



CLAY COUNTY

# PUBLIC HEALTH CENTER



## Continued Reopening Framework

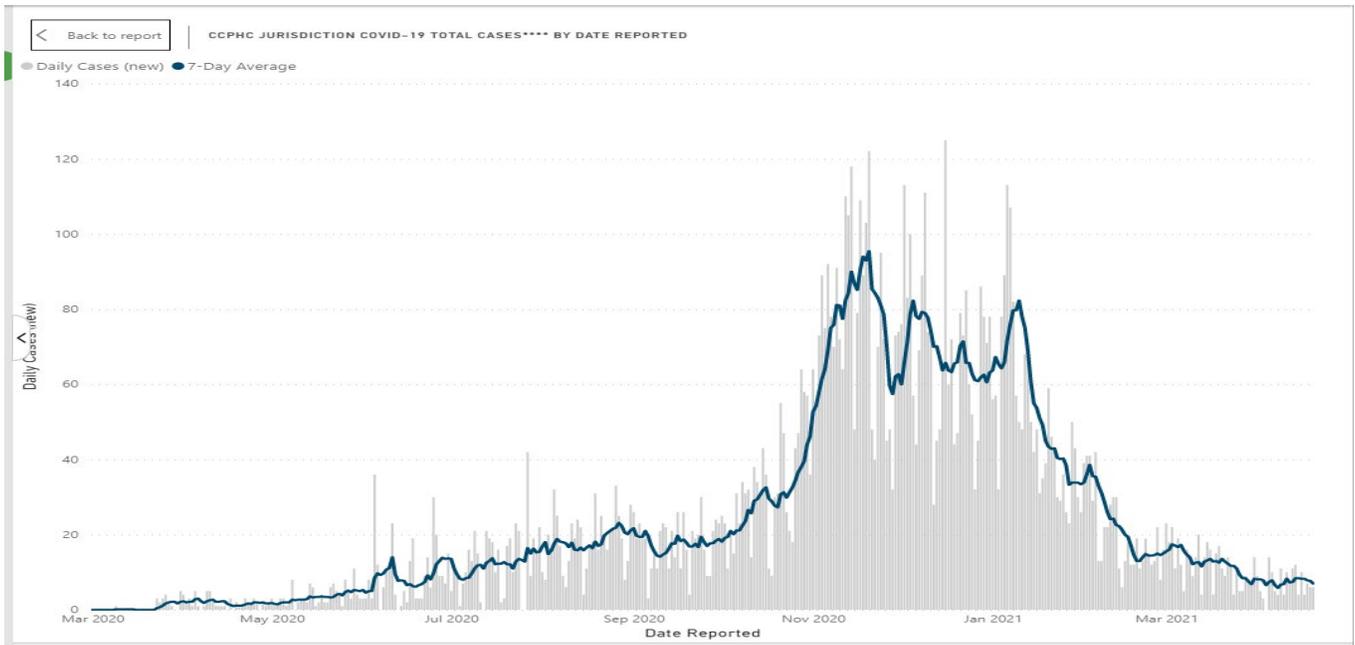
### Overview

Clay County Public Health Center (CCPHC) issued Stay at Home Orders that began on March 24, 2020 and were in place until May 3, 2020. May 4 marked the beginning of the county's phased Road to Recovery Plan. This plan outlined steps to the systematic reopening of our economy and our communities, while also implementing policies to protect residents from COVID-19.

Since July 1, we have been operating under stages of Phase 2 of [CCPHC's Road to Recovery Plan](#). Under the current phase - Phase 2, Step 4 - these orders maintain COVID-19 mitigation measures such as masking and social distancing. The existing order currently has no expiration date. It is the recommendation of CCPHC that these mitigation measures remain in place. CCPHC also recommends adopting an approach, presented herein, to continuing the Road to Recovery. The approach uses key data elements to guide recommendations to reducing restrictions within the ordinance.

### **COVID-19 Cases and Current Status**

Throughout the course of the pandemic, CCPHC has worked tirelessly to respond to an ever-evolving situation. As our community crosses the threshold of one year of responding to COVID-19, briefly summarizing the disease and the corresponding response proves difficult. During the first four months of the pandemic, Clay County proved to be better able to quickly respond to and contain the virus than many jurisdictions in the Midwest. In October, the number of cases and unknown exposure sources exceeded public health capabilities, which sparked an increase in cases. From the beginning of October through mid-November, the community experienced steady growth in cases followed by sustained high case counts, peaking on November 20<sup>th</sup> at 122 cases. During this period, the public health system was unable to meet the investigation and contact tracing demands of daily new cases. After a brief reduction in cases (yet still high case volumes), the trend once again rapidly grew and maintained extremely high case counts, peaking twice on December 16<sup>th</sup> at 125 cases and January 6<sup>th</sup> at 112 cases. During this surge, the hospitals were extremely taxed, and both public health and healthcare adapted to the increasing volume to continue to respond. Since peaking in early January, cases have sharply declined. In comparing the first of each month, January's 7-day average case count was 67, February's was 36 and in March it has dropped to 15. During this period, hospitals have also experienced a significant reduction in hospitalizations, with regional hospitalization for COVID-19 in early January at 13.3%, 7.9% in early February, and 5.7% in early March.



Data current as of April 22, 2021

During the first several months of vaccine implementation, the community has begun to gain some momentum. As of April 9, 2021, more than 19% of Clay County’s eligible population (16 and older population) have been fully vaccinated, and almost 29% have initiated a vaccine series. A large part of this success is due to Clay County Public Health Center’s partnership with several organizations as a part of Operation Safe. Through Operation Safe, more than 80,000 doses of COVID vaccine have been administered since February 5<sup>th</sup>. In addition to conducting our own clinics since January 8<sup>th</sup>, CCPHC has also initiated a partnership with Heart to Heart International to provide unadvertised vaccine clinics to our traditionally marginalized and underserved residents.



## CLAY COUNTY COVID-19 VACCINATION

### Clay County Vaccination

The data presented are for residents within Clay County Public Health Center jurisdiction. Proportion of population vaccinated are calculated based on age (15+ or 16+). Updates are made weekly on Wednesdays. The data are provisional and subject to change.

<b>52,059</b>	<b>31,736</b>	<b>21,789</b>	<b>31.9%</b> % Population (16+) Initiated
Total Doses Administered	# Individuals Initiated	# Individuals Completed	<b>21.9%</b> % Population (16+) Completed

### Clay County Jurisdiction COVID-19 Vaccine Administration by Date

Legend: Initiated (green), Completed (grey)



Data current as of April 16, 2021

## **Case for Continued Masking**

Masking continues to be one of the strongest tools against COVID-19 while also allowing the county to reopen. It is the recommendation of CCPHC that masking be one of the last restrictions to be eased. The March 5, 2021 [Morbidity and Mortality Report from CDC](#) studied the effectiveness of mask mandates in 39 states and the District of Columbia. To analyze the impact of the implementation of the mask mandate, scientists gathered data on the 20 days prior to implementation and the 100 days following the start of the mask mandate. Researchers found that masking decreased daily COVID-19 case growth by 0.5 percentage points within the first 20 days following implementation, and the impact of masking continued to grow—case growth decreased by 1.1 percentage points 40 days out, 1.5 points 60 days out, 1.7 points 80 days out and 1.8 points by the 100<sup>th</sup> day of the mask mandate. Deaths similarly slowed, by 0.7, 1.0, 1.4, 1.6 and 1.9 percentage points in the same timeframes.

Another example of the power of masking has been in the continued low case rate among school-age children locally. The case rate among this age group has remained steady and low, even when four-day school weeks was instituted, demonstrating that masking, along with comprehensive mitigation strategies in school settings, can prevent widespread transmission. CCPHC conducted a study specifically looking at the transmission of COVID in schools, finding extremely low rates of in-school transmission throughout the 5 public school districts in Clay County during Fall 2020. For students, the rate was 0.17% and for teachers/staff, the rate was 0.83%. All school districts had masking policies in place that were enforced regularly.

Additional studies have continued to point to the importance of masking to protect against COVID-19 transmission. A February 10 analysis in the [Journal of the American Medical Association](#) reviewed 11 studies around masking and found evidence of a substantial decrease in risk of COVID-19 infection with every example. The [CDC continues to point to 45 studies](#) (Appendix B) which support the emerging evidence that cloth face coverings reduce the likelihood of spreading respiratory droplets when properly worn over the nose and mouth.

## **Potential Variants**

Due to the emergence of several variants of COVID-19, continued compliance with public health mitigation strategies, such as vaccination, physical distancing, use of masks, hand hygiene, and isolation and quarantine, is essential to limit the spread of the virus that causes COVID-19 and protect public health.

Multiple variants of the virus that causes COVID-19 are circulating globally. The United Kingdom (UK) identified [a variant called B.1.1.7](#) with a large number of mutations in the fall of 2020. [Epidemiological studies](#) indicate that the B.1.1.7/20I/501Y.V1 strain is 30% to 80% more effectively transmitted and results in higher nasopharyngeal viral loads than the wild-type strain of SARS-COV. Additional concern regarding this variant comes from retrospective observational studies suggesting an approximately 30% increased risk of death. In South Africa, [another variant called B.1.351](#) emerged independently of B.1.1.7, where it has rapidly become the predominant strain. This strain is also thought to also have a high potential for transmission.

## Framework Removing COVID-Related Emergency Public Health Measures

As our community’s vaccination rate, confirmed cases and hospitalization rates continue to improve, CCPHC believes the community can use an evidence-based and data informed approach to ease enacted emergency public health measures in a way that protects the health of our community.

To guide the process and provide recommendations towards reducing enacted emergency public health measures, CCPHC has developed a framework to use evidence-based criteria and data to inform the CCPHC Board of Trustees. This framework is built on recommendations from the White House Coronavirus Task Force, the Centers for Disease Control and Prevention, the Missouri Department of Health and Senior Services, and frameworks from neighboring local health departments. The approach will remain flexible and will be adapted as new information becomes available. The proposed indicators consider where we are in Clay County’s Road to Recovery Plan (Phase 2, Step 4), the data and trends we are monitoring, and what thresholds best indicate a readiness to move to Phases 3 and 4.

Three key indicators will drive current recommendations from CCPHC:

- 7-day average case rate per 100,000 population,
- local hospital capacity, and
- percent of the eligible population that has been fully vaccinated.

These three indicators best capture the current impact of COVID-19 in our community and progress towards broad-based community protection. The evaluation period will be 28 days (two full incubation periods of the virus), when considering moving into the next step of the Road to Recovery. Allowing two incubation periods to pass before making changes to the public health orders will increase confidence in sustained trends, protect against short-term variances, and give the community time to anticipate how orders will change. Additionally, a 28-day evaluation period from publication of this document (April 22<sup>nd</sup>) will provide time for those who wish to be vaccinated against the virus that causes COVID-19 to receive both their first and second doses of vaccine, as Missouri opened vaccination to all Missourians 16 years and older on April 9<sup>th</sup>.

RED	ORANGE	YELLOW	GREEN
<p><b>WHEN</b> these thresholds are met:</p> <ul style="list-style-type: none"> <li>• <b>New cases per 100K:</b> 100 (over the course of 7 days)</li> <li>• <b>Hospital Capacity:</b> Hospitals operate at or above capacity in any category (staffing, PPE supply, testing turnaround)</li> <li>• <b>Percent of Eligible Residents Vaccinated:</b> Less than 10%</li> </ul>	<p><b>WHEN</b> these thresholds are met:</p> <ul style="list-style-type: none"> <li>• <b>New cases per 100K:</b> 50-99 (over the course of 7 days)</li> <li>• <b>Hospital Capacity:</b> Hospitals operate under capacity, with medium to high staffing availability, PPE supply of 14+ days, and testing turnaround of 24-48 hours</li> <li>• <b>Percent of Eligible Residents Vaccinated:</b> 25%</li> </ul>	<p><b>WHEN</b> these thresholds are met:</p> <ul style="list-style-type: none"> <li>• <b>New cases per 100K:</b> 35-49 (over the course of 7 days)</li> <li>• <b>Hospital Capacity:</b> Hospitals operate under capacity, with medium to high staffing availability, PPE supply 14+ days, and testing turnaround of 24-48 hours</li> <li>• <b>Percent of Eligible Residents Vaccinated:</b> 35%</li> </ul>	<p><b>WHEN</b> these thresholds are met:</p> <ul style="list-style-type: none"> <li>• <b>New cases per 100K:</b> less than 35 (over the course of 7 days)</li> <li>• <b>Hospital Capacity:</b> Hospitals operate under capacity, with high staffing availability, PPE supply 14+ days, and testing turnaround of 24-28 hours</li> <li>• <b>Percent of Eligible Residents Vaccinated:</b> 50%</li> </ul>
<p><b>THEN</b> the order will operate under Phase 2, Step 1-2 of the RRP.</p> <ul style="list-style-type: none"> <li>• <b>Occupancy limit:</b> 50%</li> <li>• <b>Masking:</b> Required when indoors or when outside &amp; unable to maintain social distance</li> <li>• <b>Social Distancing:</b> Required</li> </ul>	<p><b>THEN</b> the order will operate under Phase 2, Step 3-4 of the RRP.</p> <ul style="list-style-type: none"> <li>• <b>Occupancy limit:</b> No limit; social distancing must be able to be maintained</li> <li>• <b>Masking:</b> Required when indoors or when outside &amp; unable to maintain social distance</li> <li>• <b>Social Distancing:</b> Required</li> </ul>	<p><b>THEN</b> the order will operate under Phase 3 of the RRP.</p> <ul style="list-style-type: none"> <li>• <b>Occupancy limit:</b> No limit; social distancing strongly recommended</li> <li>• <b>Masking:</b> Required when indoors; strongly recommended when outside &amp; unable to maintain social distance</li> <li>• <b>Social Distancing:</b> Strongly recommended</li> </ul>	<p><b>THEN</b> the order will be removed.</p> <ul style="list-style-type: none"> <li>• <b>Public Health Recommendations may still apply</b></li> </ul>

A larger version of this is available in Appendix A

## **Indicators and Thresholds**

Moving from red, to orange, to yellow, to green will be a stepwise approach, with a goal that all three conditions be met to move closer towards the end of the Road to Recovery. **However, the minimum expectation will be that two of the three conditions are met with the third showing strong progress towards being met.** A 7-day average is used to account for inconsistent reporting days due to testing and when cases are reported to the state. To consider easing public health emergency measures in the order, a 28-day maintenance of the 7-day average in the threshold should be observed.

If during the next 28-day evaluation period, the 7-day average remains above the 50 cases per day threshold to move from orange to yellow, CCPHC may still recommend progressing to the next phase. These recommendations will be limited to when 7-day averages are below the threshold for at least 80% (23 days), and the rise of the 7-day average into the higher threshold does not exceed 20% (5 days) of total evaluation period (28 days). The evaluation period will be a rolling 28 days and should be adjusted accordingly in the case that more than 5 days are above the threshold.

If, after progressing to the next phase in the Road to Recovery (e.g. yellow or green), any of the three indicators worsen, regressing to one of the previous categories, CCPHC currently recommends their exploration into the reasons behind the change and will present findings to the Board. In evaluating both hospitalizations and vaccinations, if the data do not meet the thresholds, additional exploration into the data and partnership with healthcare will occur. Based on information, CCPHC will make recommendations to the Board of Trustees.

## **Recommended Public Health Order Changes for Phase 3**

With each step forward on the Road to Recovery, the emergency public health measures will be lessened. These steps rely on reduced disease and improved community immunity achieved through vaccinations. There are three primary components to the order that will be addressed in the change: occupancy limitations, masking, and social distancing.

Within the current phase of the Road to Recovery (Phase 2, Step 4), **occupancy limitations** have been removed while still requiring enough room to ensure social distancing. The proposed framework removes the occupancy limitations and other requirements for most facilities in the orange, yellow, and green phases. Within the orange phase the recommendation also encourages limiting the number of people in mass gatherings. This public health recommendation is in place to help reduce the likelihood of a “super spreader” event that may be more likely to occur with variants that are more transmissible. In the face of uncertain vaccine efficacy against all variants of COVID-19, limiting the number of people who can closely congregate for an extended period is necessary. This recommendation is currently only planned in the orange phase and would be removed in the yellow and green phases.

**Masking** is required, with certain exceptions, within the current order. During the orange and yellow phases, the recommendation for masking will continue. This recommendation persists due to both the effectiveness of masks in limiting disease transmission and the minimal economic impact on the community. The green phase will include the removal of the requirement of masking and will transition to the recommendation for continued masking while still recommended by CDC.

**Social distancing** is currently required within existing order. As the community moves from orange into the next phases of recovery, the requirement will be removed and instead will be a recommendation. The lessening of the requirement is based on the inability to ensure distancing is maintained as occupancy restrictions are removed. Social distancing will still be recommended to minimize exposures to the virus.

The indicators and recommendations made are based on the best evidence currently available. As CCPHC learns more from not only local experience, but as data and evidence emerge from additional research, updated recommendations to the approach may occur.

### ***Recommended Public Health Order Changes for Phase 4***

In Phase 4, the order will be removed, and public health will focus on developing partnerships and sustainable funding to build capacity and resources to ensure our communities are ready to respond to the next pandemic or significant health event.

Taking a measured approach to the final stages of the Road to Recovery, being guided by key community indicators, will help ensure that the community finishes the recovery, while protecting the health of the community. During these final stages in the community's response to COVID-19, it is paramount that the effective approaches to reducing disease transmission are maintained. These, in combination with a growing vaccination rate will help the community finish strong!

## Appendix A

<b>RED</b>	<b>ORANGE</b>	<b>YELLOW</b>	<b>GREEN</b>
<p><b>WHEN</b> these thresholds are met:</p> <ul style="list-style-type: none"> <li>• <b>New cases per 100K:</b> 100 (over the course of 7 days)</li> <li>• <b>Hospital Capacity:</b> Hospitals operate at or above capacity in any category (staffing, PPE supply, testing turnaround)</li> <li>• <b>Percent of Eligible Residents Vaccinated:</b> Less than 10%</li> </ul> <p><b>THEN</b> the order will operate under Phase 2, Step 1-2 of the RRP.</p> <ul style="list-style-type: none"> <li>• <b>Occupancy limit:</b> 50%</li> <li>• <b>Masking:</b> Required when indoors or when outside &amp; unable to maintain social distance</li> <li>• <b>Social Distancing:</b> Required</li> </ul>	<p><b>WHEN</b> these thresholds are met:</p> <ul style="list-style-type: none"> <li>• <b>New cases per 100K:</b> 50-99 (over the course of 7 days)</li> <li>• <b>Hospital Capacity:</b> Hospitals operate under capacity, with medium to high staffing availability, PPE supply of 14+ days, and testing turnaround of 24-48 hours</li> <li>• <b>Percent of Eligible Residents Vaccinated:</b> 25%</li> </ul> <p><b>THEN</b> the order will operate under Phase 2, Step 3-4 of the RRP.</p> <ul style="list-style-type: none"> <li>• <b>Occupancy limit:</b> No limit; social distancing must be able to be maintained</li> <li>• <b>Masking:</b> Required when indoors or when outside &amp; unable to maintain social distance</li> <li>• <b>Social Distancing:</b> Required</li> </ul>	<p><b>WHEN</b> these thresholds are met:</p> <ul style="list-style-type: none"> <li>• <b>New cases per 100K:</b> 35-49 (over the course of 7 days)</li> <li>• <b>Hospital Capacity:</b> Hospitals operate under capacity, with medium to high staffing availability, PPE supply 14+ days, and testing turnaround of 24-48 hours</li> <li>• <b>Percent of Eligible Residents Vaccinated:</b> 35%</li> </ul> <p><b>THEN</b> the order will operate under Phase 3 of the RRP.</p> <ul style="list-style-type: none"> <li>• <b>Occupancy limit:</b> No limit; social distancing strongly recommended</li> <li>• <b>Masking:</b> Required when indoors; strongly recommended when outside &amp; unable to maintain social distance</li> <li>• <b>Social Distancing:</b> Strongly recommended</li> </ul>	<p><b>WHEN</b> these thresholds are met:</p> <ul style="list-style-type: none"> <li>• <b>New cases per 100K:</b> less than 35 (over the course of 7 days)</li> <li>• <b>Hospital Capacity:</b> Hospitals operate under capacity, with high staffing availability, PPE supply 14+ days, and testing turnaround of 24-28 hours</li> <li>• <b>Percent of Eligible Residents Vaccinated:</b> 50%</li> </ul> <p><b>THEN</b> the order will be removed.</p> <ul style="list-style-type: none"> <li>• <b>Public Health Recommendations may still apply</b></li> </ul>

*New cases per 100K thresholds modified from the CDC Operational Guidance for K-12 Schools<sup>9</sup>  
Hospital Capacity thresholds from Clay County COVID-19 Data Hub, Recovery Data<sup>13</sup>  
Percent of Eligible Residents Vaccinated thresholds based on annual influenza vaccination rates*

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