miOttawa Department of Public Health

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Frequently Asked Questions
Following the August 20, 2021 Public Health Order

Ottawa County Department of Public Health (OCDPH) has been receiving a high volume of questions regarding the Face Mask in Educational Settings Order from August 20, 2021. Thank you for your patience in waiting for answers to as many questions as possible. This is a difficult time for many. Students, teachers, healthcare workers and parents are fatigued from the pandemic and the health prevention strategies that followed. OCDPH understands that this may be a difficult transition for some after a summer of relaxed prevention strategies and low to moderate spread of COVID-19. OCDPH has heard your questions and concerns – and hopes that this FAQ may clarify many of the questions that you may have regarding quarantine, COVID-19 data, variants and the Face Mask in Educational Settings Order. OCDPH is continually updating our webpage and this FAQ with information and data requested by our residents. Additional COVID-19 resources can be found on miottawa.org/COVID19.

Order Questions

1. **Doesn't each person have the right to decide what's best for them and their family?**
   - OCDPH is prioritizing the health of the community. It is the duty of the public health department to protect the health of **everyone** in the community.
   - It is the statutory duty of the public health officer to prevent an imminent danger that could result in disease, death or physical harm.
   - Balancing the rights of some against the rights of others during a period of disease spread sometimes involves carefully placed boundaries that require us all to give a little in order to protect each other.
   - Personal choice does not include actions or behaviors that may harm others.
     - COVID-19, particularly the Delta variant, is an imminent danger that can and has resulted in disease, death and physical harm to people of all ages. There is data showing increasing transmission of the Delta variant in Ottawa County, and unprecedented rates of hospitalized youth in other states.
     - Masks, along with other protective measures such as distancing, ventilation and handwashing, have been shown to be effective in reducing the transmission of the virus that causes COVID-19 from one person to another.
     - An infected person who is contagious may still appear healthy and may not choose what is best for others (wearing a mask), since they won't yet know they are infected with COVID-19.
     - If many students did not wear masks, this could result in harm to others through the transmission of COVID-19, which can spread from person-to-person before an individual has any symptoms.
   - OCDPH's goal is to return as many students as possible to in-person learning for the full school year while prioritizing the health and safety needs of the school population and greater community.
   - The intent of the order is to provide the most protection based on current scientific evidence with the least restriction and the most choice possible.
     - School is mandated by the state of Michigan by age 6.
     - Unless homeschooled, a child does not have a choice to not attend school.
     - Children under the age of 12 (typically through 6th grade) are not yet eligible for the COVID-19 vaccine that would protect them and may reduce the risk of transmission of COVID-19 to others.
       - This means that without other protective measures, including masks, children in this age group have NO protection against the spread of the COVID-19 virus.

- An infected child can spread disease to other children even if that child does not have symptoms.
- Many children may come through their illness and be just fine, but others may not. They may also spread the disease to members of their household or community; those individuals may be at high risk for severe disease, harm, or death.
- Until children in this age group can get a vaccine, the most effective way to prevent spread during the school day is to have layered prevention strategies, including the universal use of face masks among staff and students, along with other important prevention strategies such a distancing, increased ventilation, disinfection/hygiene and available COVID-19 testing.
  - Children over the age of 12 are eligible to receive the COVID-19 vaccine.
    - OCDPH acknowledges the rights of parents to choose the vaccine for their eligible child, thus providing a layer of protection against severe COVID-19 and hospitalization that children, who are ineligible for the vaccine, do not have.
    - Recognizing that parents can choose to have their eligible child vaccinated, OCDPH has not ordered that students in this age group must wear masks at school (though masking is still recommended by most experts).
  - For these reasons, the OCDPH passed the August 20, 2021 Face Mask Order for Schools in grades six and under as a **reasonable and temporary** prevention measure to protect them from the imminent danger of COVID-19.

Resources:

[Face Masks in Educational Settings](#)
[Interim COVID-19 School Guidance for the 2021-2022 School Year](#)
[Medical Waiver for Face Masks](#)
[Public Health Code: ACT 368 of 1978, MCL 333.2433](#)

2. **Will the health department enforce this order? If yes, how will they enforce this order?**
   - It is the responsibility of the school to ensure compliance with the August 20, 2021 Face Mask Order, and lack of compliance by the school, or by students, teachers and staff while at the school or part of school-affiliated activities, will result in action by the health department.
   - Michigan law authorizes local health departments to respond to noncompliance with public health rules, regulations and orders in a variety of ways, depending on the scope and severity of the violation.
     - The response could include anything from a warning to a school-specific Cease and Desist order to a temporary school closure, among other things.
     - In addition, OCDPH will respond to and investigate any complaints or concerns we receive.
       - OCDPH will review the school's posted [prevention strategies form](#) and confirm if they have submitted a statement attesting to their compliance with the Order. OCDPH always contact the school in question to share the nature of the complaint(s) and receive a report from the school administrator.
       - OCDPH will offer to work together with a school to gain full compliance with the Order. Those who have concerns about compliance with the Face Mask Order may report by sending an email to Covid19@miottawa.org or by calling 616-396-5266 and selecting the number 4.

3. **May a Michigan County Board of Commissioners (BOC) reverse a Health Officer's Epidemic Order?**
   - The Michigan Public Health Code, MCL §333.2451 and MCL §333.2453, as well as R.325.175(4), which is an administrative rule promulgated by the Michigan Department of Health and Human Services pursuant to MCL §333.2226(d) confer exclusive authority to the local health officer to issue local pandemic orders.
   - Please refer to the [Ottawa County Corporation Counsel Response to Legal Questions](#) on the OCDPH COVID-19 webpage for more detailed information.
   - [LEARN MORE](#)

4. May the BOC adopt a resolution asking its Health Officer to reconsider her epidemic order?
- No statute confers on a county board of commissioners the authority to adopt such a resolution.
- Please refer to the Ottawa County Corporation Counsel Response to Legal Questions on the OCDPH COVID-19 webpage for more detailed information.
- LEARN MORE

5. May the BOC terminate its health officer for adopting an epidemic order?
- No. Please refer to the Ottawa County Corporation Counsel Response to Legal Questions on the OCDPH COVID-19 webpage for more detailed information.
- LEARN MORE

6. Could the Health Officer be civilly or criminally liable if she withdrew her mask mandate because of political pressure?
- Yes. Please refer to the Ottawa County Corporation Counsel Response to Legal Questions on the OCDPH COVID-19 webpage for more detailed information.
- LEARN MORE

7. What ages or grades are within the scope of this order? What about other grades in the building?
- This would apply to people in pre-kindergarten through grade six while inside any enclosed building or structure of the institution in public and private educational settings.
- Anyone, regardless of vaccination status, while providing service to people in pre-kindergarten through grade six must also wear a facial covering while inside any enclosed building or structure of the institution.
- The school should use strategies to avoid mixing these grades with grades 7 and higher while inside, but when they cannot, everyone should properly wear an appropriate face mask.
  - This is not an attempt to require everyone to mask inside, but to add another layer of protection for grades that contain children ineligible for COVID-19 vaccination due to age.
- The Order does NOT require masks for children in preschools or childcare, but we strongly recommend them.

8. What is the logic or data behind the seemingly sudden timing of this Order?
- OCDPH provided continual education, press releases to the public with warnings about the rapid moves of our county into CDC categories of increasing risk, and increasingly urgent messages to schools and the general community to adopt the recommendations of the OCDPH, MDHHS and CDC.
- OCDPH explained the triggers that would alert us to closely monitor and consider an order, such as moving from the CDC's "Substantial" to "High" level of community transmission, and consulted with education leaders, local healthcare experts and other local and state public health officials.
- The following are the some of the conditions at the time decisions were made to issue this Order:
  - Remaining in the High threshold for more than 7 consecutive days.
  - Four consecutive weeks of increasing cases.
  - Positivity at 11.4% when we were below 3% in mid-July.
  - A one-week increase in COVID-19 hospitalizations in-sync with a three-week expected lag after rising cases.
  - August 17, 2021 data indicated the average COVID-19 hospitalization of all children in the U.S. is at an unprecedented rate for this pandemic, despite vaccination of some of them and vaccination of others around them, with ranges in rates among states that are alarming.
  - An alert from the MDHHS that all cases in Michigan should be considered the Delta variant.
  - All but one of the samples sequenced for variants resulted as Delta over the prior two weeks in Ottawa.
  - No indication that these data are improving.
- Prior to this pandemic, OCDPH almost never issued *orders* and achieved compliance through *recommendations* when facing local situations that posed an imminent health threat to others.
  - This pandemic has changed that landscape.

- o Recommendations are rarely heeded.
- o OCDPH still has a statutory duty to respond to an imminent health threat to our community.
- o In a community, what one member does affects others.
- o COVID-19 is an illness where those infected are contagious two or more days before they could possibly know – both young and old alike – and then spread it to others.
- o OCDPH does not "take sides" against anyone but implores all to **work together against one thing alone – the newest variant of the SARS-CoV-2 virus.**

9. What are some studies/data sources you considered in making the Order?

- Determining the credibility of sources takes training and experience.
- OCDPH has educated and experienced public health professionals compiling data and studying research to make educated public health decisions.
- OCDPH has staff of highly trained public health professionals including medical doctors, epidemiologists, biostatisticians, nurses, nurse practitioners, environmental health specialists, health educators and others to help inform our actions.
- OCDPH relies heavily on information from trusted sources such as the American Academy of Pediatrics, the American Medical Association, Michigan Primary Care Association, Michigan Hospital Association, Centers for Disease Control and Prevention, Michigan Department of Health and Human Services, local infectious disease and pediatrics specialists, and research associated with highly respected institutions.
- Please refer to The Effectiveness of Face Masks to Prevent SARS-CoV-2 Transmission on the OCDPH COVID-19 webpage for more detailed information about the sources used in the decision of the Order.
- OCDPH is continually conducting surveillance on current COVID-19 community conditions and providing updates on MiOttawa.org/Covid19. Please refer to Ottawa County COVID-19 Epidemiology Data for updates specific to the Order.
- For more data used in monitoring COVID-19 in Ottawa County, also see these resources:

Resources:
CDC Data Tracker
Ottawa County Data Hub

10. What about exceptions for the Order?

- Medical/Disability Exceptions
  - o Exceptions are in place for when it would be *dangerous* (not just difficult or uncomfortable) for the student to wear a mask.
  - o There are very few medical situations in which it is truly dangerous for a student to wear a mask.
  - o Schools are not required to accept waivers with incomplete information or non-qualifying medical/disability reasons.
  - o Schools must provide other safety measures such as distancing, ventilation, hand hygiene, and other accommodations if a student is to be unmasked in a classroom for a qualifying medical diagnosis or disability.
  - o LEARN MORE
- There is not a religious exception to the Order.
  - o Please refer to the Opinion on Religious Exception for Masks on the OCDPH COVID-19 webpage for more detailed information.
  - o Valid exceptions applying to Education Settings only are listed in the Order.
  - o LEARN MORE

- See order for other qualifying exceptions.

Resources:
[Face Mask Order](#)
[Exemption Information](#)

11. Does the face mask Order apply to after-school activities such as open houses, sports, etc.?

- The Order applies to grades pre-kindergarten through sixth and others near them or providing services to them in "Educational Institutions" or "Educational Settings" that include youth camps, youth programs, childcare centers, preschools, primary through secondary schools, vocational schools, colleges, and universities and other organized activities outside the home where coursework is taught.
- This definition includes educationally affiliated extracurricular activities such as school athletics, choir, band, etc.
  - Masks must be worn during these activities if held indoors.
  - The use of specialized masks and instrument covers should be used if needed for indoor band/orchestra, such as slit masks and bell covers for wind or brass instruments.
- [LEARN MORE](#)

Resources:
[Performing Arts Aerosol Study](#)
[Recommendations for Music Activities and Performances During COVID-19](#)

12. Do the face mask exceptions within the OCDPH Order, including the medical exception, also apply for students on a school bus?

- No. The Order that requires all students and drivers on school buses to wear a face mask is a **Federal** Order and has its own standards for exceptions.
- [LEARN MORE](#)

Resources:
[Exemption Information for Public Transportation and School Buses](#)

Mask Questions

13. Are mesh face coverings or clear plastic face shields* acceptable under the Order?

- No, neither meet the definitions of an effective face covering or mask.
  - Mesh, while breathable, allows virus-containing droplets produced when breathing, talking, laughing, sneezing or singing to pass through the mask.
  - A face shield is fully open on the sides and bottom.
- A proper face covering should cover your nose and mouth, be secured under your chin and fit well on the face.

*There are some circumstances where a face shield can be worn in addition to a mask for extra protection or can be worn alone to provide some level of protection in circumstances where people are permitted to be without a mask. Studies are ongoing to understand the effectiveness of face shields, so we may know more in the future.

14. Are face coverings or masks harmful to kids? Please provide data on the safety of mask use among children.

- Masks are not harmful to kids if worn properly.
  - A mask should cover your nose and mouth and be secured under your chin.
  - It should fit snugly against the sides of your face.
  - Cloth masks should be washed consistently to prevent contamination.
  - Disposable masks should be replaced with a clean mask after every use.
- Masks are NOT recommended for children under 2 years old.
- Although more studies would be welcome, all published research performed to date show no danger to children.
  - Articles that have been retracted are not classified as credible published research.

- o According to the American Academy of Pediatrics, face masks can be safely worn by all children 2 years of age and older, including most children with special health conditions, with *rare* exception.
- o Children with weakened immune systems or who have health conditions that put them at high risk for infections are encouraged to take all recommended precautions including wearing a well-fitted mask for protection.
- o Children with medical conditions that interfere with a cognitive or lung function may have a hard time tolerating a face mask. For these children, special accommodations may be needed.

Resources:
American Academy of Pediatrics (AAP)
American Academy of Pediatrics – Healthy Children FAQ
CDC: Your Guide to Masks
Randomized clinical trial to evaluate the safety, fit, comfort of a novel N95 mask in children
Assessment of Respiratory Function in Infants and Young Children Wearing Face Masks During the COVID-19 Pandemic

15. Can you get carbon dioxide poisoning from wearing face masks?
- Wearing a mask does not raise the carbon dioxide (CO_2) level in the air you breathe.
  - o CO_2 molecules are gaseous molecules and are small enough to easily move through mask material.
  - o The CO_2 escapes into the air through the mask when you breathe out or talk.
  - o In contrast, the respiratory droplets carrying the virus that causes COVID-19 are much larger than CO_2, so a properly designed and correctly worn mask can effectively trap them.

Resources:
FDA: Face Masks, Including Surgical Masks, and Respirators for COVID-19
Jama Network: Assessment of Respiratory Function of Children Wearing Face Masks
OSHA: FAQs – Does wearing a medical/surgical mask or cloth face covering cause unsafe oxygen levels or harmful carbon dioxide levels to the wearer?
Mayo Clinic: Myths about face masks

16. Do face masks harm development?
- There is little credible evidence showing masks negatively impact child development.
- Mask-wearing may be difficult for young children or for those with intellectual disabilities, mental health conditions or sensory sensitivities.
- Wearing a mask may not be fun, but it is the best way to protect our children from the virus that causes COVID-19 and its variants.
- If your child can only tolerate the mask for a short period, then have your child wear the mask when he or she is most at risk of being around others or when it is difficult to maintain a 6-foot distance from other people.
- Children learn by mimicking the actions of others. One of the most important ways to get a child to wear a mask is for parents and other caretakers to wear a mask to demonstrate it for their children.
- LEARN MORE

Resources:
PLOS: Implications for social interactions during COVID-19

17. Are masks effective?
- Masks are effective. The purpose of wearing masks is to decrease the risk of spreading viruses, like COVID-19.
  - o When you speak, sneeze, cough or sing, small particles of fluid, called respiratory droplets, are released from your mouth or nose. Some of these droplets are large enough to be seen, but many of them are too small to be seen. COVID-19 is spread through these droplets.
  - o Wearing a mask can decrease the number of respiratory droplets spread through your nose and mouth.

- o If you happen to be sick or carrying the virus, wearing a mask decreases the amount of virus around you as well.
- o If there is less virus in the environment, the chance of getting sick from COVID-19 decreases.
- o As more people wear masks and face coverings, the chance of coming across the virus will decrease.
- o A mask is only effective if it is worn properly by covering both the nose and mouth.
- How well masking helps with COVID-19 spread is still being researched; however, we do have an accumulation of research from COVID-19 and other viruses that masking can reduce spread and thus reduce new infections.
- LEARN MORE

Resources:

FDA: Face Masks, Including Surgical Masks, and Respirators for COVID-19
CDC: Guidance for Wearing Masks
Mayo Clinic: How Well Do Face Masks Protect Against Coronavirus
CDC: Scientific Brief: SARS-CoV-2 Transmission
MMWR Early Release: Association Between K–12 School Mask Policies and School-Associated COVID-19 Outbreaks
MMWR Early Release: Pediatric COVID-19 Cases in Counties With and Without School Mask Requirements

18. Can the virus get through a mask?

- A virus does not travel on its own.
  - o When an infected person expels the virus into the air by activities like talking, coughing, singing or sneezing, the airborne particles are composed of more than just the virus.
  - o The virus is part of larger particles that are made up of water and other materials such as mucus.
- For decades, surgeons, doctors, nurses and other healthcare providers have been wearing masks in the medical field, and the masks have been shown to be beneficial in practice.
- The degree to which the virus in respiratory droplets gets through different types of masks is still being researched, but we do know that well-fitting face coverings made with two or more layers of tightly woven, breathable cloth like cotton or medical/surgical masks decrease the number of respiratory droplets spread to and from your nose and mouth.
- With less exposure, the more you and others are protected against the virus.
- Masks may not be 100% effective, but they are still effective enough to provide an important layer of protection.
- LEARN MORE

Resources:

Johns Hopkins: Myths About Masks and Other Coronavirus Facial Coverings
Effectiveness of Face Masks

19. Why mask if kids don't die from COVID?

- Children are being impacted by COVID-19, with some being hospitalized and even dying.
- COVID-19 infections and COVID-19 hospitalizations are increasing among children in the United States, with over 200,000 children testing positive the week of August 20-26, according to a report from the American Academy of Pediatrics (AAP).
  - o This is an increase from the week prior when just over 180,000 child COVID-19 cases were reported.
  - o According to the Centers for Disease Control and Prevention (CDC), as of August 29, 2021 the rate of new hospital admissions among children 0-17 years of age in the US increased to 0.46 new admissions per 100,000 population, the highest recorded since August of 2020.
  - o In States experiencing surges, hospital new admission rates per 100,000 population for children are as high as 1.21 in Alabama, 1.52 in Georgia, and 1.44 in Florida; indicating that a COVID-19 surge in Michigan could easily result in an increased hospitalization rate among children.
- In addition to preventing increased COVID-19 spread and reducing the possibility of severe outcomes for children, we are working to keep kids in-person in school.

- By slowing spread among school-aged children we can avoid high absenteeism, prevent staff shortages, and keep kids learning in the environment that best promotes academic and social development.
- The Ottawa County Department of Public Health is **requiring** children in pre-kindergarten through 6th grade to wear masks in educational settings (see question 1 for more detail).
- Masks outside of educational settings are **recommended** for almost everyone in indoor public spaces while Ottawa County remains in the "Substantial" or "High" CDC community risk transmission levels.

Resources:

OCDPH: Face Mask Order

American Academy of Pediatrics & the Children's Hospital Association: Children and COVID-19: State Data Report

CDC COVID Data Tracker

20. Why don't we mask for the flu?

- Within a few months of COVID-19 arriving in the U.S., mask-wearing was recommended and, in some cases, mandated to prevent COVID-19 from spreading.
- COVID-19 differs from influenza in several ways:
  - As we learned more about the new virus, we learned that people with COVID-19 may be contagious without symptoms for two or more days, longer than the one day that is typical for influenza.
  - Influenza has a vaccine that is available to nearly everyone aged 6 months or older, giving an added level of protection against infection and severe outcomes.
- Masks were one of the best methods for preventing the spread of COVID-19 before vaccines were approved.
  - The FDA authorized the COVID-19 vaccines for first emergency use authorization (EUA) on December 11, 2020. The FDA gave full approval of the Pfizer vaccine on August 23, 2021. LEARN MORE
  - Masks are still recommended for individuals, in addition to getting the COVID-19 vaccine, because of more severe and more transmissible variants of the SARS-CoV-2 virus, such as the Delta variant.
- Masks may be recommended for influenza prevention in the future.
  - As the body of research on masking and COVID-19 grows, evidence may point to mask use as a method for slowing influenza transmission, similar to COVID-19.
  - In 2020, influenza activity was substantially reduced in both the southern and northern hemispheres, adding compelling information that COVID-19 prevention strategies – like masking – may greatly reduce the impact of influenza.

Resources:

CDC: Decreased Influenza Activity During the COVID-19 Pandemic

Similarities and Differences Between Flu and COVID-19

21. What about the mental health impact of wearing masks as a COVID-19 prevention strategy?

- We understand that many of us are facing challenges that can be stressful, overwhelming and cause strong emotions in adults and children.
- OCDPH agrees that mental health is a critical issue and very real for members of our community, including both children and adults. We recognize more will be needed to address mental health given that the whole society has experienced the trauma of a pandemic.
- Even before the pandemic, mental health was a concern across the US, and an issue that the pandemic brought to the forefront.
  - There is some research showing that mental health needs rose during the pandemic; however, *there is little evidence that masks are specifically associated with mental health issues*.
  - The relationship between COVID-19 and mental health will require more research, more compassion and more action which is being recognized at all levels of government and health.
- The goal of public health is to keep kids learning in-person, which is the best way for students to succeed academically and may reduce stress and social isolation.

- It's natural to feel stress, anxiety, grief and worry during the COVID-19 pandemic.
- It is important to take necessary actions to manage stress and other mental health conditions. LEARN MORE

"I and many other community leaders are concerned about mental health," said Lisa Stefanovsky, Health Officer of Ottawa County Department of Public Health. "Performing ongoing, systematic collection and analysis of suicide-related data was something that our department began several years ago when our Community Health Needs Assessment (CHNA) showed an increase in the number of individuals in Ottawa County experiencing depression and anxiety: Suicide Data Summary 2021. At that time, we had also received anecdotal information from community members indicating a perceived increase in youth suicide. We listened to our community and responded."

- Through the Ottawa County Youth Assessment Survey and the Community Health Needs Assessment (CHNA), Mental Health was identified as a top health priority in Ottawa County in 2015, 2018, and 2021.
    - o Data have shown changes in mental health long before COVID-19 in both the youth and adult populations and this has been broadly communicated throughout the county.
    - o This is not to say that COVID-19 has not accelerated or contributed to poor mental health. OCDPH, like many from our community members, presume that it has.
    - o This is a topic of great concern related to all age demographics and is being widely discussed among leaders in all sectors.
- There are many resources available in Ottawa County to help individuals and families get through these tough times. Most of these services are also available through telehealth or online.
    - o Telehealth means services, such as counseling or case management, are provided by phone, email, or virtual meetings instead of face to face.
- Individuals who feel they are in a mental health crisis and need help immediately are encouraged to call Community Mental Health of Ottawa County's 24-hour Crisis Line at 866-512-4357 or TTY 711.

Resources:
CDC: Coping with Stress
CDC: Mental Health – Related Emergency Department Visits Among Children
Suicide Prevention Coalition Strategic Plan
Suicide Prevention Coalition website
Mental Health Resources - Resources - Ottawa Community Schools Network (oaisd.org)
National Suicide Prevention Lifeline: 800-273-8255
Crisis Text Line: Text HOME to 741741
Local organizations with mental health support can be found here.

22. Shouldn't everyone continue to be masked per the CDC data, and not just children?
- The CDC currently recommends that all people in communities with Substantial or higher COVID-19 transmission wear masks, regardless of vaccination status, when in indoor public settings. They also recommend that all staff and students in grades K-12 wear masks inside.
- In Ottawa County, children in grades preK-12 are required to wear masks in school as a protection method from COVID-19 since they are not eligible for a COVID-19 vaccine and mandated to receive an education.
- The CDC recognizes that COVID-19 vaccination is the safest and most effective way to prevent the spread of COVID-19 and severe illness from infection.
    - o People who are ages 12 and older are eligible to get a COVID-19 vaccine.
        - ▪ The two-dose Pfizer vaccine has received full FDA approval and is available to people aged 12 years and older.
        - ▪ The one-dose Johnson & Johnson and the two-dose Moderna vaccines are available to people aged 18 years and older.

      o   Currently, children younger than 12 are not eligible for any COVID-19 vaccines.

At-Home Test Questions

23. How are at-home COVID-19 tests reported to public health?
- Some at-home tests have an app that sends the lab result to a portal for reporting to public health.
- Individuals can report results of an at-home test on our [website](#).
- Otherwise, the individual is asked to contact their family physician to report the positive result.
- Please consider asking your provider for a follow-up test at a CLIA-approved site.

24. How are at-home test results classified?
- People with positive at-home tests are classified as suspect cases if public health is notified.

25. Are people who have a positive result from an at-home test exempt from quarantine for up to 90 days?
- No, only probable or confirmed cases are eligible for the 90-day exemption from quarantine.
- Only a test from a CLIA-approved provider or site meets the requirements for being classified as a probable or confirmed case.

26. If an individual with a home test result of positive is part of an outbreak or known to be a contact with someone with COVID-19, are they classified any differently?
- Yes, they may be classified as a probable case due to epidemiological linkage, if they meet certain criteria.
  [LEARN MORE](#)

Resource: [MDHHS guidance for At-Home Testing](#)

Quarantine Questions

27. Does the school liaison have to inform the family of a student or the staff member when the person is identified as a close contact to a case at school or school-related activities?
- Both schools and the Ottawa County Department of Public Health (OCDPH) partner in notifying families. Ultimately, it is the responsibility of the local health department per [MDHHS order](#) to assure notification.
- The OCDPH refers close contacts to the TraceForce system at MDHHS. However, schools may also wish to notify close contacts and use this opportunity to provide additional information.

28. How will OCDPH be notifying close contacts at school that are recommended but not required to quarantine?
- OCDPH will be notifying close contacts of exposure via the Michigan Department of Health and Human Services contact tracing team, TraceForce.
  - The MDHHS contact tracing team will notify individuals via a text message and/or phone call.
  - They will monitor the individuals for any onset of symptoms through a routine phone call over the course of the recommended quarantine period.
  - When contacted by the MDHHS TraceForce team, they may use language in their notification that implies that quarantine is *required for all settings*.
    - Quarantine of close contacts is always strongly recommended, but quarantine from school is not required in many instances.
    - Follow the instructions of the school regarding quarantine from school.

- OCDPH has provided a template letter that schools may use if they choose to inform close contacts prior to them being notified by MDHHS TraceForce. This template letter can be found [here](#).

29. What types of quarantine are required by OCDPH?
1. Household close contacts of confirmed or probable COVID-19 cases
2. All persons in educational settings in close contact with a COVID-19 cases involved in an outbreak

Per the OCDPH Order, required quarantine does not apply to:
- Persons without symptoms who were a confirmed or probable COVID-19 case in the past 90 days and recovered
- Those who are without symptoms and are fully vaccinated and not currently in isolation as a COVID-19 case.
- [SEE ORDER](#)

30. How long must a student or staff person be out of school if they have a household member that tests positive for COVID-19?
- Although any of the three quarantine options provided by the CDC may be used, OCDPH advises at least a 10-day quarantine for all close contacts of COVID-19 cases and may require alternative quarantine lengths for close contacts of select variant cases. [LEARN MORE](#)
- Quarantined close contacts who remain symptom-free on day 7 following their last exposure to a COVID-19 case in their household or as part of a school-associated outbreak may return to school on day 8 if they continue to monitor for symptoms through day 14.
- They also need to provide the school with evidence of a negative result from a COVID-19 PCR test for a specimen taken on day 5 or later following the exposure. The laboratory result must include:
  - Name of close contact
  - Close contact date of birth
  - Date of specimen collection
  - Type of test
  - Test result
  - Laboratory name
- Schools must retain the laboratory record for a minimum of 30 days. [LEARN MORE](#)

31. Do fully vaccinated persons (staff or student) with a household member diagnosed with COVID-19 have to quarantine?
- The OCDPH August 6 Order does not require vaccinated people to quarantine.
- [VIEW ORDER](#)

32. Are there any recommendations for individuals who are fully vaccinated and are household contacts to a COVID-19 case or who have had another COVID-19 exposure?
- Fully vaccinated people should get tested 3-5 days after their last exposure, even if they do not have symptoms, and should wear a mask indoors in public for 14 days following last exposure or until their test result is negative.

33. How will those involved in a school outbreak be notified of required quarantine?
- At this time, school liaisons will be provided a letter for each close contact that is required to quarantine due to a school-related outbreak from the OCDPH representative.
- These close contacts will also receive a text message and/or phone call from the MDHHS TraceForce contact tracing team who will monitor the individuals for any onset of symptoms through a routine phone call over the course of the recommended quarantine period. Close contacts of cases involved in an outbreak are required to quarantine from school and other activities and gatherings.

34. We got a call from the health department that our child needs to quarantine. Our child's school let us know that our child was a close contact but did not have to stay home from school (quarantine) even though it was recommended.

- While we *recommend* that close contacts quarantine from all public settings, we do not *require* that all school-affiliated close contacts quarantine from school.
- Please follow the instruction you receive from your school.
- Ottawa County Department of Public Health (OCDPH) reports all close contacts to the MDHHS' TraceForce system whose statewide team reaches out to each identified close contact and may communicate that they need to quarantine from school.
- We understand that this is confusing and are working with the TraceForce team at the State to address how they notify families of students who are identified as close contacts of a COVID-19 case at school.

General Questions

34. Are kids at risk of COVID-19? Is Delta riskier for kids?

- The Delta variant is the dominant COVID-19 variant in Michigan. It is more contagious than the original SARS-COV-2 (COVID-19) strain. Some data suggests that the delta variant might cause more severe illnesses than previous strains. LEARN MORE
- Data shows that 4,307,088 children have been infected with COVID-19 in the United States. 55,292 children have been hospitalized for COVID-19 since August 1, 2020, and 520 children have died from the COVID-19 virus.
- Because the Delta variant has been dominant in the United States for only a few months, more research needs to be done on the impact it may have on children.
  - As the data gets collected, we should be cautious, as children 0-17 years of age are showing high and increasing hospitalization rates in states currently experiencing COVID-19 surges.
  - The Delta variant is more contagious than previous strains, and children under 12 years of age are not yet eligible for the vaccine.
  - Many of these children are also in school in-person multiple hours a day.
  - It is important to maintain safety precautions for our younger populations who have not had the opportunity to get vaccinated because children can still get infected with COVID-19 and suffer poor outcomes.

Resources:

OCDPH: Face Mask Order

New Hospital Admissions by Age Group, United States

Demographic Trends of COVID-19 cases and deaths in the US reported to CDC

35. Isn't natural immunity from infections important?

- *Natural immunity* typically comes when a person survives an infectious disease. Having a compromised immune system or being of an older age can reduce the level of personal immunity obtained from infection.
- *Herd immunity* occurs when a high proportion of the community has immunity to an infectious disease, effectively slowing or stopping further transmission.
  - Herd immunity can be achieved in two ways – by infection or by vaccination.
    - Infection involves getting infected with COVID-19 and risking a severe outcome, including death, and possibly passing the virus to others. This method does not guarantee protection from getting COVID-19 again.
    - While infection can provide immunity that helps slow community COVID-19 transmission, the lives of over 675,000 people were lost in the United States to obtain immunity from infection.

       ▪ Vaccination is safe and effective, and the ideal method for pursuing herd immunity. LEARN MORE

Resources:
Mayo Clinic: Herd Immunity
CDC: Vaccine Offers Higher Protection

36. What is the difference between Delta and other variants?

- There are four variants of concern in the United States.
- Scientists may classify certain ones as variants of interest, variants of concern, or variants of high consequence based on how easily they spread, how severe their symptoms are, and how they are treated medically.
- Some variants seem to spread more easily and quickly than other variants, which may lead to more cases of COVID-19.
- An increased number of cases leads to more hospitalizations and potentially more deaths. It can also strain healthcare resources. LEARN MORE

The Most Common Variants	
Alpha – B.1.1.7 **First identified:** United Kingdom **Spread:** Spreads much faster than other variants. **Severe illness and death:** May potentially cause more people to get sicker and to die. **Vaccine:** Currently authorized vaccines do work against this variant. Some breakthrough infections in fully vaccinated people are expected but remain rare. All vaccines are particularly effective against severe illness, hospitalization and death. **Treatments**: Treatments are effective against this variant.	**Beta – B.1.351** **First identified:** South Africa **Spread:** May spread faster than other variants. **Severe illness and death:** Current data do not indicate more severe illness or death than other variants. **Vaccine:** Currently authorized vaccines do work against this variant. Some breakthrough infections are expected but remain rare. All vaccines are particularly effective against severe illness, hospitalization and death. Treatments: Certain monoclonal antibody treatments are less effective against this variant.
Gamma – P.1 **First identified:** Japan/Brazil **Spread:** Spreads faster than other variants **Severe illness and death:** Current data do not indicate more severe illness or death than other variants. **Vaccine:** Currently authorized vaccines do work against this variant. Some breakthrough infections are expected but remain rare. All vaccines are particularly effective against severe illness, hospitalization and death. **Treatments:** Certain monoclonal antibody treatments are less effective against this variant.	**Delta – B.1.617.2** **First identified:** India **Spread:** Spreads much faster than other variants. **Severe illness and death:** May cause more severe cases than other variants **Vaccine:** Infections happen in only a small proportion of people who are fully vaccinated, even with the Delta variant. Some breakthrough infections are expected but remain rare. However, preliminary evidence suggests fully vaccinated people who do become infected with the Delta variant can spread the virus to others. Learn more here. All vaccines are particularly effective against severe illness and death. **Treatments**: Certain monoclonal antibody treatments are less effective against this variant.

- The Delta variant is currently the predominant variant in the US.
- The Delta variant is more contagious than the early forms of the virus.

- Some data suggest the Delta variant might cause more severe illness than previous variants in unvaccinated people.
- Vaccines in the U.S are highly effective against severe illness, hospitalization, and death, including against the Delta variant.
    - Fully vaccinated people with the Delta variant can spread the virus to others.
    - However, vaccinated people appear to spread the virus for a shorter time. LEARN MORE

Resources:

CDC: Delta Variant: What We Know About the Science

CDC: SARS-Cov-2 Variant Classifications and Definitions

CDC: What You Need to Know About Variants

37. Why does the "goal post" keep moving?

- Having a safe and effective COVID-19 vaccine available to everyone has always been a goal of pandemic response, and it remains a goal now.
- As more age groups have become eligible for vaccination, and as we learn more about COVID-19, progress is being made on the best prevention measures to use in different populations and settings.

Epidemiological Questions

38. What is the death rate for children?

- Rates of death due to COVID-19 can be found on CDC's COVID Data Tracker website. LEARN MORE

39. Why is test positivity a metric?

- COVID-19 test positivity, or the percentage of positive tests out of all tests, is a metric used by many health departments across the US, including the CDC, to evaluate testing and better understand transmission in the community.
- Positivity can indicate if more testing is needed in the community to detect COVID-19.
- Positivity can also act as a leading indicator, rising or falling a short time before other metrics like case rates and hospitalizations rise or fall.
- Because it can act as an early warning system, test positivity is often included in the various metrics used to measure COVID-19 in the community.

40. Wouldn't only testing people with symptoms or exposures, as we are now, artificially inflate the percent of positive results (positivity) in a community?

- Throughout the pandemic, people with symptoms or exposures were often the primary populations being tested. Additionally, screening testing was used in high-school athletics and long-term care facilities to quickly identify and isolate cases.
- However, these tests were often antigen tests and were not routinely included in positivity metrics provided by the State of Michigan.
- While positivity does not perfectly represent the burden of COVID-19 in the community, it offers useful insights into testing adequacy and acts as an early indicator for an increase in community transmission.

Resources:

Michigan.Gov: MDHHS Expands COVID-19 Testing Criteria to Better Protect Residents

41. What is the percentage of people that have gotten COVID-19 after being fully vaccinated?

- MDHHS offers weekly reports that include information for the State of Michigan on percentage of COVID-19 cases that were fully vaccinated prior to their infection or illness. LEARN MORE

- As of September 1, 2021, 26% of COVID-19 cases reported in the prior 30 days in Ottawa County had been fully vaccinated.

REVISION HISTORY:

9/13/21: added clarification to responses to questions under the QUARANTINE section, clarifying conflicted quarantine messages from health department, schools and the MDHHS TRACEFORCE team who notifies close contacts for many county health departments.

9/16/21: added introductory paragraph. Added last two paragraphs to question 1, clarifying personal choice regarding the mask order. Added first paragraph to question 9, clarifying OCDPH health credentials and credibility of sources. Added quote from Lisa Stefanovsky and additional mental health resources to question 21.

9/23/21: Formatting changed for readability. Restructured section 1. Added information about exemptions and accommodations to questions 10 and 11. Added link to MDHHS guidance for at-home testing. Added two new face mask studies in school settings to question 17. Added a link to report at-home COVID-19 tests to OCDPH.