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00:04

Good evening, everyone. I'm Maureen Kelleher. I'm just kicking off a conversation between an ad hoc group of Chicago public schools parents, and Dr. Allison Arwady from the Chicago Department of Public Health. We're really grateful to have Dr. already with us tonight, so that parents can get their questions answered about their children's safety in CPS, especially during Omicron. So I'll pass it to Meredith.

00:29

Alright, everybody. Thank you for joining. Several of you answered questions today. Well, first of all, thank you to Dr. Already. She, this just came up yesterday. And the request was submitted to CDPH. And she responded herself that she was willing to talk with us and take our questions. As some of you know, 242 people, I was just checking the number 242 people completed a survey about what your questions were. And let me just show you some of the common themes that emerge. Of course, we do not have time to answer 20 242 questions, but there were a lot of commonalities in what people want to know. So some of the questions that you asked us, our schools say, How do I know I can send my child, what kind of what data is being used to make these decisions? What about Omicron seems very different than delta, so you can see the list. And I'm going to come off here as quickly as possible, because what we're after already is going to share some information for a few minutes. And then we're going to start at the top of the list and see how much of this we can get through. So a few of you are on the Zoom to answer to ask the questions. And then we'll be monitoring the different chats as much as possible and bring in Facebook questions as time allows. So with that, I will turn it over to Dr. Woody. So thank you so much.

02:04

All right, thanks. And I really appreciate folks taking the time. I know this has been just really stressful for everybody. And I know you've been hearing me if you've been watching press conferences, or some of you know, I continue to do Facebook Lives every Tuesday and Thursday at 11 on the CDPH page taking questions directly. But certainly right now, with all of the attention on schools, I was really happy to join the conversation. And really, I do want to spend the time taking your questions directly. I did actually look at all the you know, they sent over many, many, many, many of these questions. So I have a sense of the flavor of some of the things that are in lots of questions about data. Can you please show us what you're looking at? How does this compare with what we're seeing? There's this chart from Illinois, etc. So I'm going to start briefly with some of the regular outbreak data that we share that we you know, post on the website and just talk you through it. I had the team run me the most up to date information. So I'm going to go oh, can I get the share screen back that says I can't share screen? There we go. Perfect.

03:18

Okay, so this is everybody able to see that? Yep. Okay, this is from our youth settings team. You've heard me say from the very beginning of the pandemic, one of the areas that we were most focused on at CDPH was youth settings. And that's not just schools, that's daycares. That's Park settings, that's camps. That's any settings where kids are coming together. We knew from really early, this was going to be one of the most difficult sets of decisions that we've had to make. And some of you know that we've published data about what we saw in Chicago, like, for example, in that first fall of the pandemic, where CPS was not open in person and our other most of our other schools were whether that's the Archdiocese, you know, the really the largest private school system in the country, whether that's some of the other smaller schools and private schools in Chicago, and we were able to do this natural comparison. But people are saying, Okay, that was nice last year, what's happening more recently, and so I wanted to show you what is happening more recently. So first, a couple of definitions. And again, we'll we'll post these so you can take a look later. But just to kind of give you a sense, we got questions about how does CDPH know what does he do pH do in schools, so schools and daycares in Chicago have to report to us when there are students that have COVID-19. They also have to have policies to be able to isolate cases, do the things that need to be done for close contacts and notify. And then my whole team regularly is talking to all sorts of youth settings about isolation and quarantine individual situations. We also specifically investigate clusters are outbreaks of cases. And really our goal there is to see is there a concern could spread have occurred within the school or the daycare. And then if we think there has been an outbreak, for example, we give recommendations to prevent spread like quarantining a classroom, like revisiting a policy. And this is really consistent with what the CDPH experts do all the time, even, you know, outside of COVID, outside of schools, this is the work that we do. So if, for example, you know, you hear that a school has three cases in it. But then you find out all three of those cases are siblings, that would not be consistent with more likely spread within school. But if you see three cases within a school, all within the same timeframe that we're all sitting in a classroom together, you know, etc, that would, and there wasn't another connection that gets considered, you know, a likely spread within school. And so when we're talking about definitions, what is this outbreak and cluster definition, and we have lots of questions about this, too. So IDPH actually defines these for the state. And we just like all other cities, and jurisdictions report in all of our outbreak and cluster data. So whether that's in schools, whether that's in restaurants, no matter where it is, they all go into a system so that we're using the same definitions. And so specific to daycares. And schools clusters are two or more cases in a school or daycare within 14 days. And then an outbreak in a daycare is two or more cases in those 14 days that are linked to the same setting like the same classroom, or we know that they were in, you know, in contact, and they don't have a link outside of daycare, like being a sibling, for example. And then the definition of an outbreak in a school has changed a little bit over the pandemic per IDPH, as cases have risen and fallen. So it was just two cases, actually, for much of the time. Over the summer, it was actually you know, when not a lot was in person, it was at five, but right now, and, you know, for throughout most of the fall, here, it's been three or more linked cases. So again, you know, classroom eating and a lunch period together, etc. Where there's not a link outside of that school setting that is more common like like in a home. So either three or Morlin cases, or 10% of any cohort. So if you got a classroom and 10% of the kids in it, or three or more cases, you got an extracurricular activity eating meeting either of those. And again, with that close contact, that's how we define an outbreak. Separate from outbreaks, our cases, cases in schools and daycare. So in CPS district run schools, these are exactly the same numbers that cases that they publicly report on the data dashboard on the CPS data dashboard. Those are cases that were present in the schools while they're infectious or contagious. So from a couple of days before symptoms started the positive tests up through 10 days after daycares and other schools are reporting just any case that was in the facility 14 days before, through 10 days after. And it's really important to understand that just being in a school or daycare, which is what is sometimes known as exposure data when we're calling and doing investigations, that does not indicate the source of infection. So we got some questions about this IDPH graph that I'm happy to answer more questions about as desired. But that is just sort of the raw data of the investigations, the contact tracing and calling that is done. And because there is much more investigation done in school settings, I can tell you in Chicago, child cases were about four times as likely to have their data, then we are older adults who don't pick up the phone, there's not a pediatrician or a school involved. And so that data that that I know some of you have been sharing around has nothing to do with whether there's an outbreak, whether they're spread, it's just reflecting the fact that there are more children in that data. It's a subset of all of the cases. And that they because there are children in it. By definition, they were at school anytime before their case started. Okay, so let's just show you some data. So first of all, most of our cases throughout but even in these past six weeks with Omicron have not been linked to an outbreak fewer than five out of every 1000 Chicagoans like really since Omicron has hit here with COVID-19 were part of a known outbreak and not just Omar Khan, but the surge that you know, the sort of post Thanksgiving. And so this graph is just showing you in gray all the cases and yes case is very high right now blue or when there's an outbreak. So I think people still imagine with COVID Like, it's these huge settings where everybody gets COVID Like and forget whether it's a school or not, that's really not what we see. By far. By far, by far from the beginning of COVID. The most likely place that we see transmission is in places where you know, people let their guard down, especially at home. Our very first if you remember our first COVID cases like ever in the US where there was more than one case Where there was spread, where were between two spouses, a husband and wife, and despite following hundreds of other contexts very, very closely, didn't find other spread. And so just wanted to give this flavor that this is this is how outbreaks, you know, show up by and large. So we look at Chicago cases in schools and you have to understand the health department, oops, sorry, does CPS and non CPS, those definitely increased in December, and that is similar to Chicago cases as a whole. So what you see on this graph, these are the cases that are reported blue are from daycare green are from all other schools, pink are from CPS district run schools, you know, with the definitions, as we stated, and you see that as cases in the community go up cases in schools go up. No question about it. The real question, is being in school itself a risk factor? Are you more likely to get COVID? Right? That's the question. And what we have seen over and over again, here in Chicago, across the country around the world, is that being in school does not make you more likely to be infected with COVID. And in fact, we've we've we've seen the opposite. But would there be more cases in school when we come back? Yes, of course, would there be disruption at the classroom level, even at the school level, likely, but in terms of whether the school itself is serving as a major driver of spread? We've seen that not to be consistent. So I'm sharing this just to sort of give you a sense, we follow not in CPS, but in non CPS, and we look for unusual patterns in any school and do invest additional updates. So similarly, most cases in Chicago schools have been students as compared to staff and that primarily reflects differences in vaccination rates. Most important thing, as you all know, get vaccinated, please, please, please, adult students, everybody, and those who are age eligible should get a booster. But if you look at this, this is again, just these recent weeks. And you can see that's daycare on the left non CPS schools in the middle and CPS schools on the right. In blue, we have students in red, we have staff, and you see that last week, we have a lot especially in the non CPS school, CPS was out just a little bit earlier. And and given the timing of you know, when kids were in school, whether they were infectious, we see some differences. But I just wanted to give you a sense of those numbers and put them in some perspective. In addition, let's talk about outbreaks. So outbreaks me and again, chances are good that there was probably some transmission in the school setting where we couldn't rule out more likely transmission in a in a known high risk setting like like in a home. And so in the fall of 2021, we had 100 it actually, you know, 100 Total across over 800 Chicago schools which include CPS and non CPS. But it's important when you hear outbreaks again, you're understanding what that means. So these are not again, there's a child in school with COVID. And the whole school gets COVID. That is just not what we see. It's not that a child in school with COVID in the whole classroom gets COVID. That's also not what we see. So of the outbreaks. In total 94% had fewer than five students or staff and you see what these numbers look like. All right, in CPS specifically, we had 53 outbreaks, which were across 51 schools in the school year to date out of, you know, more than 500 schools. And again, the mean outbreak size is small here 2.5 cases, and most only involves students. This graph on the right shows you this is just CPS, again, in sort of that first, since we've been back to school in the fall, and you see most of the outbreaks just involve students, the largest one that we've seen today in CPS was eight cases, it was actually all staff in that case. But most of them in in gray and red, there are two and three case outbreaks.

14:12

And then finally, I'm less than 5% when when some of these questions about why, you know, how do you have a sense that every that the mitigations that are in school are sufficient. This is really one of the most important things that we look at. And this is consistent with what we've seen around the country. So what this graph is showing you is of all of the children who were quarantine but CPS quarantined, remember quarantine does not mean infected. I sometimes see people get these confused. You know, there were many, many 1000 Children quarantine, that means they were a close contact of someone who is potentially infectious with COVID There was a child in their classroom with COVID You know, and they're sitting in there, their mass may not have been you know Whatever it was, there are close contact and they've been asked to stay home. So out of the 1000s of CPS kids who were quarantined for COVID, we saw less than 5% Go on to test positive for COVID. And which means 95% of the kids who are quarantined who are not just in a school, but actually had a close contact in a classroom, in a lunchroom, in a setting of concern, enough that you're going to quarantine and CPS has taken a conservative approach to quarantine and plans to continue to do so. But these are the numbers. And so what you see looking back here is that as in the different weeks, that's what this is showing you. The red line shows you typically we were seeing around 2% be positive and about 90, you know 98% Not subsequently report a positive test. As Omicron got here, we saw that kick up to right around 5%. And, and this is what you know, as schools, you know, CPS is not back. But we're looking at data we're comparing notes, New York City is saying, you know, what we call a secondary attack rate is in the sort of two to three, maybe 5% range. And it's not that there actually is likely more spread in the school. It's that even when children are quarantined, you know, there is the potential for a lot of spread. But nevertheless, this is the important data. And then a lot of you had questions about vaccine coverage among Chicago youth and how does that compare to CPS students. So I'm in all of all and both of these, by the way, both CPS and city of Chicago are well above national averages for this. So we still have a ways to go. And it is true that CPS students are less likely than Chicago in Chicago youth overall to be vaccinated. So we really need everybody to, you know, take this time, you know, to be making appointments, talking to folks, because this is the number one thing you can do to help keep school safe is to have them as vaccinated as possible. So you can see among 12 to 17 year olds, about 72% of Chicagoans of that age group have had at least their first dose, and about 57% of the of the adolescents in CPS have. And then in the five to 11 year olds, about 36% of all Chicagoans that age, have had the first dose and about 32% among CPS. And I just want to know, we run this actually, we compare the enrollment data from CPS against the vaccination database. And so if there are changes in names, differences in you know, last names or other other things that make it not match, it would actually underestimate coverage among CPS students. So like for the five to 11 year olds, we essentially consider those to be the same honestly, just if there's not a match, but we run that behind the scenes. So that's the data that I wanted to share. And I hope that got to a number of your questions just right from the beginning. And we can we can come back to questions. Thank you.

18:01

I will actually put the first one in my we're getting a couple other things settled, but a large part of the questions was around the mitigations that are happening in school. Yep. So kids take their masks off, kids take their mess up to eat when their social distancing isn't possible. So many things can go wrong, when it comes to what's happening in the school. How do we know that the kids are still safe when medic mitigation aren't executed? Perfectly. And related to that as much as you can talk about what you know about the safety committees or how the safety committees are applying your guidance and ensuring that the schools are adhering? Or if you hear that they aren't how decisions are being made for the kids? Okay,

18:53

um, so lots in there. I would say broadly, again, when we're actually sort of looking at the data, so behind the scenes, we are following, you know, along with CPS, what is happening in terms of case numbers in any school. There's cases which are kids that are diagnosed, you know, often who are symptomatic or calling in etc, etc. There's also this screening testing. And just to kind of that wasn't exactly the question, but I think it's important for people to hear, we want to get lots of kids signed up for that screening, testing, because when we're sampling that screening, those should be kids who are there in school, meaning they shouldn't have symptoms, right? Because if they have symptoms, ideally, they're home. And that is a strong, strong message that's extra important to be working on and doubling down on during COVID. But we look to see and this is similar to what everybody does across the country. Are you seeing on a you know, an unexpected number of cases for the number of kids that are in school is are you seeing something much higher than you would expect given community rates? Are you seeing that screening testing going, you know, going up on higher than you're seeing among a different school? Are you hearing reports that safety, you know, are not being followed, etc. But really, this is why I share like that quarantine data, for example. Because we know I mean, you know, everybody knows kids like, they're not always you know, you this, some of you have heard me talk about the Swiss cheese model. So, for example, the ventilation work like CPS, I don't know if you know, this CPS honest to God is like knocking it out of the park on ventilation when I talk about with counterparts around the country. What was done here, you know, this was, I don't know, $100 million, or something, don't quote me on that go to CPS for any details in terms of that. But it was something like that amount, while schools were closed last summer was this opportunity to take additional funding and make investments that I think were really very needed, from all I hear in terms of some of the, you know, H back the AC systems. And the way, you know, it wasn't just we're gonna put ventilation in place, it was like, they actually hired these, you know, there are specialists who can assess the air and they went, and they test in every classroom, right? Not just at the school, not just we put in a filter, we set open a window, every classroom gets checked. And you know, are the filtration rates, okay, does this look good. And then that has been made available, you know, to the public to the point where you can look up your kids classroom, not just school. So that, for example, I wish the restaurants all had that, right, I wish that we had you know, that amount of sort of the investment in that physical pace is one example of something that nobody notices very much, but it helps. Certainly high quality maths are important. And some of you were asking about K and 95, for example.

21:46

I can get more into that if you want to. But the most important thing is that everybody's got a mask on as you know, we require masking schools here, that's not true across the country, in case you didn't know that there are school districts that don't even have masking in place, which I would not be comfortable with, especially in this surge. 96% of schools were back last week across the country, um, the great majority with much, many fewer mitigation, but nevertheless, would mask the most important thing is one that the children are all wearing one, and that it's a good fit for them. With the surge, um, you know, I do know, there has been a commitment to have the cane, you know, as there's been this negotiation, the K N 95 masks already available for staff, I know that they're coming for students also. So that where students are wanting to wear, you know, the very highest quality mastering the surge, they can, but I always tell parents, it's about the mask, your child will actually where, you know, I've got lots of nieces and nephews who are in school. And it's important, mostly that they have it on because the number one thing mass do is source control, keep my germs to myself. And so where you've got all the kids with the source control, keeping, keeping that mask on as much as possible, really is important. You know, the handwashing, all of these pieces are another part of it, the testing adds to it really, at this point, one of the most important things is just stay home if you've got symptoms, right. So all of these things together work, and then we're tracking at the school level to see, are we seeing anything? Are we seeing a spool pop up? Are we seeing a potential outbreak, you know, what needs to happen in that school? And those are the settings in which we're flipping classrooms or flipping schools while we do the investigation, and yes, there have been a lot of kids quarantined in CPS, more ideally, than I would like to see knowing all of the negative impacts that come from that, you know, from that remote learning, but it is appropriate to do when you need to do an investigation when there are a lot of kids out. And that you know, and everybody is in agreement about that, in particular, during the search. So as to the school safety committees, my understanding is every school is able to, you know, have one of these safety committees. It's a combination of people who work in the school and parents, maybe some of you are on them, you know, various teachers that were there are any concerns coming up, these get addressed by that committee and can be and can be shared more? Again, I defer to CPS on sort of the details of operations there. But what we see is that where schools really own these COVID mitigation procedures, it goes well, right, the contact tracing the testing, when school nurses are part of this when you know, the resources are there and everybody is sort of reminding each other about doing what we can to really limit those risks. We really do see schools across the country. You know, being not being not driving community spread and not being a major source of spread. And they're you know, some of you have seen if you follow regularly the CDC has a bunch of studies. We've even published some studies if you want to go read more about it.

25:00

and Tasha?

25:03

Hi. So my name is Natasha, and I, you know, I'm here because I think it's very important that people get accurate information so that they can make an informed decision. And there's been so much information flying around. And I think it's important in particular in our community that parents are geared with what was, you know, the knowledge so that they can take care of their families. So, we talked about this data, I mean, I'm a data geek, I love data. But I think that there's a poor job in really making sure that this data is palatable for parents and the community to really understand so that they can make that informed decision. What is it that you think can be done, to really make sure that information is transparent, it's clear, you know, for our communities, so that they can be able to be empowered?

25:55

Yeah, no, I think it's a great point. It's something that, you know, certainly CDPH, we've continued to try to work on, you know, I, what I showed right there, that was pretty technical and in depth, but I, we were getting a lot of questions for pretty technical in depth. And I want to kind of see what's behind this. If people don't know, the data dashboard, chy.gov/covid-try.gov/covid-that is CDPH is sort of public facing dashboard. And you can go through and you can click and see what's happening in your zip code. If you want to click and see what's happening by age, if you want to click and see what's happening with not only cases, but vaccinations, I would really encourage people, we've tried to make that as user friendly as possible. And we've got some some tutorials and whatnot on, you know, on our website, and I also regularly show when I do my regular Facebook's on how to look at some of that. CPS also, you know, does have a site and you know, I think I think there there is there is room for improvement there in terms of being able to find on both sides in terms of being able to make sure parents can find what they need easily. I want to sign up to consent my child for testing, where do I go? I want to understand, you know, what is there, it really is all there. But I know that sometimes the the Navigating of it can be hard. And so, you know, we've been talking between the teams, sort of with the communications, you know, how can we make sure parents have that information. And so they have confidence, right in, in in some of what we are seeing and kind of understanding in that space and, and it moves really quickly. That's the other thing, the data dashboard on the city side is updated Monday through Friday. And that really is going to be your best place. And the thing with Omicron is we're seeing cases surge like crazy, like crazy. Most of you have heard me talk about this. But what we're not seeing, thankfully, is in people in adults who are fully vaccinated, especially fully vaccinated and boosted those hospitalizations, they're up a little bit but they're almost flat. And in kids in the same way kids cases also skyrocketing. But the great majority of them not getting very ill and the hospitalizations and kids they are also you know they are going up to very largely again in the unvaccinated and again encouraging people it's very unlikely if your child has COVID They would get seriously ill thankfully. But getting vaccinated is also really important in terms of protecting against that. But but but if you look on the dashboard, you know, the the the rate of child hospitalizations, you know, is is broadly similar to what we would see in a bad flu the flu year. And that is not true for adults. That is not true for you know unvaccinated adults especially. But luckily for kids, it is unusual for them to get you don't want to get seriously ill

29:01

think Vanessa

29:08

there it goes. I was muted. Sorry, hi Decker wagon either. So I have a mother of four kids in my house and I actually have a healthcare background. So I've been tested way more times than I wish to count at this point. My my questions regard tip testing. So we have a few questions regarding testing. You know, one of them is you know, why don't we have tests to stay and why is CPS pushing for the not to not opt out of testing but opting in and, and but the shield tests that are being discussed now and you know, will they be made available to CPS students?

29:49

And I'm gonna before you start, I'm just gonna add a couple questions that are coming up on the chat is Should parents be testing at home if omachron Isn't picked up in the first few days? At Home tests even working, quick question,

30:03

okay, so lots in there, let's sort of hit hit on those pieces. And I'll try to get most of it. So first of all, let's talk about the different kinds of tests and when and how they're useful. So I really like to ever put that in the chat. Because you are right, that when we have a task that is taking four, and five, and six, some even more time to come back, that is not a particularly useful test, in terms of Omicron. Because Omicron is moving so quickly. This is why the CDC has been recommending shortening isolation and quarantine, the whole thing is just moving faster than it used to. So rapid tests are really valuable right now. But rapid tests are what the supply chain has also largely run out of in this country. And so some of you have heard me talk about this. But you know, CDPH, we were like ordering rapid tests as quickly as we could get them they were coming we distributed, you know, more than 150,000 out through community agencies, we put them in homeless shelters, we put them in high risk, you know, you name it, where people are least able to sort of pay for tests. And you know, that would include some of the some of the some of the settings that were kids are coming from that are least vaccinated to right with the focus there. And then what happened is, the federal government, you know, made a decision to centralize this, to make sure we were actually increasing the production of these rapid tests with the defense for production act, and that they were going to really take over some of the distribution of this, I actually think that is a very good thing to be clear, because I want to make sure that where places are surging they can get it. This needs to be done outside, frankly, of the typical market system, because in the market system, everybody stopped making tests when numbers were down. And it's just, it's not from a preparedness place, but so good, they're going to be distributing 500 million tests and more to come. But in that setting, like everybody's supplied, dried up, CDPH has a backorder going back to haven't gotten tested in November, right. And even if you've been trying to buy them, there are still some, but there are a whole lot harder to find than they were just a few weeks ago, because all over the country, people are looking for them. So I do anticipate that there will be some more of these rapid tests coming, but they are especially important. For Democrats, honestly, at the city level, the most important thing is that we're getting them into our highest risk setting. So getting them into the nursing homes, getting them into the homeless shelters, I'm in part getting in the men so that if people, you know, people who are elderly and have a lot of underlying conditions, I want to know very quickly that they have you know what their result is, so that I can link them to some of the treatments that keep people out of the hospitals, etc. So we're all about as more and more rapid tests come available, making that, you know, I expect that, you know, the idea is you're going to have a website that you can just hit and one will show up at your house. However, in the absence of a lot of the rapid app home tests being available, we've worked to try to build different kinds of testing capacity. So let's discuss when we say rapide usually we mean an antigen test, okay, and an antigen test is kind of like a pregnancy test, that's the one you can take, and you put it in and it'll show lines for whether you're positive or not. That is a beautiful test, um, especially when things are surging, because if it's positive, it's positive. It probably means it not only is it positive, but the level of virus is high enough that you're picking it up and the person who's taking it may even have enough COVID to be spreading COVID. The other big class is PCR testing, PCR testing has to be done in a laboratory. So kind of like you can do a home pregnancy test. But then you go to the doctor and they'll take your blood and double check it right. That's the idea that PCR is a much more sensitive test, which means it'll be positive for a really long time. So someone will say, I don't understand I have a positive PCR and a negative antigen, that we see that because of the antigen, it's not the either test is bad, it's that the antigen will be positive. Typically, when your levels are are the highest, like right near the beginning of infection. And then especially with omachron, it moves so quickly, that after about five or seven days, you're just not spreading COVID anymore. And so your PCR test, though, will keep picking up like dead virus in your nose and low levels. And it's not that you're spreading COVID But it can stay positive for some time. So it's not that one is better than the other. They are just different. Um, and the ones that were sent home with CPS students, those were PCR tests. The Shield testing is also a PCR test, but it's done with saliva. And just to kind of answer that because I know there's been a lot of questions. Um

34:46

the the, what she'll gives you is additional laboratory capacity. There's nothing about the shield program that gives you additional capacity in terms of the collectors, the entering of information, all of that that is actually, frankly, the larger problem in terms of growing it. CPS has plenty of laboratory capacity. As you probably know, every single week they're in every single school doing testing, every staff member who has wanted to get a COVID test throughout here has been able to get a COVID test consented, students have been able to get COVID tests. And it's not the lab capacity issue. In fact, we've been, we put additional resources into the lab that serves CPS, so the PCR has come back fast. Like at a time when across the city, we're seeing some of these pieces at across the country, seeing PCR taking four and five days we've been seeing for CPS, often them coming back still, within two days, one to two days, I'm very pleased about that, um, shield gives you lab capacity, which isn't really the main thing that we need, it doesn't give more of the capacity within the school, in terms of being able to actually, you know, collect more. And so we do actually have ships CDPH has a contract with shields, we work with putting shields in various places around the city, in fact, we're working to we're actually talking to CPS about is there a possibility? Could we think about maybe a shield site, you know, one of the close schools or maybe on the weekends, etc. But in terms of the standard, and there will be more community-based testing available using shield because it's additional lab capacity. But that's different than shield being sort of the regular testing for CPS, which lab capacity is not the issue. And we've been we've been talking a lot with the team. I'm super confident about the ability to scale that up some more as I know, there's been an asked to do. And, yeah, we like to we like any test at this point that is available, accurate and coming back relatively quickly.

36:47

And let's see if we can get one more question.

36:51

I can you want me to go? Okay. I have another question. Regarding data. Yeah. Um, so let me get the question. Okay. So why isn't Chicago data reported to the Illinois Department of Health website? And then also, are we using the right metrics? Should we change to hospital bed availability or some other measure? And then I have two more, but I'm going to let you just answer those two.

37:20

All right. Good questions. So yeah, so I actually had a direct conversation with Dr. Z k, just so you know. And she was like, that doesn't say anything about testing in schools. I was like, Oh, I, you know, a wrote about risk in schools. And I said, I know that. And yes, there is language that that says, if you actually go to the site, and you read it, it says that, but I also understand that people, you know, we're looking, you know, what could they find? When I was defining at the beginning, the reason I took a few minutes to define what some of this data means is, what is on the IDPH website is what's called exposure data. exposure data is literally, you know, how when there's a case, someone calls and talks to you about where you've been, if you complete that investigation, it's a list of everywhere that you have been during the time that you might have contracted COVID. Okay, so literally, those folks are asking, Where are you? Where were you? Where are you at, you know, and it's not just the way it's reported is like you were at a restaurant, you were at a school, you're behind the scenes, I don't care that you were at a restaurant, I care that you were at Joe's diner, because if I'm seeing a bunch of people at Joe's diner on the same day, that suggests there may be an outbreak, but they pull it together. So it says nothing about the risk. What it says is that there is more contact tracing that gets completed for you. Like I was saying, we have this problem, especially as COVID is going on, you know, when my folks from CDPH call up? Most of the time people don't answer the telephone, they don't know because it's you know, cells and they don't know the number, or if they do talk to us, they actually are not very interested in participating in case investigation and contact tracing. So children are four to five times as likely to complete their case investigation, contact tracing, as adults are. And so what you're seeing there is from the different regions, it's a very, very small subset of all the cases that get reported. But where are those cases? Actually, where is that data collected? Mostly in schools? Because do parents pick up the phone when their child's school calls? Yeah, much more likely to especially if it's a, you know, school nurse or it's about health, or we do this through pediatricians, right. Do they pick up a pediatricians calling? Yeah, they're a whole lot more likely to. And so what that chart shows you is that of the subset of these completed investigations, more of them were kids, by definition in the you know, the 10 days prior, where are kids likely to have been in school? It doesn't say anything about the The transmission was in school. So I actually asked IDPH, just because there's been a lot of attention on there, can they put maybe some more language up explaining that if people have specific suggestions of what that should look like, I'd be happy to have that. But I hope it's clear. So Chicago does not put that up there partly, actually, for this reason that I think it has the potential to be confusing for people. And instead, we share, like the outbreak data that I was sharing with you ahead of time, you know, we posted that, intermittently, I often talk about it on Facebook, and you know, given the current attention, of course, we'll be putting it up and updating it some more. That is actually a comparison of sort of, what is the risk in school? What are we seeing, but but otherwise? In no way is that pie chart a comparison between groups, and it's nothing about where they got COVID? It's just where they were in the days before you talk to them? And then the second, I'm sorry, the second question was about

40:51

should we change their hospital bed? Yeah. Oh, I

40:54

love this question. I could go on about this. Yeah, I can go up, I won't go out. I'll try not to go on for a long time. You guys know me. Um, so where this country is moving on COVID? I very much expect will be in terms of data where we already are uninfluenced. Because I do not think unless there's some major breakthrough in treatment, we're not going to eradicate COVID. Right. We're going to live with COVID. Living with COVID means doing everything we can to be as safe as possible. Number one, get vaccinated, vaccinated, vaccinated, but then also putting, you know, the kinds of mitigations like we see in schools, you know, no, we're not going to have NASS forever in schools, etc. But while we're in searches like this, right, like, this is the time for it. However, in terms of the case, numbers, and the end, the positivity, those are really different than they were at the beginning. Partly because Omicron is very contagious, but also because remember these at home tests, about half the tests in the country now are at home tests. When somebody gets an app home, especially negative test, do you think that gets reported? No, it doesn't get reported, which is fine. But it means that you're missing a very, very, very large number of negative tests that are being done. And so your positivity is not reflective in the same way before you had a lot of these of these negative tests. And the other thing is that a case, if it is mild, is not probably the major risk factor here. The real concern and the thing, you know, there's a lot all of you are very focused on the schools, my primary focus, and what we're looking at is the severe outcomes and the hospitalizations protecting the health system and all that. So what we do for flu, just to give you a quick sense of this, we don't count every person who is diagnosed with flu, right, like, that's not reported, it's not necessary, what we do is we definitely count people who are hospitalized in the ICU and die from flu, which includes lots and lots of Chicagoans every year in a typical year. Um, we also take samples, so we follow of people who come to the emergency department with flu like symptoms, we see what percentage of them end up actually testing positive for the flu, we actually do the same thing for COVID. Now, because the symptoms are similar, what percentage end up testing positive for flu or COVID. We also take samples throughout the season, from outpatient settings, from labs, from hospitals from urgent cares. And behind the scenes, we run those to see the person only needs to know they have flu. But behind the scenes, we are doing the genetic testing to see what strain or variant as we've gotten used to for that. And then we use that information to make next year's flu vaccine. And we actually look at what's happening in the other hemisphere that when winter is opposite, and we see sort of what variant what strain of flu is circulating down there. And a new version of the flu vaccine gets made. That's why flu vaccines are recommended every year. I don't know for sure at all yet, but COVID vaccines are going to be an annual thing. I am not saying that. But what I am saying is the way we follow this, I don't think we'll be doing cases and positivity probably in in soon. This has been a big conversation that's been had the CDC hospital data is very comparable over time, because from the very beginning, anybody with COVID symptoms was getting tested. So you have a very good sense of that is really comparable, and then obviously doeskin investigated, etc. So yeah, I think that some of these data metrics are changing and omachron has just, you know, it has been so different in terms of its infectiousness, but also the fact that it's not driving, I mean, if people were as likely to be getting hospitalized as they were before vaccines were available with prior searches, we would have long since overwhelmed hospitals, right. And so I remain very like thank like, every day I'm looking at that vaccine data and seeing, you know, still I think many of you have seen me share this that red line, shooting up, up, up, up, up, or unvaccinated Chicagoans admitted still right now to Chicago hospitals with COVID. Whereas that risk has stayed relatively flat for those who are vaccinated and especially boosted. So yeah, I think we will be following the severe outcomes, but with some of these other things in place like we do for influenza.

45:17

Okay. Well, thank you, that's really good that you pointed out those differences. that's out there now that you guys are looking at. So I have two more questions real quick, from pamphlets. One is how can data be reported timely? And then how do we reconcile the data you present? And the significant impact we see in our communities? Because, you know, we were seeing it, filling it. So how do we

45:40

know that? Yeah, really good. So in terms of timeliness of data, again, really try.gov/covid-is Your most timely data that gets updated every single day, and then on the CPS side, that also I believe, is getting updated every school day. Um, so that is pretty timely, and that I really at least thought, you know, we're across the city, I that's definitely where I would refer you. Um, some of these deeper analysis typically happen once a week, and we are posting updates there, even outside the dashboard. If you go up to the top, there's a number of other sources that you can look at. And people, you know, just ongoing these Tuesday and Thursdays at 11. We record them, they're on our Facebook page. I'm always taking questions, lots of them about data, if you know if there's other specific questions that you have. And then to the question of, sorry, remind me the second one was just say one word. You're muted.

46:39

The timeliness? And when there's

46:43

when there's already what?

46:46

discrepancy between what we like oh, yeah,

46:48

yeah, of course, of course. So Right. So yeah, and I know, this can be one of like, the hardest things when people are like, trying to make sense of this. Does the whole world have COVID? Right now? Yeah, the whole world has COVID Right now, does being in school in any way, based on the data significantly increase your risk of getting COVID? No, we've not seen that. Might? Could it even decrease the risk? It could. And so I want people to really understand this difference, that, um, that number one, you know, severe outcomes, obviously, you got to follow those. And you know, where we're looking at who is in schools, whether it's youth who thankfully, of course, much less likely to have a serious outcome, or you're looking at a workforce that is last I heard, I think 92% But certainly over 90% vaccinated, you know, that risk of the of the more serious outcomes is lower. But also it's about do we like which activities do we see sort of being more risks? I saw some of you didn't ask me this one. But I saw some people sent things that said, Why are you making our kids have to show proof of vaccination in a restaurant, but not in a school? And, and really, this comes down to Does it hurt your child, you know, in an in, like, in a long term, you know, to not be able to eat in a restaurant, not really, um, but but in terms of sort of these things that are essential. And the things that are known to be higher risks, like sitting down in a restaurant with a lot of people and float, you know, we know that that is a higher risk setting, we have seen increased risks in restaurants and bars and gyms, not just here, but around the country, we see outbreaks there we see spread, schools in comparison, are not high risk settings have spread. And the people who are in them, you know, are less likely. And so really, the vaccine requirement in these high risk settings while we're in this surge, is about recognizing that not forever, but in this surge, it is really high risk in those settings to be, you know, to be unvaccinated. And so it goes down to five because these are optional, right? Like these are you can go in and get food, you can still go to the grocery store, you can do these things. But some of these fun, more optional things are off limits right now, if you're not vaccinated. School, though, and other things that really are essential where we've seen such, you know, negative impacts in a long term way is part of that distinction there. And so, you know, I would say to folks, like, again, 96% of schools are open around the country, including places like New York that have actually a much worse outbreak, and we have like much higher positivity, all these other things. And is it Rocky? Yeah, it can be rocky. Like, I don't want to give you the sense that as we open school again, there was not going to be COVID cases. But do we have the mitigation measures in place to keep that risk? Lower, in fact than it is in other settings that people are in? Yeah, I'm really confident that we do. Do I think being in school is going to worsen the risk in the community. No, and that's because we've seen it over and over again. With other surges, and our you know, our have we been working with CPS to really not only double down on sort of, you know, not only make sure that what what the CDC is recommending is in place, but really doubling down on that I do think the making the, you know, the CDPH, just so you know, we're putting out about 1.7 million K and 95 masks like next week into the community, right? pairing that with the staff have the K and 95 minutes making sure the kids do like it is appropriate to be adding these additional mitigation, even more testing, access, I'm all about it. But in terms of what what do we do next, as we sort of as a society are going to live with COVID? If all Macron was done, like tomorrow, you know, if we knew all Macron was gonna peak on January three, and you know, like, fine, I don't know, we don't know. And the concern is what happens next month, and what happens next month, and when you're trading off some of this risk benefit at the societal level, it's critical to have things that can keep your most important institutions for society as safe as possible. We don't close hospitals, because one wing is understaffed, right? We don't close schools, because one school is has had so many COVID cases that it's not able to be in place like, it's this sense of sort of as a society, where do we go and if we get to a point, you know, I am watching those hospital numbers closely, we get to a point where we have to close bars, we have to close restaurants, yes, like, we would probably have to close schools in that setting. But there is no world in which you would close a school before you would close a bar. Like, that's just where you look at the data from around the country. And you think about the risk and what you need to do here. There are settings that are riskier in our society, and there are settings that are less risky school, thankfully, which we didn't know, at the beginning, is one of the settings that with the good mitigation measures in place, does not substantially increase the risk. And really, when we've done the comparisons, it's it's lowered it. So I know it seems strange. I'm just so you know, my nieces and nephews are all back in school in person, including the ones in the Chicago area. I don't have any that live in Chicago, myself, but I've got some, you know, right here. Um, and I absolutely, you know, I would not be in support of in school. Education, you know, and I think folks know this, but the other schools, not CPS, but the archdiocese and others are also open right now. And is it a little rocky it is? Is it going fine. Overall? It is. And that's, you know, where we think about this, I do think at some level as a society, it's about how do we live with COVID? If this was before vaccine, not a chance, we wouldn't be, we wouldn't be in person. Right? If this were presenting in a way that kids were getting dramatically sicker than they were, and we were seeing hospitalizations in children or we were seeing hospitalizations in vaccinated adults, like through the roof? No, we wouldn't be able to do this. But really, for me, when we're thinking about, you know, across the whole country, it's just sort of an answered question at this point about whether schools are a major risk factor. And so, you know, again, I tried to, you know, I don't I'm not involved in sort of the details of this negotiation stuff, etc, etc. In terms of war, these are, but what I can tell you is that I feel very strongly that the mitigation measures that are in place, as CPS, just as are in place at other schools, and then with the additional added on top of it will eliminate COVID cases in the school, it will not, will it eliminate the potential of any COVID transmission in the school? It will not. But will it dramatically reduce that? And do I think it'll be a major source of outbreaks and spread? I also do not and places, that's what we're seeing in schools that are already open. So I hope that that helps, you know, I know it's a confusing time for folks. And I know it's a, it's a time, so much has changed with Omicron, just with how quickly it goes. And all of these breakthrough cases that are that are thankfully nearly always mild, if folks are fully vaccinated. It's just made this really different and the calculus different, but for me, seeing the negative impacts of the very long periods that we were remote last year on children's health, right, because it's not just about COVID it's not just about physical health, it's about the mental health and the emotional health and, you know, in CPS, some of the nutritional support and other kinds of safety measures and things. And I just, you know, I believe that just like having a health and operating healthcare system is a critical part of society. I think having an operating school system is too. And if we get to a point where we got to start closing things in Chicago, for real, yeah, schools would have to be part of that. But otherwise schools, in my mind really first to open and last close among our essential services. So

55:15

thank you, Dr. Arwady, this was really amazing. One thing I want everybody to know, because we have so many questions that we didn't get to, and so many comments in the chat. This was originally scheduled for half an hour. And I know, it's very generous with your time. So you have stayed double the amount of time that we thought we had. And thank you so much. As I said, we have a lot of questions less left to ask. So for all the parents, especially one in particular, that's coming up quite a bit is high risk children or children who are at high risk or have high risk members of their household. And we will find a way to get more of the questions answered.

56:01

I mean, I know that children and adults, right, who had the significant underlying I mean, there was a separate at the beginning of school, that they you know, there was, I understand if you've got a child who's undergoing chemotherapy, etc, you know, there was there was separate work that was that was allowing those kids, because obviously, that's, that's important. For the, you know, for the kind of members of the high risk household, please, please, please, everybody vaccinated and boosted that is the most important thing. And if you're seeing a breakthrough infection, and someone who is high risk, please make sure that you're in touch with their doctor so that they can get antivirals in case that there's a spread through. But I do not honestly believe that your child, you know, by being in school is at higher risk than they are not being in school, especially where we know, kids are getting together in other ways. And childcare is happening in less safe settings, etc. So that would just be my quick on that. But if we didn't get to your I know, there's a zillion questions, please come back. If you've got time, you know, I tried to take these like the ones we I read these, and then I try to use them when I'm answering stuff on Facebook and everything else. So they're helpful to me, even if I didn't get to them, and people should feel feel free to come back to any of our 11am. Facebook Lives to

57:21

Tuesday. So parent parents know that what you're sharing is the print out of the questions only us we'll figure out how to get more of them answered. But again, thank you so much to the parents for jumping in on this. This literally came up 24 hours ago. And Dr. Gawande, thank you for being so generous in coming to us and answering our questions and spending the time with it.

57:42

Yeah, and thanks. I know, I know, this is hard. And I just also I do just want to say thank you to all the teachers and all the staff. You know, I know at the end of the day, everybody here is wanting what is best for the kids and what is best for everybody's family and wanting to make sure that we've got, you know, I'm super committed to having CPS be just, you know, the strongest full system it can possibly be. So, you know, I really, again, thank you to parents, I know this is hard. And thank you if there are teachers and staff, you know, listening and I know there are teachers who are also parents, you know, I know this is especially hard on you. So thanks for organizing this. And I'm sorry if we didn't get to your questions, but they are helpful as I work on even developing Frequently Asked Questions for my own team that we then post on our website.

58:33

Thank you, everybody.

58:34

Thank you