COVID-19

Below are responses to questions submitted during the COVID-19 Update on Feb. 5, 2021.

Vaccine:

Do we need the vaccine if we have already been sick, wouldn't we be immune for 3-6 months?	When you have already been diagnosed with COVID-19, your body usually makes antibodies against the spike protein. The number of antibodies made vary from person to person, and we know that some people can get re-infected even after having the virus. Early data from South Africa suggests that people who had been previously infected with COVID-19 were susceptible to the new variant, while the vaccine provided better protection. CDC recommends for people who have already been diagnosed with COVID-19 to still get the vaccine.
Will there be a need to receive this vaccine yearly?	We do not know the long-term protection of this vaccine, but we will soon learn more about how long the vaccine protects you as more research is developed. Many infections like the flu, require a booster every year because the flu virus changes every year.
Is it safe to get the vaccine if you are trying to get pregnant?	Yes, the vaccines do NOT affect fertility. The vaccines provide a message to your cells to make the spike protein from SARS-CoV-2. Soon after the message is received, your body effectively gets rid of the messenger. All that is left are your body's own antibodies to the spike protein. In the Pfizer study, although you could not be pregnant when enrolled to be part of the study, 26 women did get pregnant during the study and did not have any adverse effect. The V-safe data collection includes 15,000 women; pregnancy data should be published in the coming weeks.
Does the baby have any immunity to COVID after birth if the mother is vaccinated during pregnancy?	We are still learning. Babies born to moms who had COVID-19 did have antibodies to the virus, but we do not know how much protection they provide. For most other diseases, antibodies from mom only last in the baby for the first 6-12 months.
Once I get the vaccine, can I still get COVID-19?	In the vaccine clinical studies, a very small amount of people did get COVID-19, but cases were drastically reduced, and severe disease was minimal.
How does the vaccine impact those who have moderate -to-high risk health conditions with respect to returning to the classroom?	The vaccine is an added layer of protection when thinking about preventing the spread of the virus that causes COVID-19, but the other risk mitigation strategies must continue.

What is the current plan for administering boosters for the existing and impending variants?	Not sure yet. The vaccines that are currently out, seem to be efficacious against the variant. Moderna recently announced that they are working on a vaccine targeting one of the variants, which can be done very quickly due to technology. Data analysis suggests that the vaccines are still effective at preventing severe disease even with the variants. As this virus continues to mutate, we are going to see more variants. Every time this virus copies itself, it makes little mistakes in its genome. Sometimes those mistakes don't last, because they're not very helpful for the virus. Other times they are very helpful for the virus, meaning they may become more transmissible. The virus then keeps those helpful variants and continues to copy them over and over again. The way that we prevent variants from happening is we decrease the spread in community transmission and vaccination.
if we are vaccinated, will we have to quarantine if we are considered a close contact to a positive COVID-19 case?	Recently updated by the CDC, vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet all of the following criteria: • Are fully vaccinated (i.e., ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine) • Are within 3 months following receipt of the last dose in the series • Have remained asymptomatic since the current COVID-19 exposure
Do we have to wait (3-6 months) to get the vaccine after we have had COVID?	Per the CDC, you do not need to wait to get the vaccine. The only time it is recommended to wait, is if you are currently positive for COVID infection. In this case follow isolation guidelines.
Will supplies run low before the 2nd dose can be administered?	Typically, the 2nd vaccine dose is scheduled at the appointment of the first dose and allocation of vaccines accounts for the 2nd dose. Ideally, the 2nd dose will be administered as recommended, however if the 2nd dose is not available at the scheduled time, it should be administered as soon as available.
Where can we see data about lactating people who've had the vaccine?	The CDC continues to collect this data, and we hope they will come out with more findings in the next few weeks. Watch this page for more info as it is available.

If this vaccine is not going to eradicate the virus, does this mean that the mask wearing will never go away?	We would need to get enough people vaccinated to allow a large enough group to have immunity. We do not know how many people that is yet, that can be between 60-85% of the population. This will eventually result in lowering the ability to spread disease. You need to lower natural spread enough to effectively eradicate a virus. Until we can get to that point, masking will continue to be helpful in reducing spread.
If we get the vaccine and have a fever the next day, do we have to stay home?	This is up to your employer. In general, most employers will not let you work with a fever.
Can you still transmit the virus to someone else if you've been vaccinated?	We don't know yet. The studies only evaluated whether people got symptomatic infection after vaccination. As more people get vaccinated, we will have more information about how the vaccine affects transmission.
Will any of the vaccines hurt someone who have heart issues?	There's no contraindication to receiving the vaccine if you have heart issues, but we suggest that you speak to your doctor about your specific medical condition.
How long do we have to wait after 2nd shot for 95% effectiveness?	The Pfizer study evaluated people 7 days after their 2nd dose while the Moderna study evaluated people 14 days after their 2nd dose. There is no clear time point at which the vaccine becomes 95% effective, but this is how the trials were designed.
Can you choose which vaccine you want to receive?	Not at this time.
Is there evidence out of Europe that school aged children are spreading COVID at a rate not previously acknowledged?	The headlines for the B-117 variant suggested that this variant was more transmissible in children, but this was based off of a modeling study that had no real clinical data. Subsequently, researchers have looked into this variant and have not found evidence indicating that children transmit more than adults.

COVID-19 Transmission:

Are children age 16-18-year old less likely to spread COVID-19?	Some data suggest that children <10 years may spread the virus less than adults, but we don't have this data specifically for 16-18-year-old.
What are some ways that we can better educate teens about COVID-19 and transmission?	The CDC has some great resources for talking to teens. (Available here.) Consistent and regular discussion about the importance of these guidelines is key. Consider involving parents in the discussions directly as well.

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If a student's family member tests positive, should the entire class that the student is in be quarantined for 10 days?	In general, quarantine only applies to the person that was exposed to the person with COVID-19 (exposure is contact within 6 feet for ≥ 15 accumulative minutes within the 48 hours prior to the onset of symptoms in a person with COVID-19 or a positive COVID-19 test in an asymptomatic person). However, decisions related to who needs to quarantine are at the discretion of the local health department.
Should we be looking ahead to the new variants in our calculation to open schools?	We will continue to see variants of the virus arise as we have high levels of community transmission. These variants occur when the virus makes mistakes replicating itself. Some variants may be more or less transmissible or cause more or less disease. We should continue to be vigilant in our risk mitigation strategies. The decisions to open schools are made at the discretion of the public health department and schools.
Can an unmasked 3-5-year-old asymptomatic, infect an adult?	Yes, asymptomatic people (no matter the age) can infect other people. This highlights the importance of having everyone 2 years and older wear masks.
How can I protect myself when working with very young children?	Children aged 2 years and up can and should wear masks. Adults should work with them to ensure that they learn to wear a mask properly. We see great examples of children wearing masks at the hospital all the time- many even better than their parents. If you are working with young children and are concerned about their ability to wear masks, consider adding a face shield to your mask to provide an extra layer of protection.
Do you have any information about asthma and COVID?	The CDC has information about comorbidities and COVID-19. At this point, the CDC states that having moderate to severe asthma MIGHT increase your risk for severe illness from COVID-19. See the CDC's information here.

Risk Mitigation:

How do we combat COVID-19 when students are asymptomatic?	Some children and adults do not have fever or only have mild symptoms. Less than half of children with COVID-19 have fever. This highlights the importance of keeping sick kids at home and developing proper communication with parents to identify any possible exposure in the household. we recommend implementing risk mitigation strategies (masking, distancing, hand hygiene) to help reduce the risk of spread.

Is bussing safe or recommended?	We have information in our guidance handbook strictly regarding bussing. If physical distancing cannot be maintained while on the bus, all other mitigation strategies need to be implemented such as keeping windows open for ventilation, masking, assigned seating, cohorting, cleaning and sanitizing the bus before and after, and siblings sitting together.
If masks work, why does the virus spread so easily?	The virus does not spread easily when people wear masks and distance. For example, once healthcare workers started wearing masks in the hospital at all times, infection rates in healthcare workers decreased significantly. People often don't mask in many situations where they are inside and not distanced- these include inside their homes, at restaurants, bars, or when spending time with friends. These situations allow for the virus to spread easily.
Does 3 feet apart need to happen every second of the day including recess, PE, walking in line?	Masking should happen at all times if within 6 feet and physical distancing is a very important risk mitigation strategy that should be applied as often as possible. Exposure is defined as less than 6 feet within accumulative of 15 minutes. Losing one of the mitigation strategies should prompt you to increase other mitigation strategies. For example, watch your capacity in the hallway by not having everyone switch classes at once, instead schedule, reduce, and cohort.
What is the recommendation about cafeteria dining since students can't wear masks while eating?	Optimize physical distancing of 6 feet. When warmer, move lunch outside or continue in classrooms with cohorting.
Is it advisable or safe to return to in-person without having the vaccination?	Vaccination is an added layer of protection. With risk mitigation strategies in place, schools have been successfully keeping staff and students safe prior to widespread distribution of the vaccine.
If mitigation is working in the school environment, why take the vaccine?	Anyone can be exposed to COVID-19 at any time. The vaccine decreases your likelihood of getting sick from other situations where mitigation strategies aren't used (inside your house or in the community, for example: restaurants).

What are recommendations for safety with student who refuse to wear masks?	Most students are able to wear masks. A small subset of students may not be able to due to underlying medical conditions. The school may already be aware of these conditions, but if there are questions regarding these situations, the student can provide information from their physician. In these situations, school staff can add an extra layer of protection by wearing a face shield with their mask and may consider using a medical grade mask. For example, this would be an option for a special education teacher. If a child refuses but is able to wear a mask, the school will need to decide if wearing a mask is required based on their COVID-19 plans and school guidance. Extra layers of protection (mask + face shield) are always an option.
Any mitigation suggestions for classrooms with bathrooms?	Daily cleaning. Ensuring soap is readily available. Wearing masks in the bathroom. Go to the bathroom in small groups limited to your class (except emergencies of course!) for little kids. For big kids, limit the number of people in the bathroom. Bathroom breaks should be short and only for using the bathroom!
Have studies shown that the virus is not transmitted as much or at all through surfaces?	Although there is a significant body of research to indicate that primary transmission of the SARS-CoV-2 virus occurs through droplet exposures, that does not reduce the importance of surface cleaning and disinfection/sanitization. Example 1: children go into the restroom with unclean hands, use the restroom facilities, and then wash their hands prior to leaving the restroom. Since any contact with "dirty" restroom surfaces occurs prior to hand washing, then the frequent sanitization of restroom surfaces may not be as important. Frequent disinfection/sanitization of door handles is recommended for custodial staff to focus on. Example 2: a child playing with a toy immediately after another child has finished playing with it. In this case, staff may want to clean and disinfect/sanitize toys prior to another child playing with them because of a child's tendencies for frequent hand-to-mouth contact, which would easily "contaminate" any shared toys. The effective use of disinfectants and sanitizers may vary depending on the situational nature of specific process or use. Another option is to avoid sharing toys and each kid have their own set of toys.

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Sports:

Is it safe for students who wear a mask to play basketball?	There have been a handful of studies saying that indoor sports while wearing masks is close to the risk of spread as outdoor sports. The risk is still there, but wearing a mask helps reduce the risk.
Will athletes have to be seen/re-evaluated every school year prior to the start of their school sport if they have had Hx of positive COVID? Would it be the same process if they are re-infected?	The athletes need to be seen and evaluated if they had an infection, prior to return to sport, regardless of 1st or 2nd infection. From a school sport stand-point, it is recommended that athletes are seen and cleared prior to their return and go through a return to play. MSHAA and KSHAA both have forms/hand-outs to follow.
What are pediatric cardiologists seeing with chil-dren who have had Covid-19?	Thankfully many of the workups have been reas-suring, but there is still a lot we are looking into and tracking over time. We are studying and collecting data on this topic right now to get a good feel of how many cardiac issues, if any, we are seeing within our athletes, mild/moderate and severe. More to come, very soon!
Is there more information on high school return to play?	This information, both from the cardiac and the actual return to play steps, are on our website and in PDF form.
What direction is recommended when it comes to the 12-17 age return to play after mild COVID-19 illness? They often times are unaware of who can clear them for return to play.	This has been an issue. Ideally going to their prima-ry care provider is the best action to take. Emergency departments and Urgent care centers will not be clearing students. Please encourage families to take an opportunity to establish care with a local pro-vider. We offer primary care through our Children's Mercy PCC clinic. A primary care provider is the BEST person to do a sports physical and well check. We are considering clearing athletes in sports medicine clinics currently, but nothing definitive as of today.

How often should sports equipment be sanitized?	Ideally sports equipment should be sanitized after each use. There is guidance through the national federation of high schools for details on each sport. Cleaning of surfaces, athletic training rooms, facilities etc. should follow the CDC recommendations for disinfecting facility: • Personal equipment should be cleaned with disinfectant before and after each use. • Avoid community equipment use when possible. If not possible, equipment should be cleaned before and after each individual use. An exception is ball use. • Ball sports - wipe down balls between drills, different users or have individual use ball availability if possible. • Water/drinks - Each athlete should have their own individual drink. Encourage extra water options in case an athlete forgets their own water bottle. • Individual towel use only. • Singlets in wrestling should be washed or cleaned with an appropriate cleaning agent in between each match OR a secondary singlet be available.

Special Needs:

What is recommended for special education teachers/ sped department, those who go between classrooms and children?	School staff can add an extra layer of protection by wearing a face shield with their mask and may consider using a medical grade mask instead of a regular mask.