infected individuals can self-isolate
  - Antivirals available for persons at higher risk of complications

- School exclusion
  - Isolate for 5 days after symptom onset or positive test (if asymptomatic)
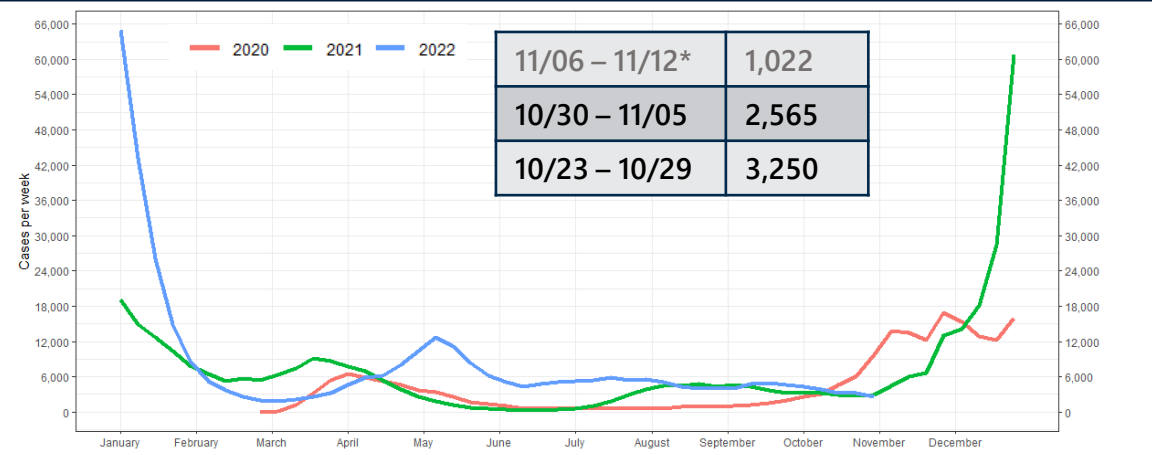 - If fever-free and other symptoms improved may return to school and mask through day 10

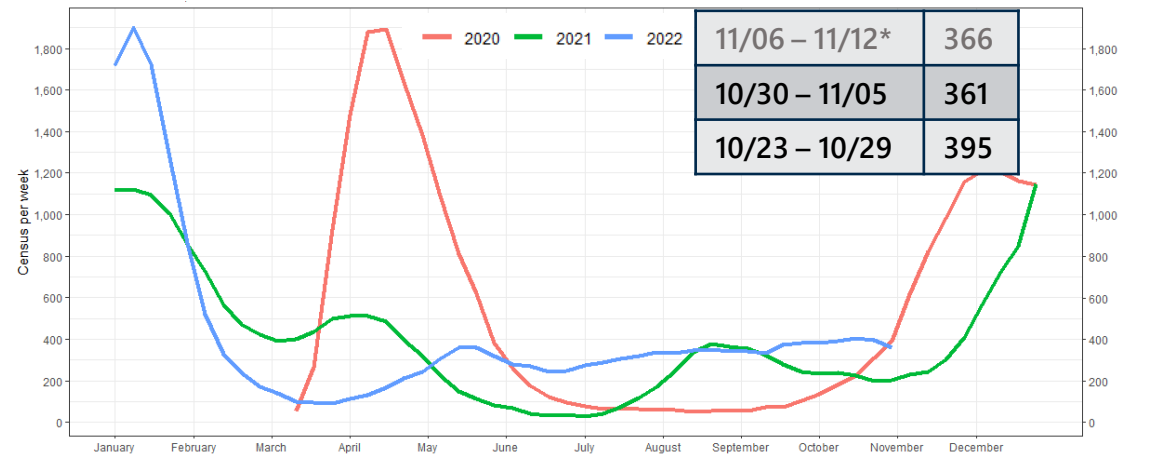# Big Picture: COVID-19 Statewide Snapshot
March 1, 2020 – November 12, 2022

CT 7-day Case Rate per 100,000: 56.5

DPH

Cases – 917,119
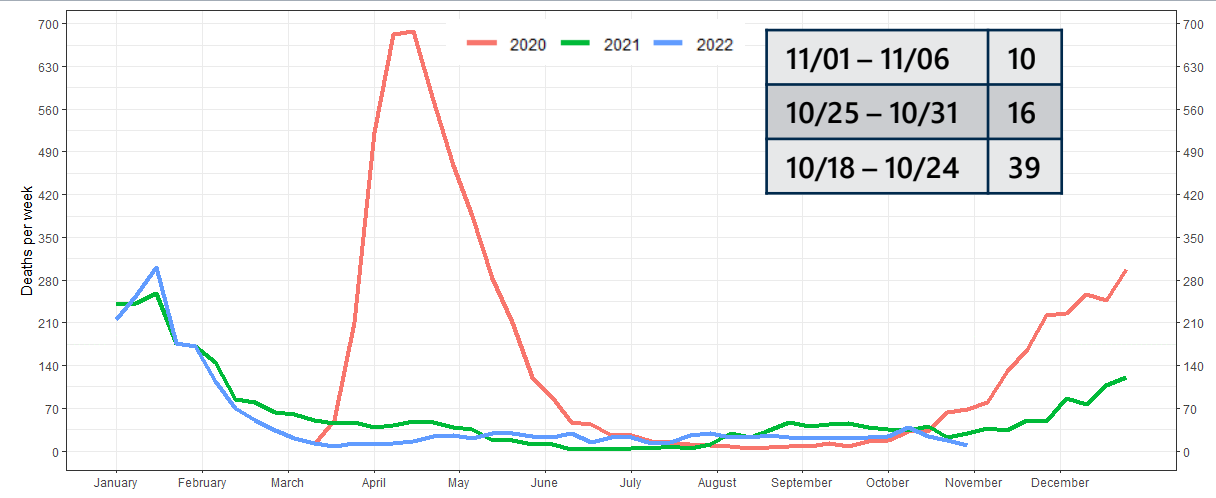

11/06 – 11/12*	1,022
10/30 – 11/05	2,565
10/23 – 10/29	3,250

Hospital Census - 368

11/06 – 11/12*	366
10/30 – 11/05	361
10/23 – 10/29	395

New Admissions – 70,678

11/06 – 11/12*	275
10/30 – 11/05	467
10/23 – 10/29	513

Deaths – 11,528

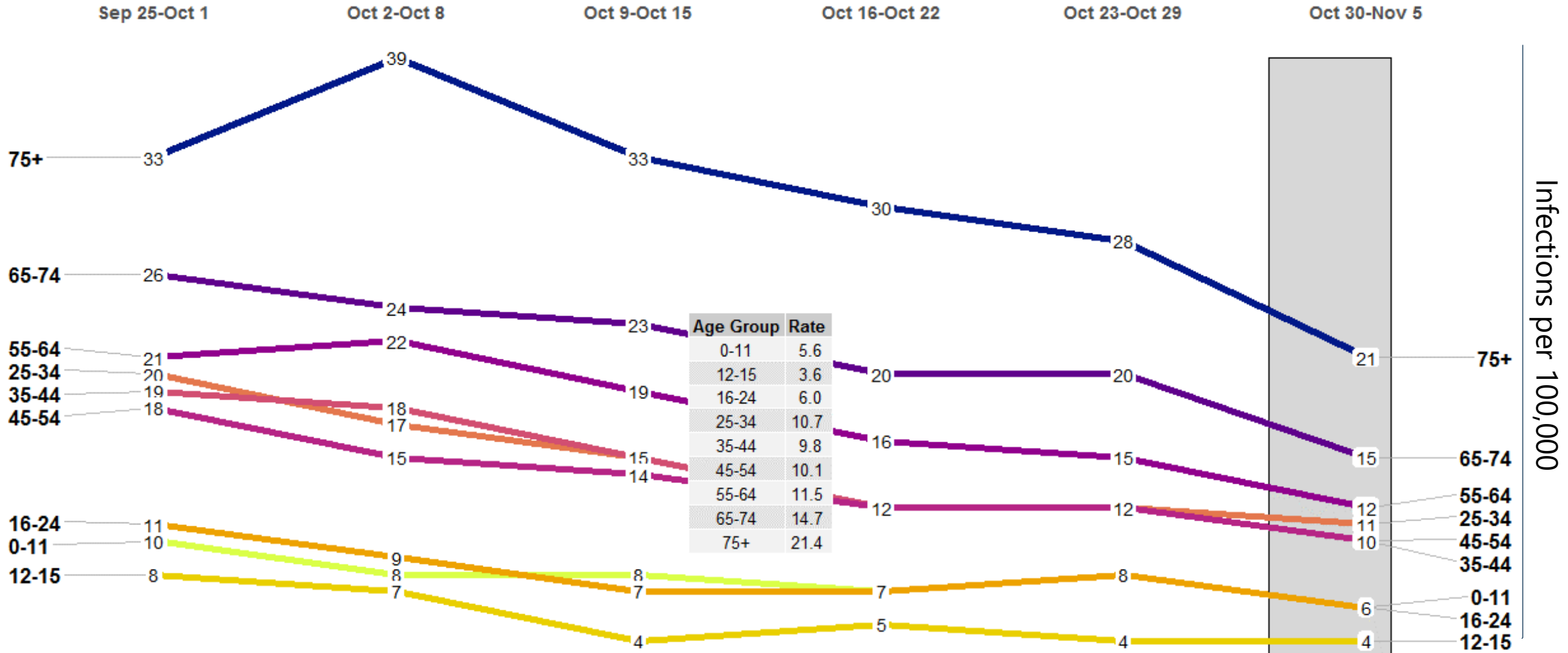| 11/01 – 11/06	10
10/25 – 10/31	16
10/18 – 10/24	39
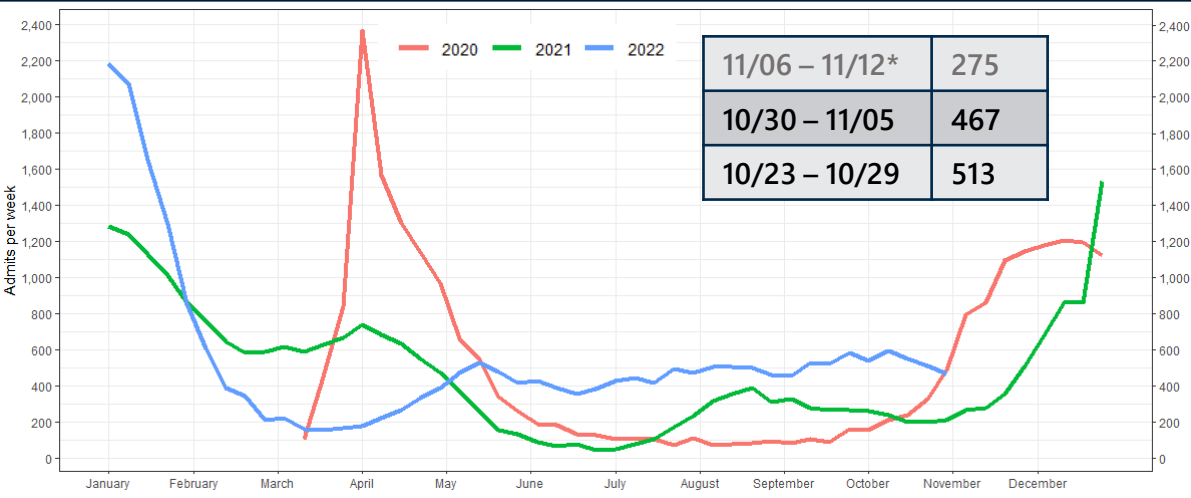
Note: Prior to 5/29/20, CHA defined "COVID admissions" as suspected + confirmed; after 5/29/20, confirmed only
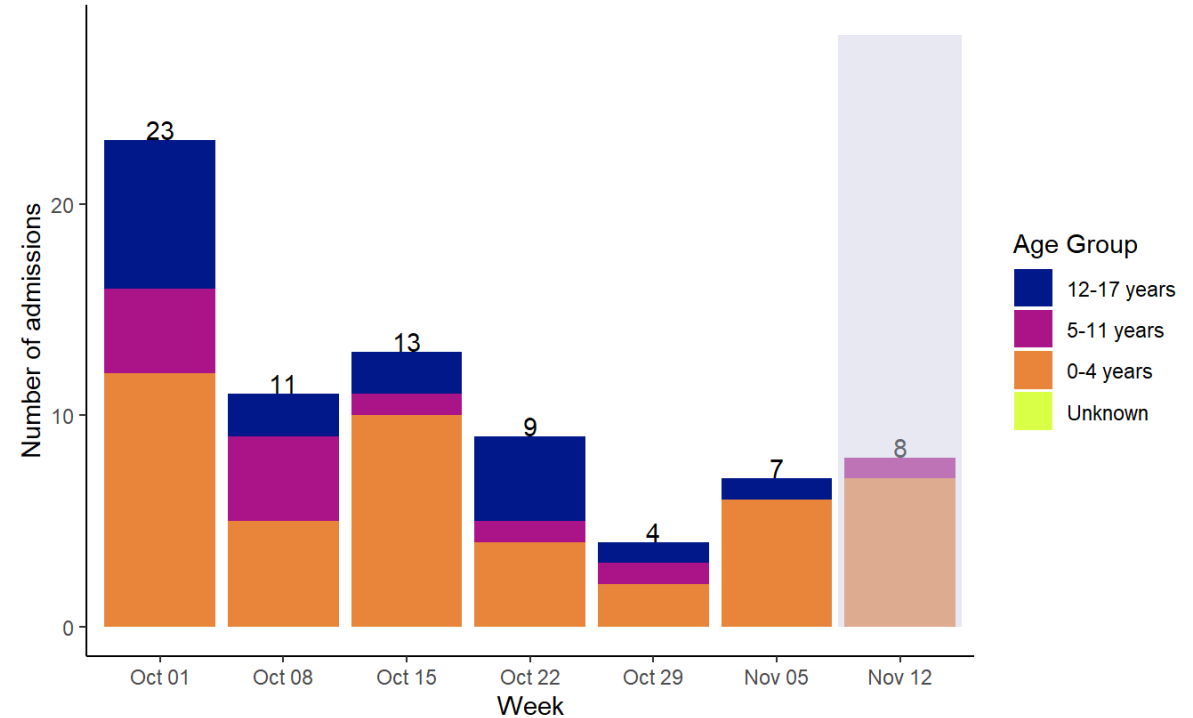
Average Daily SARS-CoV-2 Infection Rates

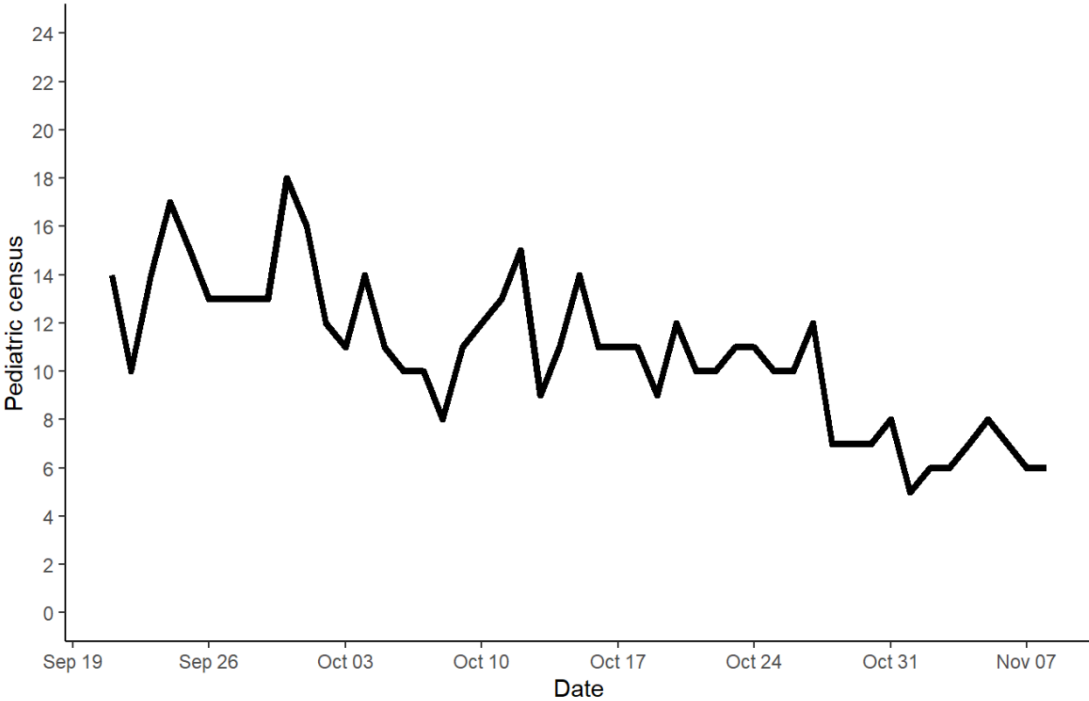*By Vaccine Age Group (Data as of 11/09/2022)*

Age Group	Rate
0-11	5.6
12-15	3.6
16-24	6.0
25-34	10.7
35-44	9.8
45-54	10.1
55-64	11.5
65-74	14.7
75+	21.4

SCHOOL DATA

COVID-19 Linked Pediatric Census and Admissions to Acute Care Hospitals
*Statewide (as of 11/08/2022)*

Pediatric Census (age <18): Patients currently hospitalized in a pediatric inpatient bed, including NICU, PICU, newborn, and nursery, who have laboratory-confirmed COVID-19. Include those in observation beds. Include patients who have both laboratory-confirmed COVID-19 and laboratory-confirmed influenza in this field.

Pediatric Admissions (age <18): Enter the number of pediatric patients who were admitted to an inpatient bed, including NICU, PICU, newborn, and nursery, on the previous calendar day who had confirmed COVID-19 at the time of admission.
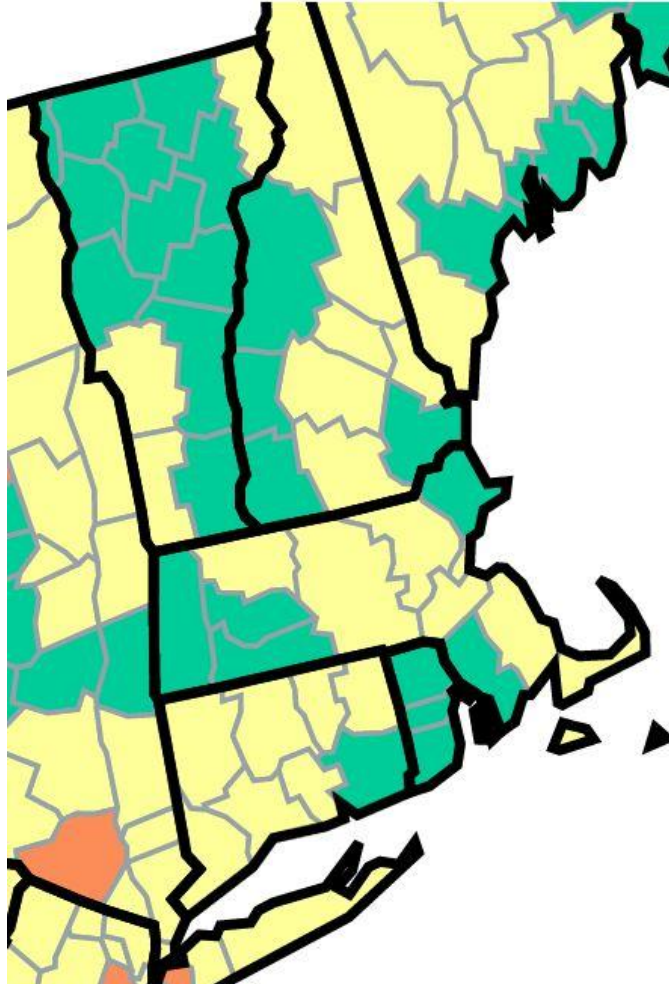
Reported School COVID-19 Cases and Number of Schools Reporting
8/18/2022 – 11/9/2022
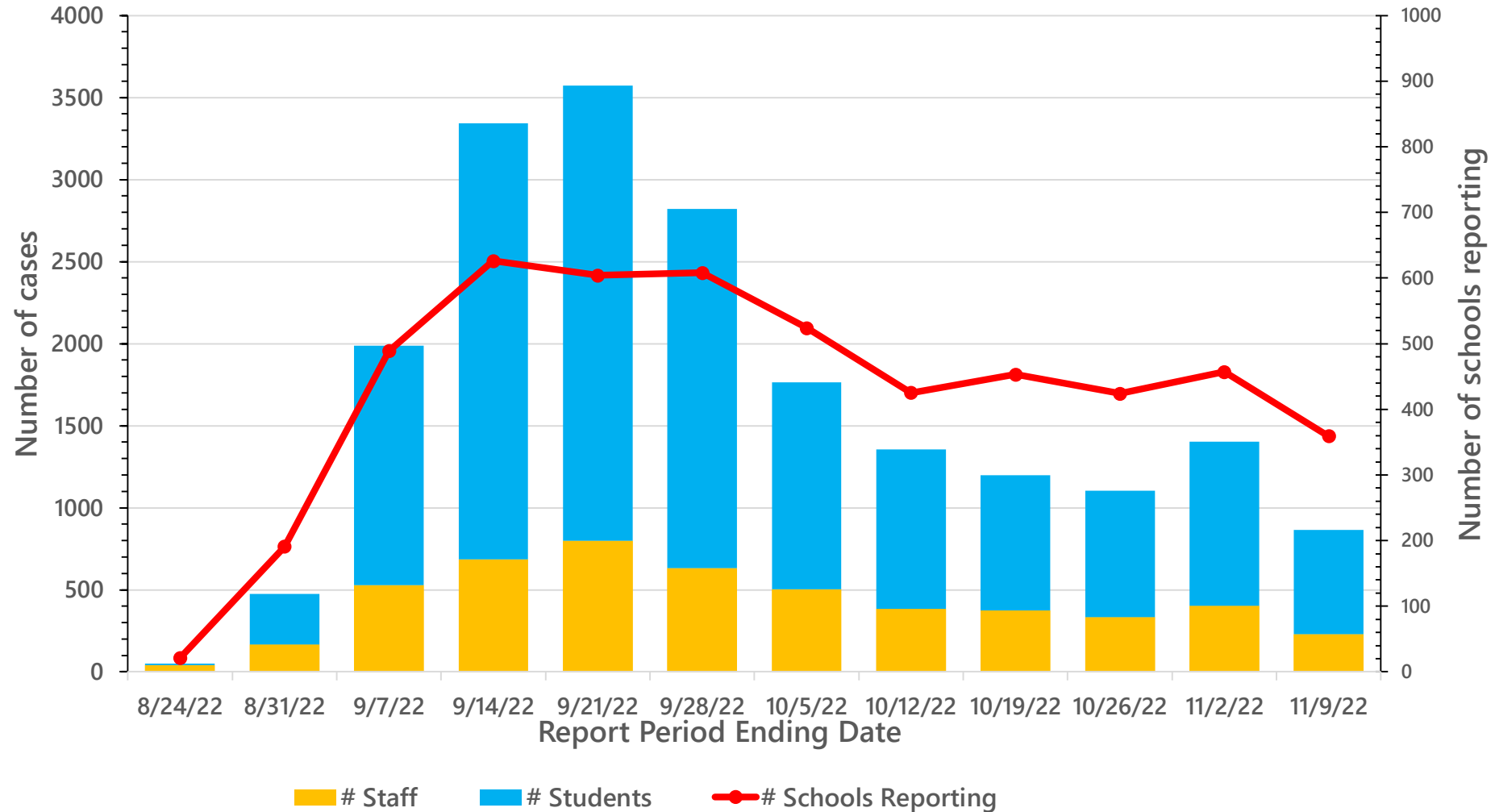
NEW CDC COMMUNITY LEVELS SYSTEM

COVID-19 Community Levels by County

- The CDC implemented a new COVID-19 Community Levels system for monitoring COVID-19 at the county level.

- This system focuses more on severe illness indicators and healthcare strain.

- Ties public health recommendations to COVID-19 metrics

Resources

- CDC's RSV Trend Data by State: https://www.cdc.gov/surveillance/nrevss/rsv/state.html#CT
- CDC's RSV-Net Hospitalization Data: https://www.cdc.gov/rsv/research/rsv-net/dashboard.html
- Connecticut Influenza Surveillance Data: https://portal.ct.gov/DPH/Epidemiology-and-Emerging-Infections/Influenza-Surveillance-and-Statistics
- CDC Fluview Data: https://www.cdc.gov/flu/weekly/index.htm
- Connecticut COVID-19 Surveillance Data: https://data.ct.gov/stories/s/COVID-19-data/wa3g-tfvc/
- CDC COVID-19 Data Tracker: https://covid.cdc.gov/covid-data-tracker/#datatracker-home

Strategies to Stop the Spread

Chlo-Anne Bobrowski, MSN RN
Education Manager
School Health and Family Support Services

CSDE

Strategies to Stop the Spread

- Continue to use mitigating strategies.

- Get most up to date vaccinations: COVID and FLU.

- Stay home when you are sick.

- Get tested if symptomatic or an exposure as a close contact.

- Wash your hands.

- Clean surfaces.

Strategies to Stop the Spread

- Covid

- Flu

- RSV (Respiratory Syncytial Virus)

- Asthma

COVID vs. FLU

You cannot tell the difference between flu and COVID-19 by the symptoms alone because they have some of the same signs and symptoms. Specific [testing](#) is needed to tell what the illness is and to confirm a diagnosis.

COVID vs. FLU

- The spread is by inhalation of large and small droplets; however, it may be possible that a person can get infected by touching another person (for example, shaking hands with someone who has the virus on their hands), or by touching a surface or object that has virus on it, and then touching their own mouth, nose, or eyes.

- Differences:

- While the virus that causes COVID-19 and flu viruses are thought to spread in similar ways, the virus that causes COVID-19 is generally more contagious than flu viruses. This means the virus that causes COVID-19 can quickly and easily spread to a lot of people and result in continual spreading among people as time progresses.

- The virus that causes COVID-19 can be spread to others by people before they begin showing symptoms, by people with very mild symptoms, and by people who never experience symptoms (asymptomatic people).

COVID vs. FLU

- Differences:

- **Flu (Annual Quadvalent vaccine)**

- There are multiple FDA-licensed [influenza vaccines](#) produced annually to protect against the four flu viruses that scientists expect will circulate each year.

- **COVID-19**

- Multiple [COVID-19 vaccines](#) are authorized or approved for use in the United States to help prevent COVID-19.

RSV

(Respiratory Syncytial Virus)

There is no vaccine available for RSV, a seasonal illness that can be deadly for babies and elders.

- The symptoms depends on the severity, age and health of the infected person.

- Mild flu-like symptoms in older children and adults such as

- Stuffy and runny nose

- Mild headache

- Mild cough

- Mild fever

- Sore throat

RSV
(Respiratory Syncytial Virus)

Severe symptoms in children and the immunocompromised include

- Discoloration of skin

- Difficulty breathing

- Rapid breathing

- Wheezing

- Severe cough

- Fever

RSV
(Respiratory Syncytial Virus)

There is no vaccine available for RSV, a seasonal illness that can be deadly for babies and elders.

- Similar to some other respiratory infections, a cough or sneeze can easily spread RSV. And while you're typically contagious for 3-8 days, some people, especially those with weakened immune systems, can be contagious for as long as 4 weeks—even after they stop showing symptoms. (CDC)

RSV
(Respiratory Syncytial Virus)

Here are steps you can take to help prevent the spread of RSV. Specifically, if you have cold-like symptoms you should

- Cover your coughs and sneezes with a tissue or your upper shirt sleeve, not your hands

- [Wash your hands](#) often with soap and water for at least 20 seconds

- Avoid close contact, such as kissing, shaking hands, and sharing cups and eating utensils, with others

- Clean frequently touched surfaces such as doorknobs and mobile devices (CDC)

Asthma

Asthma is a leading cause of **chronic disease-related school absenteeism**. Students will experience fewer missed days from school when parents and school administrators work together to address risk factors for students with asthma at school. A healthy school environment is a key factor in asthma management in schools.

Asthma

Connecticut School-based Asthma Surveillance Report 2021 School Calendar Year: 2020-2021

- The 2020 overall asthma prevalence among students in the CT public school system is 12.9% Approximately, one of every eight students (12.9%) in the Connecticut public school system is affected with asthma.

Asthma

"School administrators know that numerous factors, from family support language skills, academic readiness to physical health, affect a child's academic success. Children cannot learn if they are hungry. They cannot learn if their teeth hurt. Children also cannot learn if they cannot breathe. Asthma is this nation's most common chronic childhood disease, affecting more than five million school-aged children. Children miss an average of 14 million school days each year because of asthma. Talk about a negative impact on academic performance." (Paul D. Houston *School Governance and Leadership 2003)*

•

Strategies to Stop the Spread

Asthma

- In 2003, 61% of children with **asthma missed school days.**

Strategies to Stop the Spread

Asthma

Table 4. Asthma Prevalence: Demographics by School Level, Connecticut Public Schools, 2020

Demographic Characteristics	Elementary School %	Elementary School 95% CI	Middle School %	Middle School 95% CI	High School %	High School 95% CI
Total	11.7	(11.4 -12.1)	13.3	(13.0 -13.6)	13.8	(13.4 -14.1)
Gender						
Male	14.3	(13.9 -14.8)	15.1	(14.6 -15.6)	14.5	(14.0 -15.0)
Female	11.3	(10.8 -11.7)	12.0	(11.6 -12.5)	13.3	(12.9 -13.8)
Race/Ethnicity						
Non-Hispanic White	9.9	(9.4 -10.3)	10.7	(10.2 -11.1)	11.4	(11.0 -11.9)
Non-Hispanic Black	20.5	(19.0 -21.9)	18.9	(17.7 -20.1)	16.7	(15.5 -17.8)
Hispanic	15.9	(15.1 -16.6)	16.5	(15.8 -17.3)	14.8	(14.1 -15.5)
Non-Hispanic Other	14.2	(12.6 -15.7)	11.2	(9.9 -12.4)	11.4	(10.2 -12.6)

Asthma

- Medications in school-Self administration and stock inhalers

- Asthma Action Plans

- Healthy indoor air quality

- Poor IAQ exacerbates serious health problems like asthma attacks.

- Improving ventilation— throughout the buildings but especially in laboratories and art rooms

- Removing sources of allergens—mold, residue from cockroaches and other pests, animal dander, etc.

- Ensuring proper maintenance of heating and air conditioning systems

- Installing HEPA filters—which trap very small particles

- Planning for ongoing improvement of the indoor environment—e.g., removal of carpet

School Nurses can help!

- For the student's tenth (10th) absence
- Re: student illness:
  A signed note from a medical professional, who may be the school nurse, who has evaluated the student confirming the absence and giving an expected return date
- Or a signed note from the school nurse who has spoken with the student's medical professional and confirmed the absence, including the date and location of the consultation.

School Based Health Centers

- School based Health Centers are staffed by nurse practitioners who can provide physical exams and immunizations, diagnosing and managing chronic illnesses and writing prescriptions.

- Ensure that school health staff are included on both district and school attendance teams to assist with attendance issuers related to immunizations or health barriers.

THANK YOU!

Upcoming Attendance & Engagement Meetings

Talk Tuesdays
2022-23 School Year

- Fall sessions will focus on *strategies that worked in 2021-22* and feature districts that improved attendance across the district, in a school, particular grade or group of students.
- **November 29th –** DCF Careline and Stamford Youth Services
- **December 13th -** Innovative strategies to stay on "course!"- EdAdvance and Montville Public Schools

KEEP IN TOUCH!

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