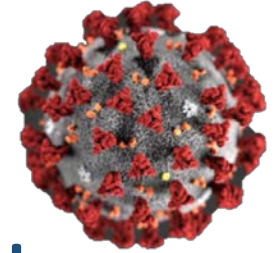


New Hampshire Coronavirus Disease 2019 Weekly Call for Education and Childcare Partners



December 23 2020

*Ben Chan
Elizabeth Talbot
Beth Daly
Lindsay Pierce*

Q&A Session: To ask a question use the Q&A feature in Zoom

- Hover over bottom of Zoom screen to find “Q&A”
- This is a public call, do NOT share confidential/sensitive information
- Ask general questions, individual consultation should be directed to the Bureau of Infectious Disease Control at 603-271-4496 (ask for a public health staff members)

Updated Guidance

- [NH HAN COVID-19 Update #30](#) (Moderna COVID-19 Vaccine)
- NH DPHS [COVID-19 Vaccine Frequently Asked Questions \(FAQs\) for Healthcare Providers and Public Health Partners](#)
- [Child Care Guidance](#) (12/19/2020)
- [Child Care Webinar](#) with NH DPHS and the NH Child Care Advisory Council (11/9/2020) – available through <https://earlylearningnh.org/meetings>.

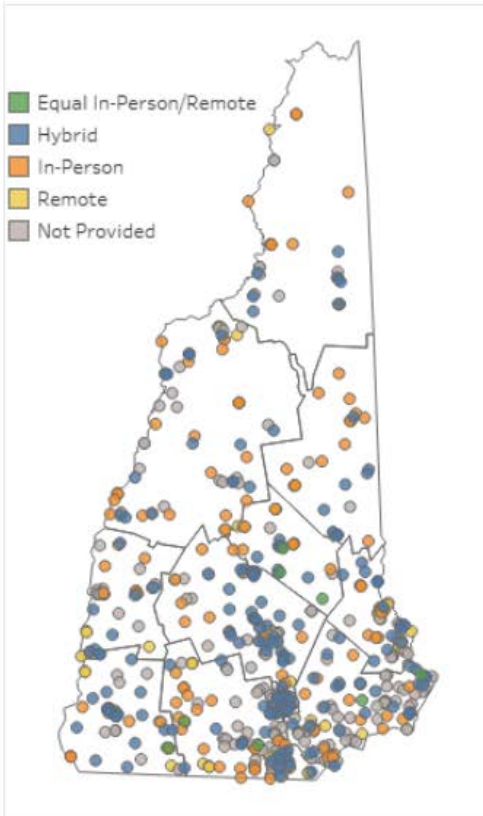
Schools Dashboard

School Level

K-12 School

Show Map By

All Schools



Data as of: 12/22/2020

Community Level Transmission Metrics - Statewide

(Not School Specific)



Level of Transmission	New Cases per 100k over 14 days	New Hosp per 100k over 14 days	7-Day Total Test Positivity Rate
Substantial	771.1	1.5	9.2%

School Specific Case Data (Current School Year)



Search by School District (K-12 Schools Only)

All

Search by School Town

(All)

Search by School Name

Total Active Cases	Total Recovered Cases	Current Number of Clusters	Current Number of Outbreaks
64	1,148	12	0

School Name	Active Cases	Recovered Cases	Cluster Count	Current Outbreak	Last Case Reported
Hinsdale Elementary School (Hinsdale)	1	0	0	No	12/20/2020
Chichester Central School (Chichester)	1	2	0	No	12/20/2020
World Academy (Nashua)	1	0	0	No	12/19/2020
Timberlane Regional Middle School (Plaistow)	1	2	0	No	12/19/2020
Oyster River Middle School (Durham)	2	1	0	No	12/19/2020
Memorial School (Bedford)	0	7	0	No	12/19/2020
Hanover High School (Hanover)	1	1	0	No	12/19/2020
Gilford Elementary School (Gilford)	2	1	0	No	12/19/2020
Coe-Brown Northwood Academy (Northwood)	3	7	0	No	12/19/2020
Beaver Meadow School (Concord)	2	1	0	No	12/19/2020
Windham Center School (Windham)	1	7	0	No	12/18/2020

COVID-19 Vaccine Update

COVID-19 Vaccines

- We now have 2 different COVID-19 vaccines authorized for emergency use (i.e., received Emergency Use Authorization, or EUA, from the FDA).
 - Pfizer-BioNTech COVID-19 Vaccine
 - Moderna COVID-19 Vaccine
- Both are mRNA vaccines
- Both are a 2-dose series (separated by 21 or 28 days, depending on the brand/manufacturer)
- Both have about 94-95% efficacy at preventing COVID-19
- You can expect symptoms to occur within 1-2 days after vaccination (very “immunogenic”) – this is normal and expected

Table Comparing the Pfizer-BioNTech and Moderna COVID-19 Vaccines

	Pfizer-BioNTech Vaccine	Moderna Vaccine
Type of Vaccine	Modified mRNA	Modified mRNA
Dosing	2-dose series Doses separated by 21 days	2-dose series Doses separated by 28 days
Overall Vaccine Efficacy (prevention of symptomatic confirmed COVID-19)	95.0%	94.1%
Age Group Authorized to Receive Vaccine	16 years of age and older	18 years of age and older
Vaccine Ingredients	<ul style="list-style-type: none"> • Messenger RNA (mRNA) • Lipids: <ul style="list-style-type: none"> ○ (4-hydroxybutyl)azanediylbis(hexane-6,1-diyl)bis(2-hexyldecanoate) ○ 2[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide ○ 1,2-distearoyl-sn-glycero-3-phosphocholine ○ Cholesterol • Potassium chloride • Monobasic potassium phosphate • Sodium chloride • Dibasic sodium phosphate dihydrate • Sucrose 	<ul style="list-style-type: none"> • Messenger RNA (mRNA) • Lipids: <ul style="list-style-type: none"> ○ SM-102 (proprietary to Moderna) ○ Polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG] ○ 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC] ○ Cholesterol • Tromethamine • Tromethamine hydrochloride • Acetic acid • Sodium acetate • Sucrose
Side Effects (% reporting)	<p><u>Local injection site reactions:</u></p> <ul style="list-style-type: none"> • Pain (84.1%) • Swelling (10.5%) • Redness (9.5%) <p><u>Systemic reactions:</u></p> <ul style="list-style-type: none"> • Fatigue (62.9%) • Headache (55.1%) • Muscle pain (38.3%) • Chills (31.9%) • Joint pain (23.6%) • Fever (14.2%) 	<p><u>Localized injection site reactions:</u></p> <ul style="list-style-type: none"> • Pain (92.0%) • Swelling (14.7%) • Redness (10.0%). • Axillary swelling & tenderness in vaccination arm (19.8%) <p><u>Systemic reactions:</u></p> <ul style="list-style-type: none"> • Fatigue (70.0%) • Headache (64.7%) • Muscle pain (61.5%) • Joint pain (46.4%) • Chills (45.4%) • Nausea/vomiting (23.0%) • Fever (15.5%)
Contraindications to Vaccination (do NOT vaccinate)	History of a severe allergic reaction (e.g., anaphylaxis) to a previous dose of the COVID-19 vaccine or any ingredient in the vaccine.	
Safety Precautions	Any person with a history of a severe allergic reaction (e.g., anaphylaxis) to anything (including other vaccines, injection medications, oral medications, foods, or other substances or environmental exposures, etc.) should be informed about the unknown risks of developing a severe allergic reaction to the COVID-19 vaccines, and persons should be monitored for at least 30 minutes after	

	vaccination (everybody else should be observed for at least 15 minutes).	
Co-administration with Other Vaccines	COVID-19 vaccine should be administered alone and separated from other vaccinations by at least 14 days.	
Passive Antibody Therapy to Treat COVID-19	COVID-19 vaccine should NOT be given for at least 90 days after a person receives passive antibody therapy as treatment for COVID-19 (i.e., convalescent plasma or monoclonal antibodies).	
Pregnancy	Vaccine can be given, but patient should be counseled about the unclear risks and efficacy during pregnancy because COVID-19 vaccines haven't been extensively studied in pregnant women, but we believe the risk is low and there is benefit from the vaccine.	
Immunosuppression	Vaccine can be given, but patient should be counseled about the unclear risks and efficacy in people with immunosuppression because the vaccines haven't been extensively studied in people with significant immunosuppression and the vaccines may be less effective.	
NH DPHS Guidance	COVID-19 Vaccine Frequently Asked Questions (FAQs)	
CDC Guidance	Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines	
FDA Guidance and Resources	Fact Sheet for Healthcare Providers Administering Vaccine Fact Sheet for Recipients and Caregivers Translations of the Fact Sheet for Recipients and Caregivers (currently available)	Fact Sheet for Healthcare Providers Administering Vaccine Fact Sheet for Recipients and Caregivers Translations of the Fact Sheet for Recipients and Caregivers (forthcoming)

Phase 1a Vaccination – Occurring Now

At-Risk Health Workers

Most risk: Front line clinical staff who provide direct patient care and support staff with risk of exposure to bodily fluids or aerosols.

Moderate risk: Staff who have indirect or limited patient contact.

Older Adults in Residential Care Settings

Residents of long term care facilities (LTCF), skilled nursing (SNF), and assisted living facilities (ALF).

First Responders

Fire and EMS: All private, public, and volunteer fire and emergency medical services (EMS) personnel.

Law Enforcement: All certified or sworn law enforcement officers in NH, whether employed full- or part-time.* Includes Federal law enforcement not covered by federal allocation.

COVID-19 Responders: Personnel with the NH COVID response with potential patient (or SARS-CoV2) contact, including laboratorians and specimen collection personnel.

*Does not include officers working in correctional facilities, which are included in a later phase.

Planning for Phase 1b and Beyond

- We are working on creating guidance and messaging who will be in NH's "Phase 1b" for vaccination – Stay tuned!
- Vaccine administration will occur through multiple pathways over the coming phases (Phase 1b and Beyond):
 - Hospitals and Long-Term Care Facilities
 - Pharmacy Partnership Program (PPP)
 - Public health mobile vaccination teams (Regional Public Health Networks)
 - Fixed vaccination sites (similar to our fixed testing sites around the State)
 - Other Healthcare partners that are able to take receipt, store, and administer vaccine (more in later phases – depends on type of vaccine and storage requirements)
- We will communicate with the prioritized groups/persons through various mechanisms with instructions for how to register and where to go at the appropriate time.

Updated Child Care Guidance

Child Care Guidance: Updates Overview

- Mask Use for children
- Continue to recommend screening of child care providers and staff for fever, other symptoms of COVID-19, and risk factors
- Require screening of children entering child care
- Updated screening questions to be consistent with the NH [Universal Guidelines](#)
- Anybody with new or unexplained symptoms of COVID-19 (even mild cold symptoms) should be excluded from child care, instructed to isolate at home, and seek testing
- When to allow symptomatic individuals back to work/child care
- Group sizes

Updated Child Care Guidance: Mask Use

- “All childcare providers and staff should wear face masks over their noses and mouths at all times when within childcare facilities and around other people, especially when 6 feet of social distancing is not able to be consistently maintained, and when caring for potentially vulnerable children with underlying health conditions or disabilities.” (Unchanged)
- “Children two years of age and older, especially older children and teenagers should wear face masks at all times when within the facility and around other people, unless there is a valid medical or developmental reason a child cannot wear a face mask (per [CDC guidance](#)), or if a child is unable to be compliant with face masks even after providers and parents/guardians work with the child to gain compliance. Providers should work with children 2 years of age and older to help them understand the importance of face masks and gain compliance with use while within the childcare facility”

Updated Child Care Guidance: Screening

- “Childcare providers and other staff must be screened for elevated temperature, symptoms of COVID-19, or risk factors of COVID-19 before each shift as outlined in the NH [Universal Guidelines](#).”
- “Children entering childcare should also be screened for elevated temperature, symptoms of COVID-19, or risk factors of COVID-19 before entering the childcare facility following the same guidance and questions outlined (for employees) in the NH [Universal Guidelines](#).”
- Anyone with any new or unexplained symptoms of COVID19 or identified risk factors are not allowed into the facility.

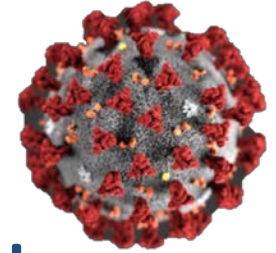
Updated Child Care Guidance: Isolation

- “Persons with any new or unexplained symptoms of COVID-19 should be instructed to contact their health care provider to be tested for COVID-19 and self-isolate at home until they meet criteria outlined in the NH [Universal Guidelines](#).”
- Children and staff can be allowed back to work/child care when:
 - The person has met CDC criteria for [discontinuation of isolation](#),
OR
 - The person has tested negative AND at least 24 hours have passed since their last fever off any fever reducing medications, and other symptoms have improved.

Updated Child Care Guidance: Group Sizes

- “Child care programs should, whenever possible, reduce group sizes to no more than 20 people total, including children and adults... Group sizes of 10 or less is ideal/preferred given the very high levels of community transmission and smaller the group sizes are better for preventing spread of COVID-19”

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