

LEVINE MUSIC REOPENING TOWN HALL

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COVID-19: Updates

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Overview

- Team's Background and Experience
- Current COVID trends to give context and framework
- Their Assignment for Levine
- What they have already done (campus visits and assessments, review of Levine activities)
- Current conditions (Delta), conditions moving into the Fall
- Recommendations for Fall programming, planning for the winter months

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Background: Harris

- Undergraduate at McGill in Montreal, Canada
- MD at McGill
- Internal Medicine residency at McGill Hospital
- Infectious disease fellowship at Harvard
- University of Maryland since 1999

Background: Mayoryk

- Certified Infection Prevention Nurse (RN)
- Director of Infection Prevention LifeBridge Health
- Manager Infection Prevention Greater Baltimore Medical Center
- Experienced Infection Prevention Leader with a demonstrated history of working in health care, acute and ambulatory care environments. Skilled in Infection Prevention Program Management, Outbreak Response, Performance Improvement, and Regulatory Readiness. Outcome-focused.

What are hospital epidemiologists and infection preventionists?

- Help monitor and prevent infections in healthcare settings:
- Prevent healthcare workers from getting influenza and emerging pathogens like COVID-19
- Prevent patients from getting influenza and emerging pathogens like COVID-19
- Experts in masks, disinfection, vaccines

Team's experience during covid in addition to healthcare

- Entertainment industry
- Local businesses
- Colleges
- High schools
- Day care centers

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Acute symptoms of COVID

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- DON'T AFRAID TO GET TESTED EVEN FOR MINIMAL SYMPTOMS

Chronic symptoms of COVID

- Chronic lung problems
- Chronic central nervous symptom problems including “mental foggiess” and Guillain-Barre syndrome
- Chronic clotting problems

What are the most important things I can do to prevent myself from getting COVID?

- Get vaccinated
- Get vaccinated
- Get vaccinated
- Wear a mask
- Wear a mask
- Wear a mask
- Wash your hands

Is COVID-19 worse than influenza?

- **YES definitely among the unvaccinated**
- Affects many more people
- Increase mortality 0.5% versus 0.1% for influenza
- A new disease with more long-term complications
 - Clotting disorders
 - Mental foggiess
 - Long term lung complications

What do the vaccines do?

- They prevent you from getting infected from COVID-19 about 90% of the time for Pfizer and Moderna and about 80% of the time for Johnson and Johnson
- This 80-90% is great!!! These results are way better than the flu vaccine which is about 50%
- Efficacy against delta variant is good but not as good

Vaccine Effectiveness

- Tens of thousands of participants in clinical trial sites across the US and the world
- Study outcomes focused on prevention of symptomatic clinical disease

Vaccine	Symptomatic Mild Disease	Severe Disease	Hospitalization
Pfizer-BioNTech	95%	100%	100%
Moderna	94%	97%	90%
Janssen (J&J)	72% United States 64% South Africa	85%	100%

- **All currently authorized vaccines are highly effective at prevention of severe disease, hospitalization, and death due to COVID-19**

Side effects of vaccine

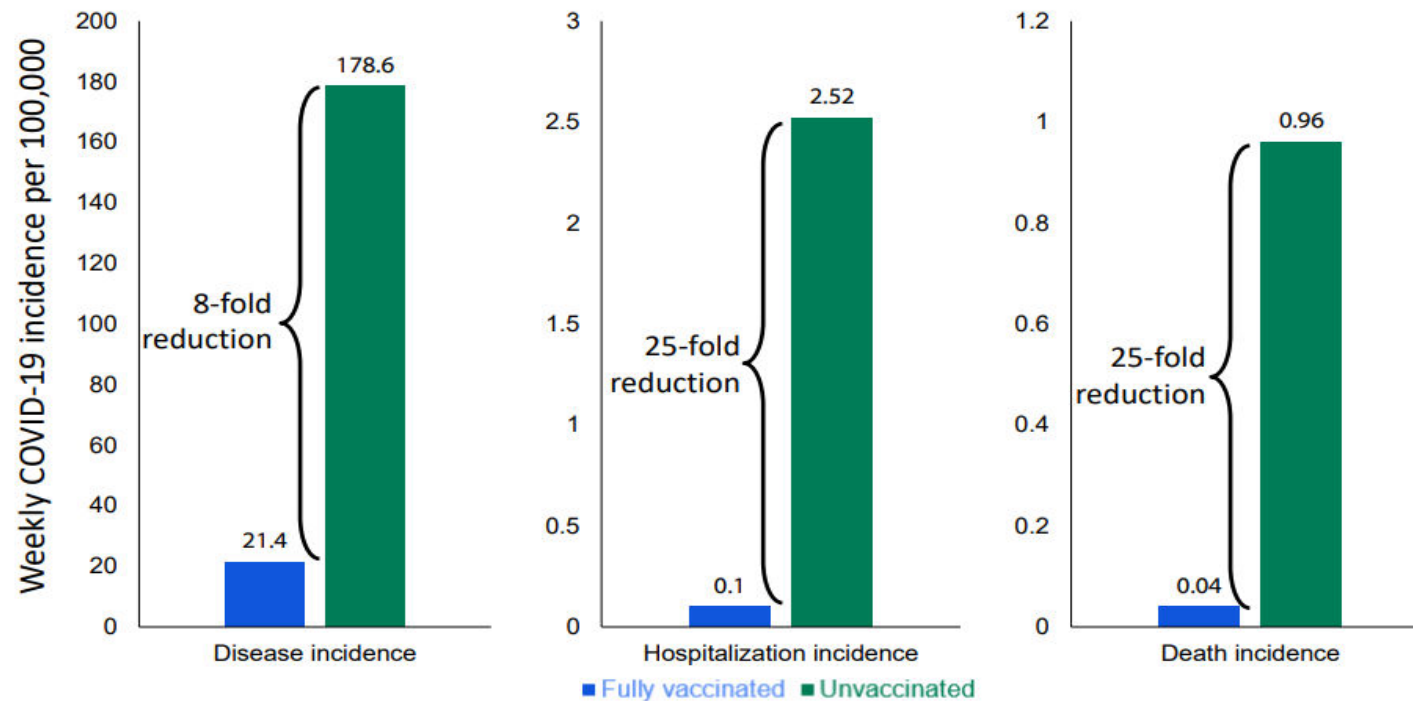
- Side effects of vaccine are worse than the flu vaccine
- But, side effects last on average less than 24 hours
- Most people only have pain and soreness in arm
- But about 50% of people, mostly with the second dose of Pfizer and Moderna, can have symptoms like fever, chills, headache, nausea, fatigue, muscle aches

Are there any long-term side effects?

- **NO**
- **NO**
- **NO**
- The vaccine has been safely tested in the initial studies in over 70,000 people and there were no long-term side effects
- More than 150 million Americans have received the vaccine now with no long-term side effects at this point

Vaccines work extremely well!

Greater risk of disease, hospitalization and death among unvaccinated vs. vaccinated people: National estimates



**At current incidence,
35,000 symptomatic
infections per week
among 162 million
vaccinated Americans**

Data from COVID Tracker as of July 24, 2021. Average incidence 100 cases per 100,000 persons per week. Vaccine effectiveness against symptomatic illness = 88% (Lopez Bernal et al. [NEJM 2021](#)), where risk is $[1 - VE]$ or 12%. Vaccine effectiveness hospitalization (or death) = 96% (Stowe et al. [PHE preprint](#)), where risk is $[1 - VE]$ or 4%. Rate in unvaccinated = Community rate / $[(1 - \text{fully vaccinated coverage}) + (1 - VE) * \text{fully vaccinated coverage}]$. Rate in fully vaccinated = $(1 - VE) * \text{Rate in unvaccinated}$. Fully vaccinated coverage proportions were from COVID Data Tracker as of July 24, 2021 (50% for US.).

Benefits of vaccine far outweigh the negatives

- Getting covid-19 for most people has way more symptoms and long-term side effects than the vaccine
- If most people get the vaccine, we can decrease deaths, decrease hospitalizations and get back to normal life



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What we have already done/recommended

- Reviewing protocols (including Camp Levine guidance)
- Different recommendations based on vaccination status of students and teachers
- Different recommendations for piano/strings vs choir/wind instruments

What we have done

- Numerous calls with Levine leadership
- Reviewed / consulted literature on COVID-19 in relation to music programs and interventions
- Tour of all the facilities focusing on additional aspects including:
 - Scope of offerings
 - Personal Protective Equipment
 - Spacing / Physical distancing
 - Filtration and HVAC system review

Examples of tours and reports

- The assessment focused on the following elements:
 1. faculty, student and staff COVID-19 symptom screening for the center as well as the building partners,
 2. physical plant review – entrance to and exit from the center, bathrooms, and communal spaces – to leverage physical distancing, whenever possible, and to determine strategic positioning of alcohol-based hand sanitizer dispensers;
 3. the use of personal protective equipment (PPE), e.g. facemasks ,
 4. environmental cleaning and disinfection,
 5. building heating, ventilation and air conditioning (HVAC) system

PPE – faculty, staff and students	<p>handicapped door to the parking lot and is used once/week for a band practice: 4 -5 students and a faculty member who are all vaccinated.</p> <ul style="list-style-type: none"> • 1st floor studios have upright pianos only. • 130 (759 sq. ft) multipurpose room. • Bathrooms – women 2 stalls/2 sinks, men 1 urinal, 1 stall/2 sinks. 	<p>unvaccinated students.</p> <ul style="list-style-type: none"> • Recommend continuation of facemask requirement to enter and in communal areas as the vaccination status of eligible students will be unknown and those students <12 years of age are ineligible for vaccine at this time. • If both the faculty member and student are vaccinated, masks are not required for piano, strings or percussion lessons (indoors and outdoors). Masks are required for both vaccinated and unvaccinated students for singing or instrumentalist lessons. • Masks are not required by staff in single office spaces.

215: Chamber Music Ensemble (3-4 persons) mask use and portable air filtration during ensemble sessions

216/217/223/225/226: small instrument rooms (ex: chello/keyboard) ranging from 95-120 square feet. Instructor + student: currently recommended for strings and keys.

220/221/222/223/224 Piano's / Grands ranging from 120-215 each. Recommend Instructor + student (200+ sq feet can accommodate a masked parent.)

Room 227 "Trawick Studio": Early Childhood Music, Music Therapy (475 square feet) Levine is hopeful to accommodate 1 teacher and 4 children and possibly parents for early childhood music. Mask use will be important and if including parents, UM_IP group recommends using Polinger as an option for larger groups.

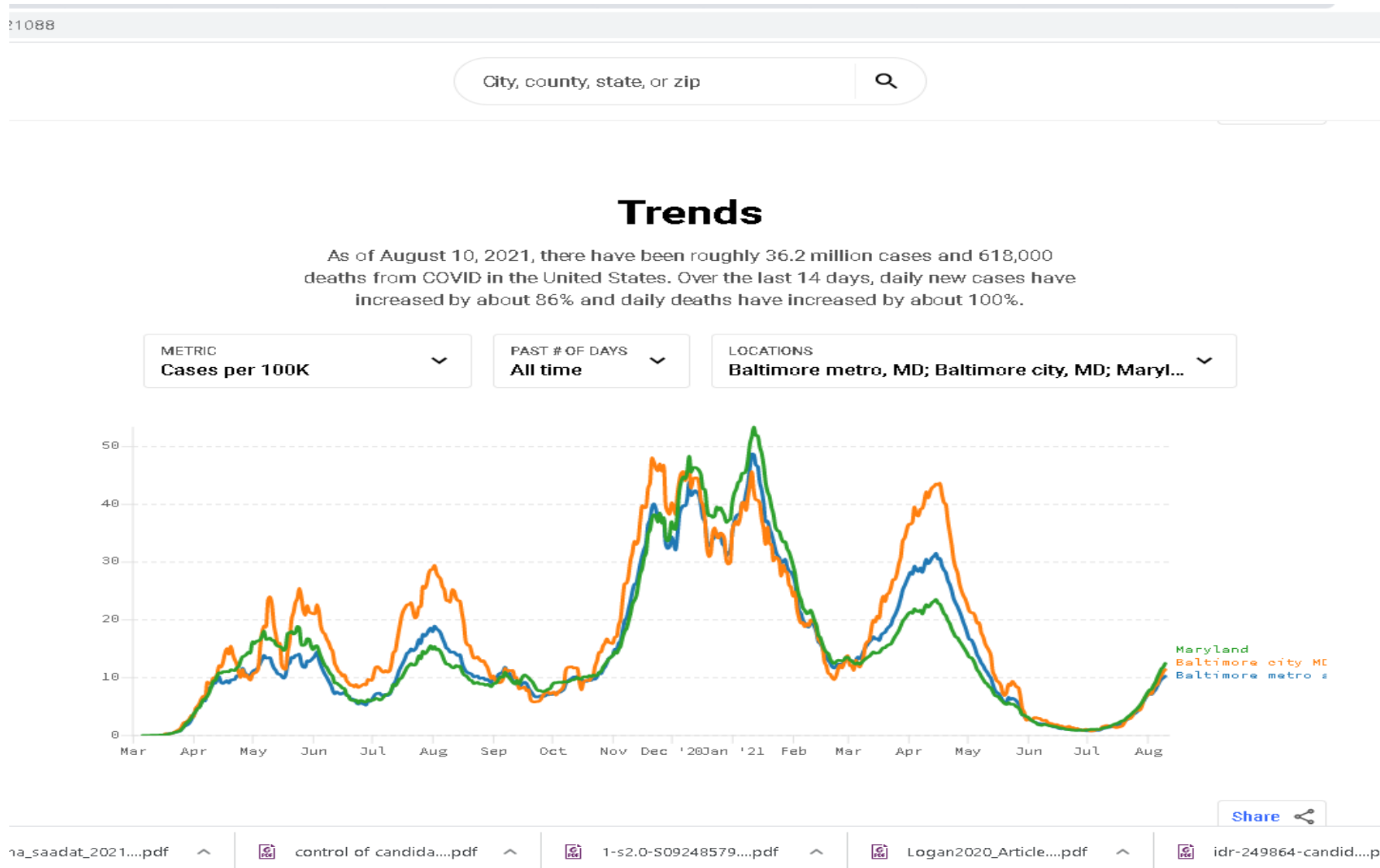
Room 228 Suzuki Group (1 instructor, 1 student, 1 parent) 340 square feet or a few students together

For group lessons/classes: use 6-feet as the guide due to Maryland Department of Health contact tracing definition

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National and local trends increasing cases



How has delta changed things

- Vaccine is still preventing hospitalization and deaths
- Data is fluid and changing quickly but:
 - Vaccinated
 - are getting infected with Delta variant
 - are developing symptoms
 - are likely transmitting virus to others
 - Unvaccinated
 - Likely more transmissible
 - May be getting more severe infections

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How has delta changed our Levine recommendations

- More caution to prevent infection for vaccinated teachers / students
- More caution relative to non piano, non string instruments

When both students and teacher are vaccinated

- Symptom screening
- Lessons may occur indoors and outdoors for all low-risk instruments while masked and distanced
- Winds/vocalists: Above + additional filtration +6 ft distancing and musicians not facing each other
- All faculty where KN95 mask

When the student is under 12 and unvaccinated

- Symptom screening
- Low risk instruments same as previous slide i.e. indoors and outdoors and masked student and teacher
- Winds and vocalists preferably should be moved online
- Winds and vocalists on campus only when utilizing rooms with additional air filtration and allowing 30 minutes of additional air purification between students
- Winds and vocalists on campus with teach in one room and student in other-zero-latency

Detailed current recommendations

- Vaccinated people with known exposure should quarantine for 5 days and RT-PCR test 3-5 days after exposure
- Unvaccinated people with known exposure should quarantine minimal 10 days and one RT-PCR test between days 6-8
- All positive teachers and students must isolate for a minimum of 10 days regardless of vaccination status
- Follow all local public health guidance