

Superintendent COVID-19/Youth Health and Wellness Coordination

Google Drive linked [here](#).

December 6, 2022

Today's Topics

- Public Health updates: wastewater & respiratory diseases
- CDPH UPDATES
 - New Flyers: Who should take COVID-19 treatments? & COVID-19 Treatments Questions & Answers
 - [Testing Framework for K–12 Schools for the 2022–2023 School Year](#) updated 12/1/2022
 - [Senate Bill 1479 Implementation Questions and Answers](#)
 - [Guidance for Local Health Jurisdictions on Isolation and Quarantine of the General Public](#) updated 12/9/2022
 - [CDPH Urges Californians to Take Preventative Measures to Stay Healthy this Winter](#)
 - [CDPH's Dr. Erica Pan Provides Guidance for Parents About Winter Viruses](#)
 - [DEC 8th – Webinar on Student Mental Health](#)
- OTC Test Distribution facilitated by SCCOE

Comparison: November 7, 2022 to December 2, 2022

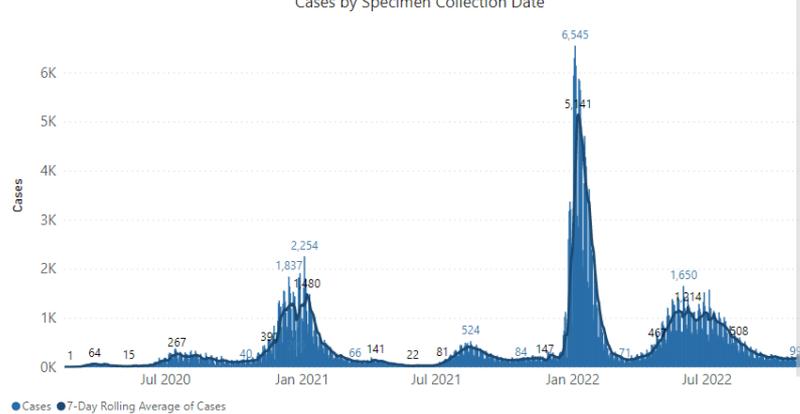

Santa Clara County COVID-19 Cases Dashboard


Last updated on November 7, 2022

Cumulative COVID-19 Cases **439,837** 7-Day Rolling Average of New Cases **179**

Displaying: **Cases** Deaths Values for the most recent 7 days are preliminary

Cases by Specimen Collection Date



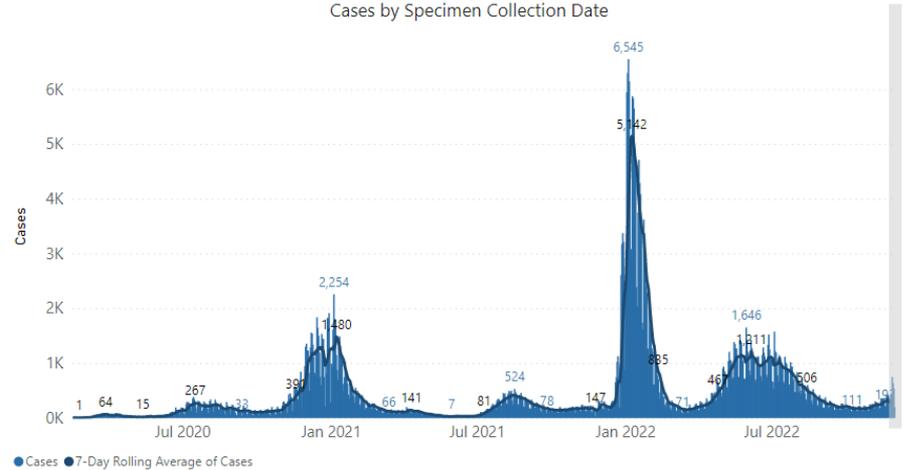

Santa Clara County COVID-19 Cases Dashboard


Last updated on December 2, 2022

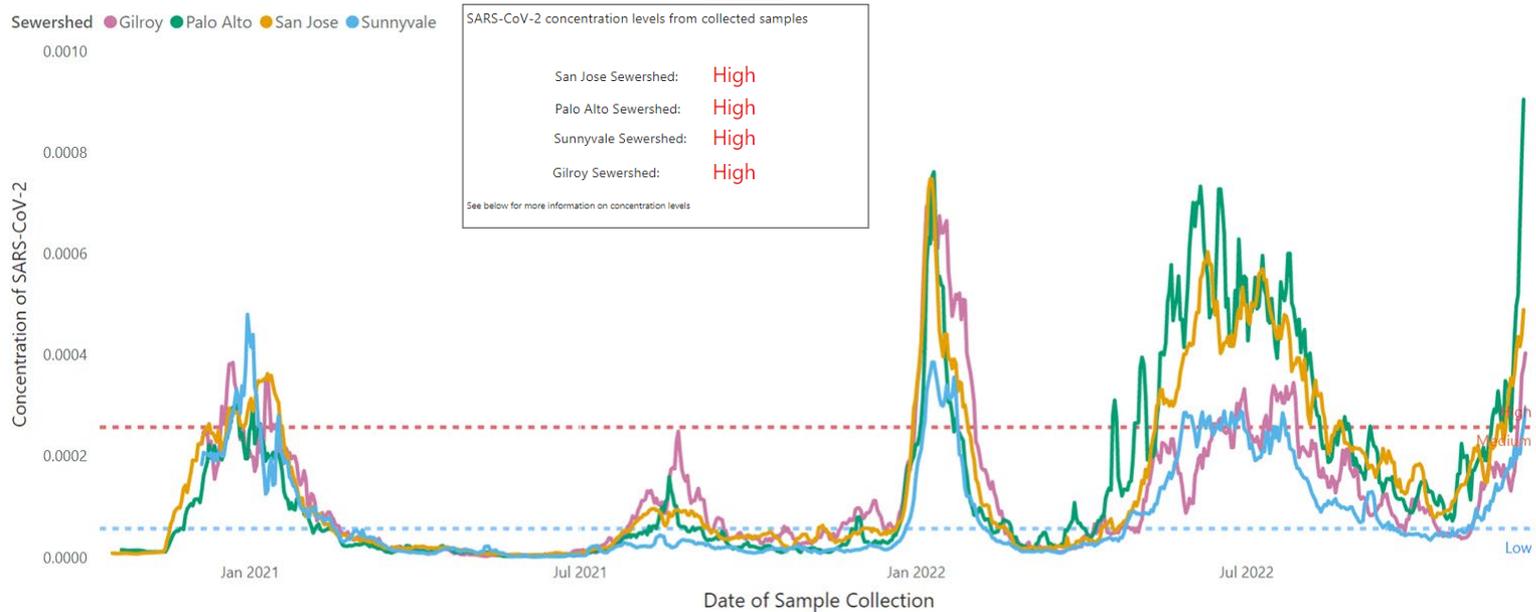
Cumulative COVID-19 Cases **448,269** 7-Day Rolling Average of New Cases **292**

Displaying: **Cases** Deaths Values for the most recent 7 days are preliminary

Cases by Specimen Collection Date



Concentration of COVID 19 in wastewater samples- Past 365 days

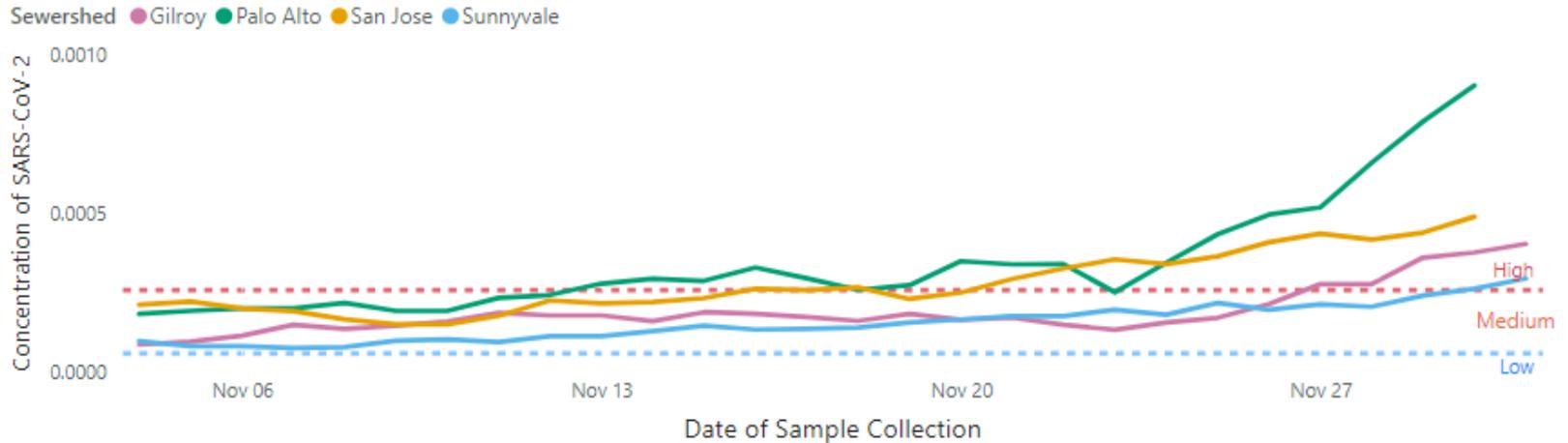


Last updated: 12/05/22

[SARS-CoV-2 Wastewater Monitoring Data - County of Santa Clara](#)

Concentration of COVID 19 in wastewater samples- Past 30 days

Concentration of SARS-CoV-2 in Wastewater Samples



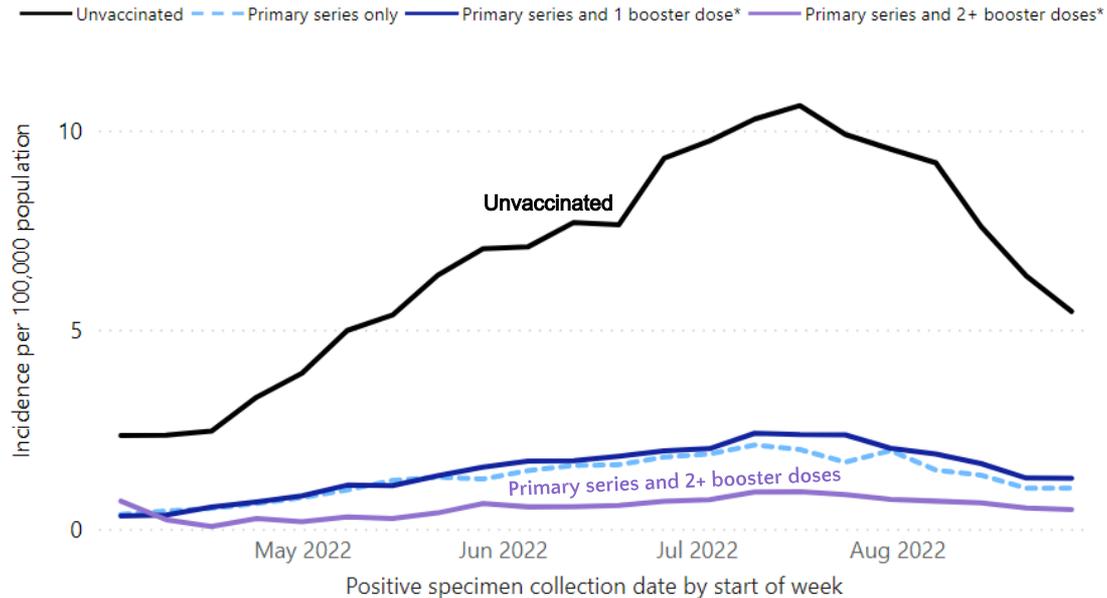
Last updated: 12/05/22

[SARS-CoV-2 Wastewater Monitoring Data - County of Santa Clara](#)

Booster is the best protector

Rates of COVID-19 Deaths by Vaccination Status and 2+ Booster Doses* in Ages 50+ Years

April 03, 2022–September 03, 2022 (26 U.S. jurisdictions)



[CDC: Rates of COVID-19 Cases and Deaths by Vaccination Status](#)

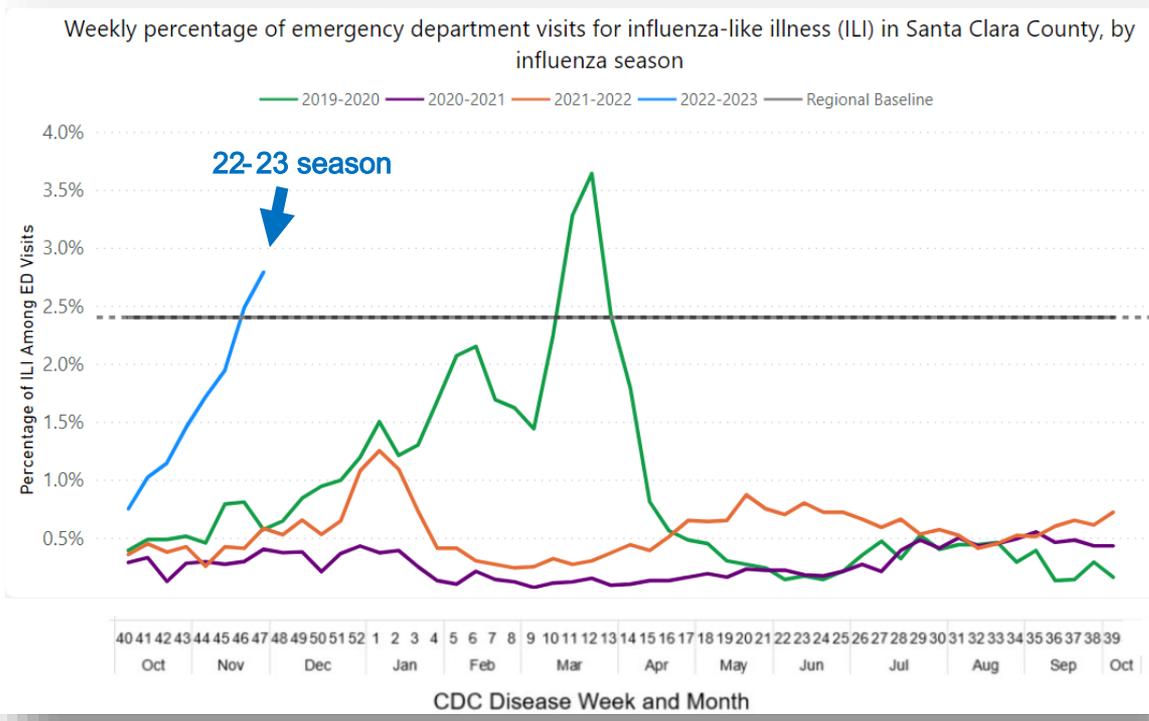


Flu

INFLUENZA

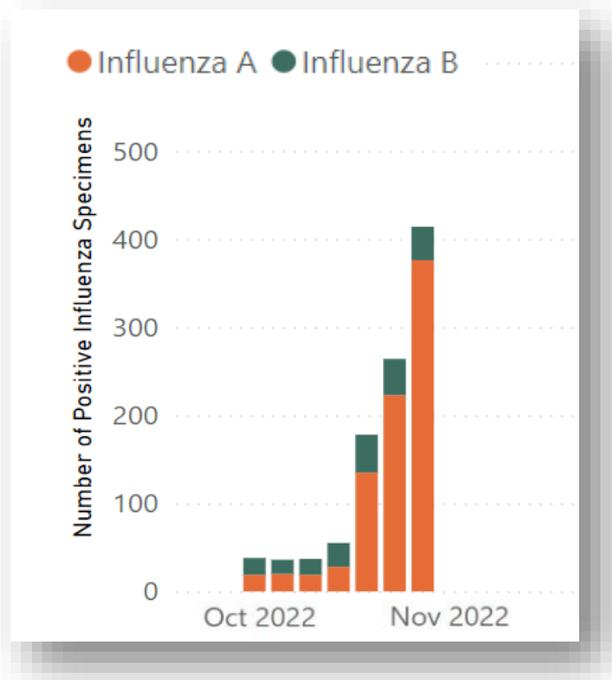


Flu continues to increase.



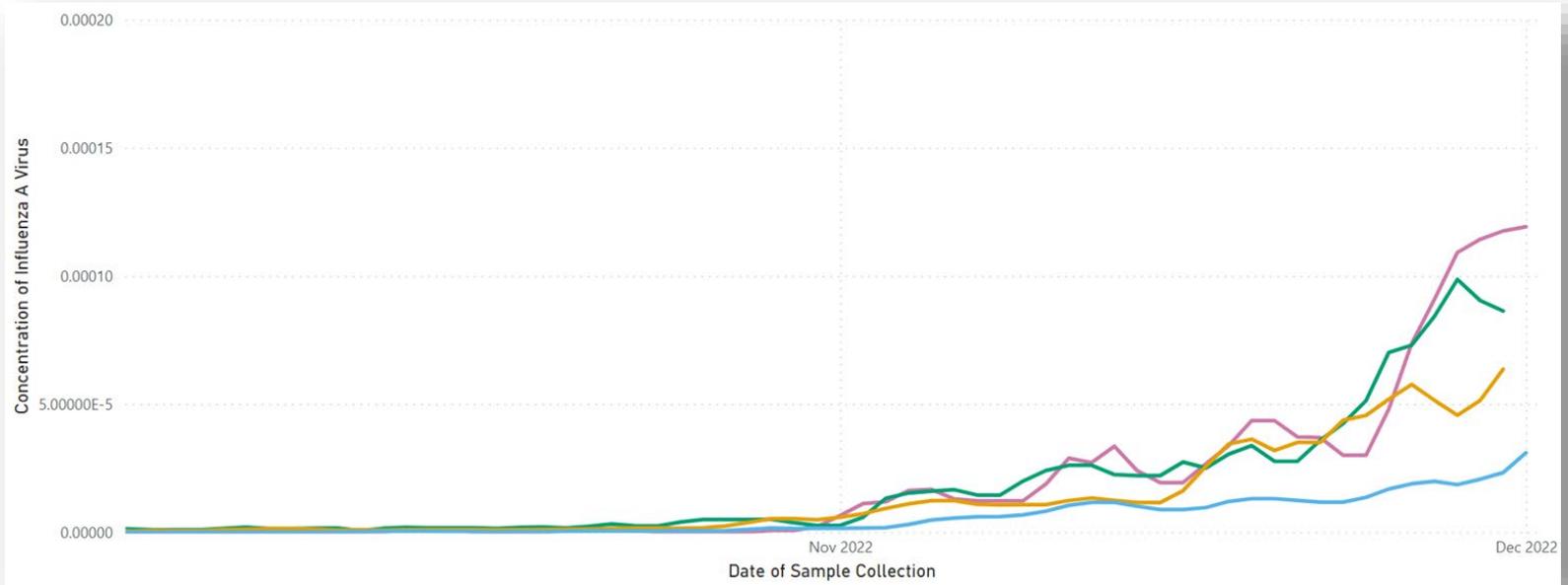


Influenza strain A is dominant





New flu wastewater dashboard



Last updated: 12/05/22

[Influenza Wastewater Dashboard](#)





RSV

RESPIRATORY SYNCYTIAL VIRUS

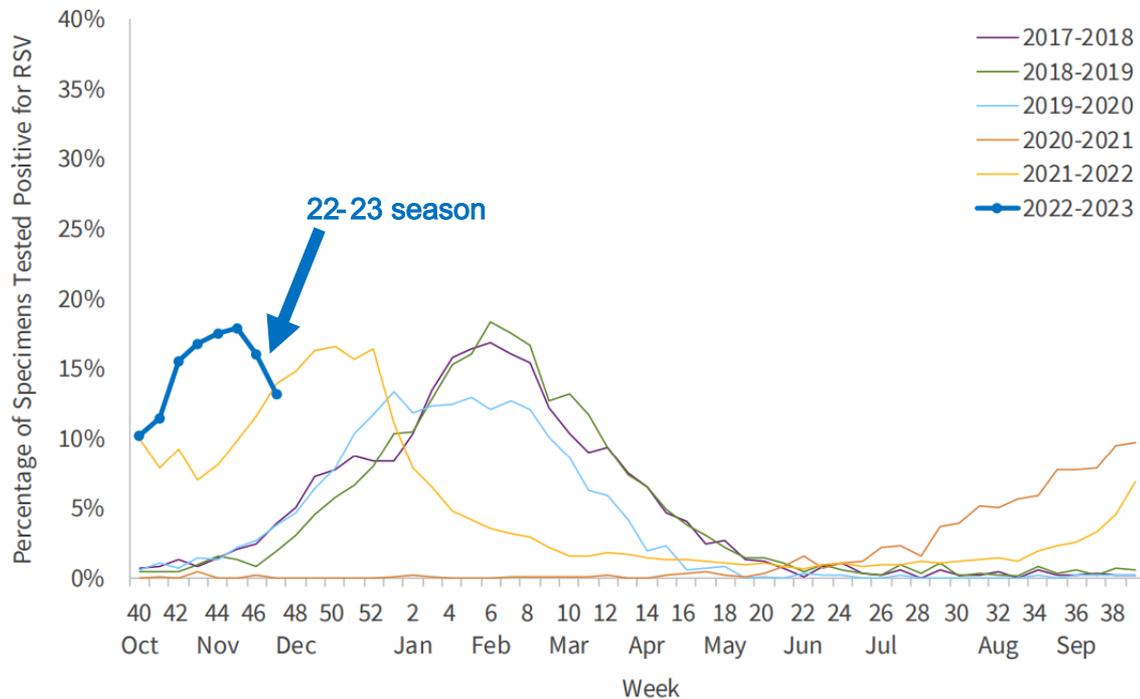




RSV detections

- RSV remains higher than in the previous 5 seasons.
- RSV detections between Nov. 20-26 have decreased.

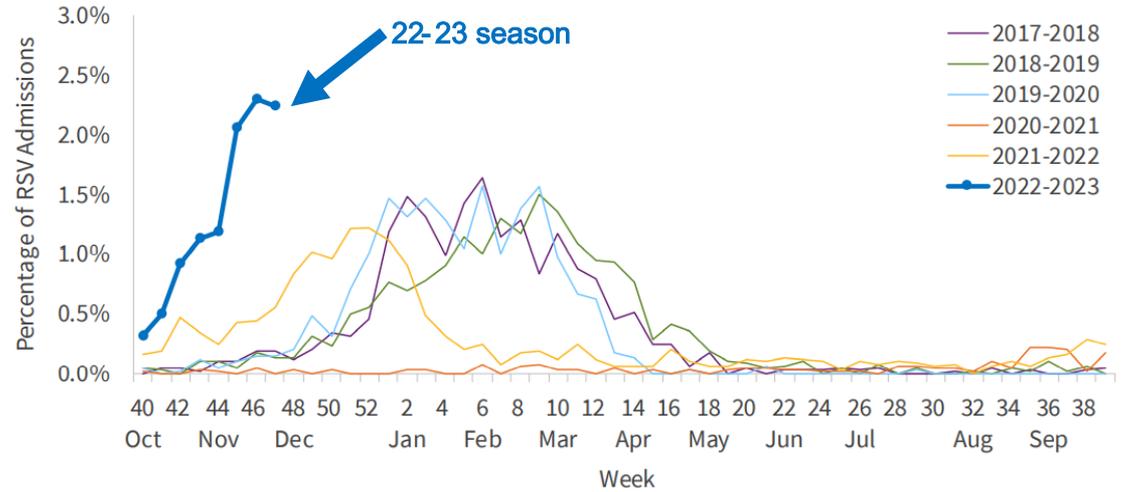
Figure 13. Percentage of RSV Detections at Clinical Sentinel Laboratories, 2017–2023 Season to Date





RSV hospital admissions

Figure 14. Percentage of RSV Admissions in Kaiser Permanente Northern California Facilities, 2017-2023 Season to Date





Exclude students with symptoms

Schools should be looking for cold-like symptoms and exclude, per normal sick protocols.

RSV symptoms in school-aged children are the same as in babies and toddlers.

Symptoms of RSV:

- Congested or runny nose
- Dry cough
- Low-grade fever
- Sore throat
- Sneezing
- Headache





CDPH's RSV page

See [CDPH's resource on RSV](#).

Topics covered:

- Symptoms of RSV
- Caring for children with RSV
- When to return to school or childcare after RSV



"Individuals may return to work/school/childcare after symptoms have resolved, including waiting at least 24 hours since resolution of fever without the use of fever reducing medications."



Who should take COVID-19 treatments?

Most adults and some teens!

Safe, highly effective, free, widely available, and recommended for:

Anyone 12 years old and older who:

- Has COVID-19 symptoms, AND
- Has tested positive for COVID-19, AND
- Has certain experiences and conditions that put them at higher risk for worse COVID-19 illness. **That's most adults and some teens!** The list is broad and includes:
 - » Being 50 years of age and older
 - » Having common experiences and conditions like high blood pressure, diabetes, obesity, being physical inactive, smoking (either past or present), asthma, mental health conditions like depression, and many more. See here for a comprehensive list: [covid19.ca.gov/treatment](https://www.cdph.ca.gov/treatment).
 - » Being unvaccinated or not up-to-date with COVID-19 vaccination



As soon as you start to feel sick, act quickly to take a COVID-19 test and get free COVID-19 treatment.

COVID-19 treatments must be taken early, within **5-7 days of when symptoms begin!**
Do not wait until your illness gets worse.

Why should you take COVID-19 treatment when your illness is still mild?

- Scientific evidence shows that COVID-19 treatments are **highly effective at preventing serious illness, hospitalization and death from COVID-19 by up to 88%**. For example, people who take Paxlovid are **up to 8 times less likely to need hospitalization and 10 times less likely to die from COVID-19**.
- Treatments like the Paxlovid pill can also **stop the virus from multiplying in your body and infecting more of your cells**, so they can help you **test negative sooner**.
- Early evidence also suggests COVID-19 treatment may lower the risk of developing long COVID — which are symptoms and medical issues that can last for weeks, months, or years after a COVID-19 infection.

Call your health care provider or urgent care center or call the statewide COVID-19 hotline at 833-422-4255 to find free COVID-19 treatment.

Learn more about COVID-19 treatments at [covid19.ca.gov/treatment](https://www.cdph.ca.gov/treatment).



November 2022 • © 2022, California Department of Public Health

New Resource: Who should take COVID-19 treatments?

New Resource: COVID-19 Treatments Questions & Answers

COVID-19 Treatments Questions & Answers

We have new, effective tools to take good care of ourselves if we get COVID-19.

COVID-19 treatments are safe, free, widely available, and highly effective at preventing COVID-19 illness from becoming serious. They can stop the virus from multiplying in your body, help you test negative sooner, and may reduce the risk of developing long COVID symptoms.



WHAT are COVID-19 treatments?

Medications that can **stop COVID-19 illness from getting serious**. They are free, widely available, and highly effective. Some can be taken at home by pill and others are given by IV.

WHY should I take a COVID-19 treatment?

Scientific evidence shows that COVID-19 treatments work to prevent serious illness, hospitalization and death from COVID-19 by **up to 88%**. For example, people who take Paxlovid are **up to 8 times less likely to need hospitalization and 10 times less likely to die from COVID-19**.

Early evidence also suggests they may **lower the risk of developing long COVID symptoms**.

Treatments like the Paxlovid pill can also **prevent the virus from multiplying in your body and infecting more of your cells**, which can help you **test negative sooner**.

WHEN should I take a COVID-19 treatment?

Treatments must be taken **within 5-7 days of when symptoms begin**. So if you start to feel sick, **act fast** to get a COVID-19 test and free treatment.

Get treatment while your illness is mild – **don't wait until your illness gets worse**.

WHO should take COVID-19 treatment?

COVID-19 treatments are recommended for **anyone 12 years and older who has COVID-19 symptoms, has tested positive for COVID-19, and has certain experiences and conditions** that put them at higher risk for worse COVID-19 illness, such as being 50 years and older, being unvaccinated, obesity, physical inactivity, high blood pressure smoking, asthma, diabetes, mental health conditions like depression, and more.

In fact, most American adults are eligible and should take COVID-19 treatment.

COVID-19 Treatment

Last updated October 21, 2022 at 3:16 PM

COVID-19 treatments are free, widely available, and very effective. Act quickly if you have COVID-19 or think you may have COVID-19.

On this page:

- > [Facts about COVID-19 treatment](#)
- > [When to get treatment](#)
- > [How to find treatment](#)
- > [More information about COVID-19 treatment](#)

For more information about COVID-19 treatments and help with finding treatment, call the statewide COVID-19 hotline at 833-422-4255.

The statewide call center is open 7 days a week:

- Monday-Friday, 8:00 AM to 8:00 PM Pacific Time
- Saturday and Sunday, 8:00 AM to 5:00 PM Pacific Time

School Testing Framework, Q&A for 202223 School Year, Q&A for SB1479

In 2022/23, schools can continue to partner with the California Department of Public Health (CDPH) Testing Task Force for testing resources and support. Please see our ~~2022~~ framework and corresponding Q&As for more information:

- [Testing Framework for K12 Schools for the 2022023 School Year \(Updated\)](#)
- [School Testing Framework 202223 Frequently Asked Questions](#)
- [K-12 Guidance for the 202223 School Year](#)
- [Senate Bill 1479 Implementation Questions and Answers \(ca. \(New\)\)](#)



Testing Framework for K12 Schools for the 2022–2023 School Year

Updated December 1, 2022

The following are recommended practices for California districts, schools, and county offices of education:

- **Identify** a COVID Testing Point of Contact to facilitate communication and coordination with the CA Testing Task Force along with other relevant agencies or organizations that oversee school operations.
- **Review** and reference current testing recommendations provided in the [CDPH K-12 School COVID Guidance](#) and any additional recommendations or requirements provided by the Local Health Jurisdiction.
- **Maintain** situational awareness of the [testing resources and programs offered by the CA Testing Task Force](#) and monitor availability of pre-positioned testing resources housed with a County Office of Education or Local Health Jurisdiction for rapid distribution to schools.
- **Monitor** the [CDC's COVID Community Data Tracker](#) as a method of identifying when to increase or reestablish school testing operations.
- **Communicate** any questions, concerns, or additional operational testing resources/needs to the CA Testing Task Force at schooltesting@cdph.ca.gov



Testing Framework for K12 Schools for the 2022–2023 School Year

Updated December 1, 2022

The following list describes operational considerations for COVID-19 testing for K-12 schools:

- California is currently offering [direct ordering](#) of COVID-19 over-the-counter (OTC) tests to schools. Schools may use OTC tests to supplant on-site testing in many situations. Such efforts should be paired with [educational materials](#) to facilitate proper OTC use, particularly in communities with limited English proficiency and/or lower health literacy.
- California also offers COVID-19 OTC tests to all county offices of education (COEs) for use by public and private school students and staff for return from various prolonged school holiday break testing, such as summer and winter breaks. California Department of Public Health (CDPH) has communicated with COEs about a 2022-2023 Winter Break distribution; for more information, please contact your local [COE](#) or email schooltesting@cdph.ca.gov.



Testing Framework for K12 Schools for the 2022–2023 School Year

Updated December 1, 2022

The following list describes operational considerations for COVID-19 testing for K-12 schools:

- CDPH recommends that antigen tests be considered the primary option for detecting COVID-19 in schools, rather than PCR tests. Both the professional, on-site antigen tests as well as the OTC at-home antigen tests have been effective in identifying persons who have infectious levels of all known variants of SARS-CoV-2. PCR tests are highly sensitive, but their utility is greatest as a confirmatory test in appropriate situations and/or in clinical settings. If you are currently participating in a CDPH school-based PCR testing program, please email schooltesting@cdph.ca.gov for more information about transitioning to an antigen testing program, and to learn more about available resources.
- CDPH will continue to support professional on-site antigen testing programs in the 2022-2023 school year. However, the volume of anticipated on-site testing is likely to decrease with the increased availability and ease of OTC tests. We anticipate the workload for on-site testing to substantially decrease for the 2022-2023 school year as OTC testing will often meet testing needs. Thus, state support for school-based testing staff (via End-to-End vendors) will be reduced. For more information, please email schooltesting@cdph.ca.gov.

CDPH recommends that antigen tests be considered the primary option for detecting COVID-19 in schools, compared to PCR tests.

If used, PCR or other molecular testing may be considered in limited situations in the school setting:

- People with symptoms who may have a negative initial antigen test AND are at high risk for hospitalization or death from COVID-19 benefit from [early treatment](#). They may consider PCR (or other molecular) test and/or repeat an antigen test (at-home tests are acceptable) in 24 hours if the PCR result has not returned ([Updated Testing Guidance](#)). Individuals may consider repeat antigen testing every 24-48 hours until a positive test is returned or until symptoms improve.
- When a participant has ambiguous or invalid antigen test results, even on a repeat test, schools can consider repeating an antigen test in 24-48 hours, or PCR testing as an alternative.

Questions and Answers SB 1479

Can an LEA adopt the CDPH guidance to fully satisfy the requirement of having a COVID19 testing plan?

Yes, SB 1479 allows LEAs to either create a COVID testing plan or adopt the [Framework](#)

Where does the COVID19 testing plan need to be posted?

The bill specifies that the COVID testing plan or Framework be posted on each LEA's internet website.

Questions and Answers SB1479

What types of LEAs are included in the provisions of SB 1479?

The bill defines LEAs as a school district, county office of education, or charter schools serving students in kindergarten or any grades 1 to 12, inclusive.

Does an LEA's COVID-19 testing plan cover all schools in the LEA?

Yes.

Questions and Answers SB1479

Are LEAs required to maintain on-site testing programs?

No, the bill specifies that testing plans are not required to include onsite testing.

Are LEAs required to submit the COVID-19 testing plan to CDPH for approval?

No, however, support services are available by CDPH that include, but are not limited to, technical assistance, vendor support, guidance, monitoring, and testing education.

Do I need to hire someone to track school-related testing?

No, however, SB 1479 says an LEA "may" designate one staff member to report information on its COVID-19 testing program to CDPH.

Guidance for Local Health Jurisdictions on Isolation and Quarantine of the General Public

Updates as of November 9, 2022:

- Updated definition of close contact.
- Updated time during which infected persons should not test, shortening the time from 90 days to 30 days, based on recent CDC recommendations.
- Removed Table 3 recommendations for work exclusion and quarantine for correctional facilities and homeless, emergency and cooling/warming shelters, consistent with recent CDC recommendations.
- Clarified that healthcare personnel working in settings not covered by AFL 21-08.8 may follow the guidance outlined in AFL 21-08.8, and that skilled nursing facilities should follow the guidance for management of exposed residents in [AFL 22-13.1](#).

CDPH Urges Californians to Take Preventative Measures to Stay Healthy this Winter

1. **Get Vaccinated, Boosted (and Treated)**

Flu and COVID-19 vaccines continue to be your best defense to limit severe illness and death and you can get both at the same time. If you test positive for COVID-19, contact your doctor or [test-to-treat site](#) immediately to seek [treatment](#). Treatments work best when started right after symptoms begin.

2. **Stay Home if You're Sick!**

It's crucial to stay home if you are feeling ill. Avoid close contact with others to protect them, and take the time you need. This is especially important for respiratory viruses like the flu, RSV and COVID-19, which can lead to more severe illness.

3. **Wear a Mask**

There is no vaccine for RSV, so wearing a mask can significantly slow the spread and protect babies and young children who do not yet have immunity and are too young to wear a mask themselves. Wearing a mask in indoor public places is a good way to [spread](#) of germs.

4. **Wash Your Hands**

Frequent handwashing, with soap and warm water for at least 20 seconds, is an easy and very effective way to prevent [getting](#) and spreading germs.

5. **Cover Your Cough or Sneeze**

Remember to cough or sneeze into your elbow, your arm, or a disposable tissue to help prevent the spread of winter viruses. [Make](#) sure to wash your hands or sanitize and dispose of your tissue after.

VIDEO Stay Healthy this Winter: Tips to Protect Yourself and Family

CDPH continues to monitor hospitalizations related to winter respiratory viruses, including flu, COVID 19, and RSV, as well as trends across the country and state. With many viruses already circulating at high levels in California, it is important to take these measures to ensure our hospitals have capacity to care for all vulnerable Californians, including babies and children, who need lifesaving treatment.



K-12 Schools Community Forum:
Caring for students in the wake of
COVID-19

Presented by the California COVID-19 Virtual Training Academy (VTA+), this webinar is intended for California school and district level staff, students, families and partners including public health and county offices of education.

[Register Here!](#)



The California COVID-19
Virtual Training Academy Presents:



**K-12 SCHOOLS
COMMUNITY FORUM**
Caring for students in the wake of COVID-19
Well-being | Resilience | Collaboration

Thursday, Dec. 8, 4-5:15 pm PDT

Register [HERE!](#)
All are welcome

On The Agenda:

- Impact of the COVID-19 pandemic on student mental health and well-being
- Signs of stress, anxiety, and depression at school
- Tools for school staff to support student well-being and learning

Let's talk!



Questions? Contact:
vta.uc.schools@gmail.com

Resource:
[Safe Schools For All Hub](#)



REFERENCES & RESOURCES



Bivalent booster available to public!

- Designed to protect against Omicron subvariants BA.4 and BA.5 and original COVID-19 strain.
- Get the booster at least two months after completing primary or booster vaccination.



Request a free pop-up vaccination clinic from CDPH:

- Open to schools, childcare centers, community organizations, employers, and more.
- Should have 50+ interested participants per day, per event.



COVID-19 Vaccine Timing



Routine Schedule

Age*	Vaccine	Primary Doses	Booster Dose
6 months–4 years	Pfizer–Infant/Toddler	1st Dose → 3-8 weeks* → 2nd Dose → ≥8 weeks → 3rd Dose	
6 months–5 years	Moderna–Infant/Toddler	1st Dose → 4-8 weeks* → 2nd Dose	
5–11 years	Pfizer–Pediatric	1st Dose → 3-8 weeks* → 2nd Dose → ≥5 months → Monovalent Booster Pfizer 5-11 years	
6–11 years	Moderna–Pediatric	1st Dose → 4-8 weeks* → 2nd Dose	
12+ years	Moderna–Adol/Adult	1st Dose → 4-8 weeks* → 2nd Dose	Bivalent Booster Pfizer: Ages 12+ Moderna: Ages 18+ (Regardless of the number of monovalent booster doses previously received)
12+ years	Novavax	1st Dose → 3-8 weeks* → 2nd Dose	
12+ years	Pfizer/Adol/Adult	1st Dose → 3-8 weeks* → 2nd Dose	
18+ years	Janssen (J&J) Pfizer/Moderna preferred**	1st Dose	

* See schedules for children in transition from a younger to older age group; Pfizer | Moderna.
 ** Although use of mRNA COVID-19 vaccines is preferred, the Janssen vaccine may be offered in [some situations](#).
 ^ An 8-week interval may be preferable for some people, especially for males 12-39 years.
 View [Interim Clinical Considerations for Use of COVID-19 Vaccines](#) for details. Schedule is subject to change.

Booster schedule

See CDPH's [COVID-19 Vaccine Timing Resource](#)



COVID-19 Vaccine Timing



Schedule if Moderately or Severely Immunocompromised

Age*	Vaccine	Primary Doses	Booster Dose
6 months–4 years	Pfizer – Infant/Toddler	1st Dose → 3 weeks → 2nd Dose → ≥8 weeks → 3rd Dose	
6 months–5 years	Moderna – Infant/Toddler	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose	
5–11 years	Pfizer – Pediatric	1st Dose → 3 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥3 months	Monovalent Booster Pfizer 5-11 years
6–11 years	Moderna – Pediatric	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose	
12+ years	Moderna – Adol/Adult	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose	Bivalent Booster Pfizer: Ages 12+ Moderna: Ages 18+ (Regardless of the number of monovalent booster doses previously received)
12+ years	Novavax	1st Dose → 3 weeks → 2nd Dose	
12+ years	Pfizer/ Adol/Adult	1st Dose → 3 weeks → 2nd Dose → ≥4 weeks → 3rd Dose	
18+ years	Janssen (J&J) Pfizer/Moderna preferred**	1st Dose → 4 weeks → 2nd Dose of Moderna/ Pfizer	

* See schedules for children in transition from a younger to older age group: [Pfizer](#) | [Moderna](#).

** Although use of mRNA COVID-19 vaccines is preferred, the Janssen vaccine may be offered in [some situations](#).

View [Interim Clinical Considerations for Use of COVID-19 Vaccines](#) for details. Schedule is subject to change.

State Public Health Officer Order of October 14, 2022

Updates as of October 14, 2022: Updated definition of close contact to provide entities strategies to prioritize response to potential exposures.

Exposures in indoor spaces less than 400,000 cubic feet per floor:

- Sharing the same indoor airspace for a cumulative total of 15 minutes or more over a 24-hour period during an infected person's infectious period.
- Spaces that are separated by floor-to-ceiling walls are considered distinct indoor airspaces.
- Most or all designees work in spaces fewer than 400,000 cubic feet.

Exposures in large indoor spaces greater than 400,000 cubic feet per floor:

- Being within 6 feet of the infected person for a cumulative total of 15 minutes or more over a 24-hour period during the infected person's infectious period.
- Very unlikely for any designees to work in spaces this large.



Your Leadership

1. **Look to wastewater data to understand how much COVID is currently in your communities.**
2. **Encourage behavior change. COVID is still spreading, making many people sick every day.**
 - Promote vaccination and booster shots
 - Encourage your communities to wear a high-quality mask indoors
 - Ensure there is proper ventilation when gathering indoors, especially during the holidays
 - Advise constituents to test before and after gatherings
3. **Continue partnerships for wastewater monitoring.**
 - Your City government wastewater agency is partnering with the County to make this possible.



Post-COVID Conditions (Long COVID)

Some people have new, returning, or lingering symptoms weeks to months after having COVID-19. This condition can be called many names including *post-COVID conditions, long COVID, long haul COVID, and Post-COVID Sequelae of COVID-19 (PASC)*.

People with these conditions are sometimes called “long-haulers.” Since July 2021, post-COVID conditions have been considered a [disability under the Americans with Disabilities Act \(ADA\)](#).

Anyone who had COVID-19 can develop a post-COVID condition, including people who had COVID-19 with no symptoms or very mild symptoms. People in any age group can develop post-COVID conditions, but they appear to be less common in children compared to adults. There is still a lot we do not know about post-COVID conditions, and this is an area of active research.

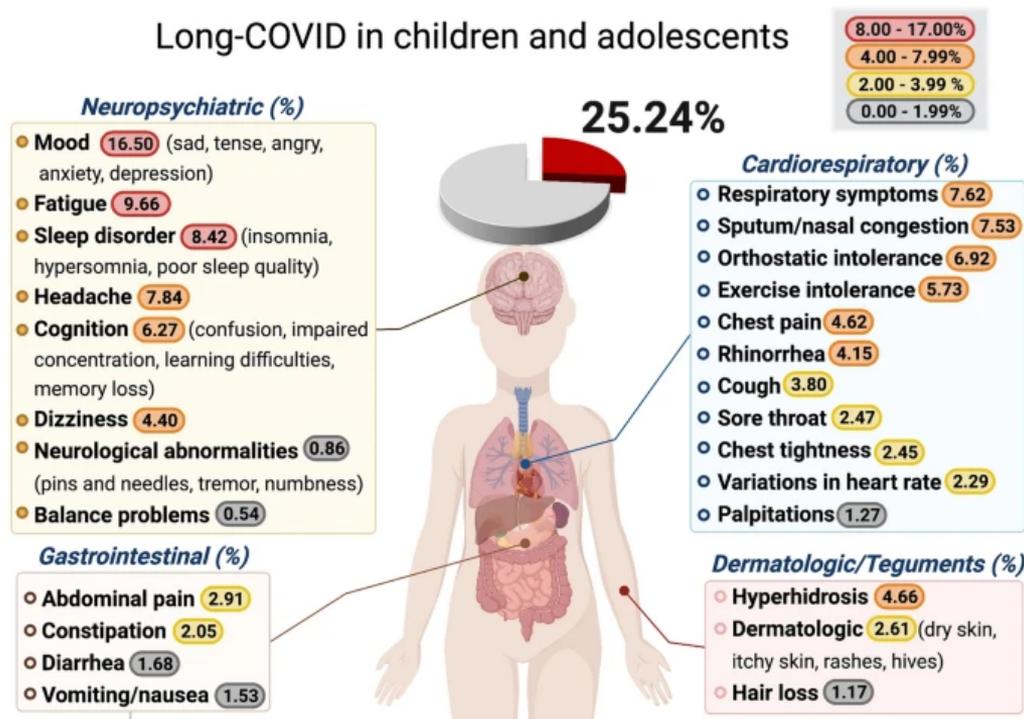
Learn more about post-COVID conditions: [Post-COVID Conditions \(Long COVID\) Questions and Answers](#).

Long COVID in Kids

Children have reported ongoing respiratory, cardiac, neurologic, and other symptoms following COVID-19 infection.

A recent meta-analysis, which evaluated 21 studies and over 80,000 children, determined that 25% of SARS-CoV-2-positive children had persistent symptoms at 4 weeks after acute COVID-19.

Long-COVID in children and adolescents



MONKEYPOX (MPX)

Considerations for Child Care and School Settings

CDPH recently published [MPX Considerations for Child Care and School Settings](#)

“Notification of MPX cases on school or childcare site NOT needed for individuals who are not exposed according to Public Health Department”

Takeaway:

If a person with MPX symptoms was at your childcare facility or school site, you should contact the County of Santa Clara Public Health Department* for further assistance.

For exposed/contacts of someone with MPX, **no quarantine** is needed. If positive for MPX, they must isolate: sccphd.org/mpx

* MPXcase@PHD.sccgov.org (408)7923720 for MPX information (Eng/Spanish)

LOW RISK FOR MPX

YOUTH AND CONTACT SPORTS

MPX (monkeypox) is a virus that spreads through prolonged skin-on-skin contact. It does not spread as easily as the flu or COVID. Most children and adolescents are at very low risk of MPX.



Wrestling and Contact Sports

- MPX is not spreading through close contact sports such as wrestling at this time.
- Teams do not need to change the way they disinfect or clean equipment. Continue disinfecting and cleaning as usual.
- Any participant experiencing an unexplained or new rash should:
 - Be checked by their doctor immediately
 - Avoid activities where their rash will rub against someone's skin



Children and Adolescents

- Most children and adolescents are very low risk for getting MPX.
- People who are exposed to MPX do not need to quarantine, unless they develop symptoms such as fever, rash, swollen glands, muscle aches, headache, or unusual fatigue.
 - Students can attend school and other school activities if they live with someone who has MPX.
 - The Public Health Department will provide specific guidance to schools and childcare facilities if someone is exposed to MPX.



MPX Vaccines

- There is no need for widespread MPX vaccination among children or staff at K-12 schools or other childcare facilities.
- Specific groups of people are eligible for the MPX vaccine at this time because they are most likely to be exposed.

Winter sports & MPX

New educational materials from Public Health about contact sports and risk of MPX.

Questions/concerns:

mpxcase@phd.sccgov.org

MPX line (408) 792-3720

M-F 8-5pm English/Spanish

Fentanyl Resources

- www.cdph.ca.gov/StopOverdose
- CDPH's [Naloxone Standing Order](#)
- DHCS's [Naloxone Distribution Project](#)
- CDPH Page On [Fentanyl \(ca.gov\)](#)
- Recent News: [Rainbow Fentanyl Alert \(ca.gov\)](#)
- General Information [About Naloxone](#)
- Fresno County Webpage: [Fentanyl Danger in Fresno County | County of Fresno](#)
- Fentanyl Awareness and Prevention information (including videos developed by Fresno County) are in the latest version of SHARE, which can be found here - <https://schools.covid19.ca.gov/pages/share>
- CDPH Safe Schools Hub - <https://schools.covid19.ca.gov/>



Naloxone Training Resource Guide



The Department of Youth Health & Wellness is dedicated to supporting the holistic health and well-being of all students. We provide technical assistance, education, and direct health and wellness services that:

- meet students and families where they are;
- promote partnership and collaboration between families, schools, and the community;
- increase awareness of factors that contribute to health and wellness; and
- affirm student, family, and community strengths to nurture growth.

so that students are able to thrive.

Naloxone Training Resource Guide



Download Toolkit PDF

 Community Schools	 School-based Wellness Centers	 Mental Health & Wellness
 Behavioral Health Systems	 Physical Health & Wellness	 Attendance Engagement



[YHW_Naloxone_Training_Guide_SEPT2022.pdf \(sccoe.org\)](#)

Online Training for Schools

Welcome to free online training for schools PK-2nd grades! These interactive modules are designed to support your efforts in implementing school immunization requirements.



Become an Immunization Champion for Your School!

Please see the list of training modules and objectives below. Click on the links to begin.

- To schedule an initial consultation for you or your team, complete this form: <https://forms.gle/Gq6fj9KHkobQTSSC9>
- To learn more, contact Karessa Paulino kpaulino@sccoe.org



MONKEYPOX (MPX)

Fact Sheet for general public

WHAT IS MONKEYPOX?



Monkeypox (MPX) is a viral illness that has been circulating in California and the U.S. since Spring 2022. Though current risk to the general public is low, anyone can get MPX. It's good to be aware of signs and symptoms to keep you and others safe.

HOW DOES IT SPREAD?



TOUCHING

Skin-to-skin contact (hugging, kissing, sexual activity) with someone who has symptoms.



SHARING ITEMS

Sharing items (clothing, bedding, towels) used by someone with symptoms.

MPX can spread through close interactions from talking, coughing and breathing near someone for a long period of time. This mainly happens when living with or caring for someone with symptoms.

WHAT ARE THE SYMPTOMS?

A rash that can look like pimples or blisters that appears on the face, inside the mouth, and on other parts of the body, like the hands, feet, chest, genitals, and anus.



OTHER SYMPTOMS



FEVER



BODY
ACHES



SWOLLEN
LYMPH NODES



HEADACHE



CHILLS



EXHAUSTION



Guidance and General Questions

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COVID-19 Antigen Self-Test Expiration Extensions

The California Department of Public Health endorses the emergency use of over-the-counter COVID-19 Tests *beyond* their FDA authorized expiration. This blanket extension, subject to appropriate internal control development* during testing, is valid until CDPH posts that the emergency extension has ended, at which point participants should cease using tests beyond their printed expiration dates.

The emergency extension applies to *all* FDA authorized over-the-counter COVID-19 tests, including:

- **Abbott BinaxNOW™ COVID-19 Antigen Self-Test**
- **AccessBio CareStart™ COVID-19 Antigen Home Test**
- **ACON Flowflex™ COVID-19 Antigen Home Test**
- **iHealth™ COVID-19 Antigen Rapid Test**
- **On/Go™ COVID-19 Antigen Self-Test**

*The internal control line after test development should be both easily visible and the color specified by the specific test instructions.

COVID Testing at SCCOE

Observed self-administered nasal swab testing for COVID-19



Where & When:

- **Tuesdays @ Santa Clara County Office of Education**, 1290 Ridder Park Dr., San Jose, CA, 95131, San Jose Room
 - 10 am- 2 pm & 3-6 pm

- **Wednesday @ South County Annex**
 - **South County Annex**, 9300 Wren Ave, Gilroy, CA 95020
 - 10 am- 2 pm & 3-6 pm

Appointments and walk ups welcome. Appointments can be made in English and Spanish by calling [1-888-634-1123](tel:1-888-634-1123) or visiting lhi.care/covidtesting

[To Schedule an Appointment, click here](#)

Superintendents' COVID-19/ Youth Wellness Coordination Meeting Schedule

- Jan. 31
- Mar. 14
- Apr. 25
- June 6

COVID 19 Designees Meeting Schedule

- November 10th
- December 8th
- December 8th
- January 12th
- January 26th
- February 9th
- February 23rd
- March 9th
- March 23rd
- April 6th
- April 20th
- May 4th
- May 18th
- June 1st
- June 15th
- June 29th

Office Hours are held in the weeks between meetings.

Thank you!

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San Jose, California · 500+ connections

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