



McHenry County School Metrics

12/15/2020, Interim Guidance, Subject to Updates

Overview

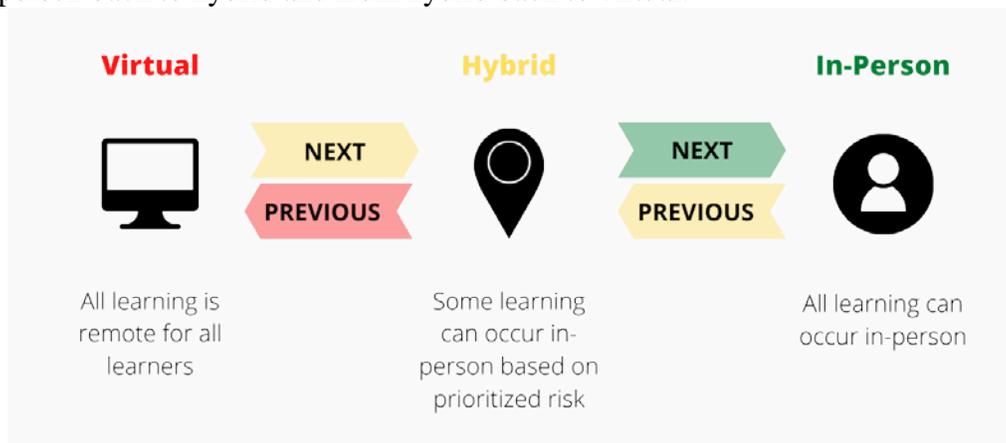
Getting back to school is critical. Besides a child’s home, no other setting has more impact on a child’s health and wellbeing than their school. Returning to school presents many challenges with widespread transmission of COVID-19 in our communities. There will be transmission in our schools and the McHenry County Department of Health (MCDH) is committed to working with school to reduce the risk and bring children back to school as soon as it is safe to do so. This document contains guidance for McHenry County school officials to use when considering a change in learning models (Virtual, Hybrid, In-Person). This guidance should be used in conjunction with the [Part 3 – Transition Joint Guidance](#) from the Illinois State Board of Education (ISBE) and the Illinois Department of Public Health (IDPH) as well as the [IDPH/ISBE FAQs](#). Schools are recommended to work closely with MCDH to determine when the time is right to transition to different learning models.

Although similar to the [Adaptive Pause and Metrics: Interim School Guidance for Local Health Departments](#) proposed by IDPH for the evaluation of schools, the below guidance differs in several aspects. With the addition of one new metric pertaining to the severity of COVID-19 affecting the community (COVID-19-like Illness Admissions), the metrics themselves match exactly to those proposed by IDPH pertaining to community spread (although the calculation and evaluation of certain metrics do differ). MCDH, in conjunction with superintendents representing the majority of public schools in McHenry County, identified the metrics and evaluation criteria outlined below to safely guide the return of McHenry County’s residents to school.

Return to School Metrics

Learning Models

The following graphic illustrates the movement (progression and regression) through the learning models (Virtual, Hybrid, and In-Person) used in the Decision Matrix (see page 5). The term “Next Learning Model” is used when referencing the transition from virtual to hybrid and hybrid to in-person. The term “Previous Learning Model” is used when referencing the transition from in-person back to hybrid and from hybrid back to virtual.



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Guidelines for Using Decision Matrix

- Schools are advised to consider first transitioning to hybrid learning from virtual learning before transitioning to full in-person learning.
- Schools are advised to consider being in the previous learning model for at least fourteen days before transitioning to the next.
- Schools are advised to consider meeting all four metrics before transitioning to the next learning model.
- Schools are advised to consider transitioning to the previous learning model if any two measures meet the threshold criteria for the previous learning model.
- MCDH will advise on potential mitigation strategies if any one measure meets the threshold criteria for the previous learning model.

Additional Considerations for Using Decision Matrix

Per [guidance from CDC](#), MCDH recommends schools consider their ability to implement 5 key mitigation strategies:

- 1) Consistent and correct use of masks,
- 2) Social distancing to the largest extent possible,
- 3) Hand hygiene and respiratory etiquette,
- 4) Cleaning and disinfection, and
- 5) Contact tracing in collaboration with local health department

Please note: these mitigation strategies do not encompass all mitigation strategies schools are advised to follow; schools are also recommended to follow all mitigation strategies outlined in the [Part 3 – Transition Joint Guidance](#) and [IDPH/ISBE FAQs](#)).

Each metric or combination of metrics should neither be used in isolation nor should they be viewed as hard cut-offs by school district decision-makers. Rather, they serve as a guide of inherent risk to inform decision-making. If, after applying the logic above, the decision matrix indicates a virtual or hybrid learning model, it does not mean that the school cannot re-open for in-person learning, but that the risk of introduction and subsequent transmission of SARS-CoV-2 is higher and the school could consider alternative learning models. Similarly, if the decision matrix indicates an in-person learning model, a case or cases of COVID-19 may still occur in a school among students, teachers, administrators, and other staff. As a result, falling into the category of in-person learning does not mean that the school should relax adherence to mitigation measures.

As stated by the CDC, “While risk of introduction and subsequent transmission of SARS-CoV-2 in a school may be lower when indicators of community spread are lower, this risk is dependent upon the implementation of school and community mitigation strategies. If community transmission is low but school and community mitigation strategies are not implemented, then the risk of introduction and subsequent transmission of SARS-CoV-2 in a school will increase. Alternately, if community transmission is high, but school and community mitigation strategies

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are implemented and strictly followed as recommended, then the risk of introduction and subsequent transmission of SARS-CoV-2 in a school will decrease.”

Methodology

All metrics are analyzed at the county level unless otherwise specified.

Incidence Rate

In order to best capture the community spread of COVID-19, incidence rate will be evaluated using the following methods and considerations:

Calculation

This metric is calculated by dividing the total number of new cases each day by the total county population, then multiplying it by 100,000. This measure uses the 2014-2018 American Community Survey estimate of population (307,789). New cases are reported by lab report date. This measure will be assessed using a 7-day rolling average, rounded to the nearest whole number. To remain consistent with the IDPH, this measure will be reported with a three-day lag.

Evaluation

Incidence rate is considered to have met the criteria for the next learning model when it has met the threshold for at least 7 consecutive days. The metric is considered to have met the criteria for the previous learning model when it has met the threshold for at least 7 of the last 10 days.

Test Positivity

In order to best capture the community spread of COVID-19, test positivity will be evaluated using the following methods and considerations:

Calculation

This metric is calculated by dividing the total number of positive tests for the last 7 days by the total tests performed in the last 7 days, multiplied by 100 and rounded to the nearest decimal place. Tests are reported by lab report date. To remain consistent with IDPH, this measure will be reported with a three day lag.

Evaluation

Test positivity is considered to have met the criteria for the next learning model when it has met the threshold for at least 7 consecutive days. The metric is considered to have met the criteria for the previous learning model when it has met the threshold for at least 7 of the last 10 days.

COVID-19-Like Illness (CLI) Hospital Admissions

In order to best capture the severity of COVID-19 affecting the community, COVID-19-like illness (CLI) admissions will be evaluated using the following methods and considerations:

Calculation

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The number of COVID-like Illness (CLI) hospital admissions is measured using the Illinois Syndromic Surveillance System. The number of CLI hospital admissions for all individuals is obtained via this system. The average number (over the last 7 days) of CLI hospital admissions is calculated and rounded to a whole number for each date. To remain consistent with the IDPH, this measure will be reported with a three-day lag.

Evaluation

CLI hospital admissions is considered to have met the criteria for next learning model when it is stable/decreasing. It is considered to have met the criteria for the previous learning model when it is increasing. The metric is not considered to have met the criteria for either the next learning model or previous learning model when it is fluctuating. The metric is considered to be either stable/decreasing, increasing, or fluctuating when the following conditions are met:

- Stable/Decreasing
 - The number of days without hospital admission increases is ≥ 7
 - Increasing
 - The number of days with hospital admission increases is ≥ 7
 - Fluctuating
 - The number of days without hospital admission increases is < 7
- AND**
- The number of days with hospital admission increases is < 7

Weekly Count of New Cases Increase

In order to best capture the community spread of COVID-19, weekly count of new cases increase – both the overall increase and the youth case increase (ages 3-18) – will be evaluated using the following methods and considerations:

Calculation

This metric is calculated by measuring the change from week to week (for 2 consecutive weeks) of the total count of new cases reported during the 7 days of the week. New cases are counted by lab report date.

Evaluation

Weekly count of new cases increase is considered to have met the criteria for next learning model when it is stable/decreasing. It is considered to have met the criteria for the previous learning model when it is increasing. The metric is not considered to have met the criteria for either the next learning model or previous learning model when it is fluctuating. The metric is considered to be either stable/decreasing, increasing, or fluctuating when the following conditions are met:

- Stable/Decreasing
 - The case increase for all cases is stable/decreasing, defined as a case increase for all cases $\leq 10\%$ for two consecutive weeks (for each week)
- AND**
- The case increase for youth (ages 3-18) is stable/decreasing, defined as a case increase for youth $\leq 10\%$ for two consecutive weeks (for each week)

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- Increasing
 - The case increase for all cases is increasing, defined as a case increase for all cases $> 10\%$ for two consecutive weeks (for each week)

OR

 - The case increase for youth (ages 3-18) is increasing, defined as a case increase for youth $> 10\%$ for two consecutive weeks (for each week)
- Fluctuating
 - The case increase for all cases is fluctuating, defined as a case increase for all cases for the past two weeks where one week has an increase $\leq 10\%$ and one week has an increase $> 10\%$ **AND** the case increase for youth (ages 3-18) is *not* increasing (see above for definition of increasing)

OR

 - The case increase for all cases is *not* increasing (see above for definition of increasing) **AND** the case increase for youth (ages 3-18) is fluctuating, defined as a case increase for youth for the past two weeks where one week has an increase $\leq 10\%$ and one week has an increase $> 10\%$

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Decision Matrix^{1, 2}

The following thresholds should be used when considering a change in learning model.

Metric	Virtual	Hybrid	In-Person
	All learning is remote for all learners	Some learning can occur in-person based on prioritized risk	All learning can occur in person
Incidence Rate	> 14 per 100,000 Population per day	7 – 14 per 100,000 Population per day	< 7 per 100,000 Population per day
Test Positivity	> 8%	5 – 8%	< 5%
COVID-19-Like Illness Hospital Admissions ⁵	Virtual to Hybrid: Stable/Decreasing ³	Hybrid to In-Person: Stable/Decreasing ³ ; Hybrid to Virtual: Increasing ⁴	In-Person to Hybrid: Increasing ⁴
Weekly Count of New Cases Increase ⁶	Virtual to Hybrid: Stable/Decreasing ⁷	Hybrid to In-Person: Stable/Decreasing ⁷ ; Hybrid to Virtual: Increasing ⁸	In-Person to Hybrid: Increasing ⁸
<p>The Decision Matrix represents one of many sets of factors school leaders will use in considering if and when to transition between learning models. A return to full in-person learning will vary by school and district and will not be based solely upon meeting the health metrics. School district leaders must also consider other State of Illinois requirements, including capacity and distancing guidelines.</p>			

¹ This guidance should be used in conjunction with the [Part 3 – Transition Joint Guidance](#) from the Illinois State Board of Education (ISBE) and the Illinois Department of Public Health (IDPH) as well as the [IDPH/ISBE FAQs](#). Schools are recommended to work closely with MCDH to determine when the time is right to transition to different learning models.

² The above metrics should be used in conjunction with other relevant epidemiological factors (e.g. rapid increase in cases, outbreaks, significant shifts in demographics of cases, etc.) and local factors (capacity/infrastructure of school district to implement guidelines) to inform the transition between learning models at a school/district level.

³ Metric is stable/decreasing when the number of days without hospital admission increases is ≥ 7 .

⁴ Metric is increasing when the number of days with hospital admission increases is ≥ 7 .

⁵ Metric is not considered to have met the criteria for either the next learning model or previous learning model when it is fluctuating. Metric is fluctuating when both the number of days without hospital admission increases and number of days with hospital admission increases are < 7 .

⁶ Includes the overall case rate increase and youth case increase. Both statistics must be stable/decreasing for this metric to be considered stable/decreasing; if either statistic is increasing, this metric is considered increasing; if either statistic is fluctuating and the other is *not* increasing, this metric is considered fluctuating.

⁷ Metric is stable/decreasing when both the overall case increase and youth case increase is $\leq 10\%$ for two consecutive weeks for each week.

⁸ Metric is increasing when either the overall case increase or the youth case increase is $> 10\%$ for two consecutive weeks for each week.