**Transcript of CPIR Webinar on June 22, 2021
Vaccinations, Return to In-Person Learning, and What All Parents Need to Know**

Host: Center for Parent Information and Resources

Date: June 22, 2021

Presenter: Representatives from the Centers for Disease Control and Prevention (CDC) and the U.S. Department of Education

Webinar archive: <https://www.parentcenterhub.org/webinar-cdc-vaccinations-parents-june2021/>

# **Text of the Webinar**

*The actual informational content of the webinar begins on Slide 4.*

**Slide 1 | Title Slide**

Welcome to our webinar from the Center for Parent Information and Resources.

**Slide 2 | Housekeeping**

***Myriam Alizo (speaker):***

I’m going to explain how to interact with the platform (Zoom). To use **Closed Captioning**, you need to click on CC on the caption bottom.

Okay. We also have interpretation to **Spanish**. Y para eso van a ver en la banda o cinta negra un globo, que indica "interpretación" y haz clic allí y luego seleccionar "Spanish." Y oprime donde dice "Mute Original Audio." Este último filtra completamente la presentación en inglés para que pueden escuchar claramente al Guillermo, nuestro interprete.

And for **American Sign Language**, we have an interpreter here, and he has been "pinned" so you don't have to worry about it. For your convenience. Thank you.

**Slide 3 | Introducing the Speakers**

***Carolyn Hayer (speaker):***Good evening, everyone. My name is Carolyn Hayer, I am the director of the Center for Parent Information and Resources, and I'd like to welcome you to this evening's webinar.

We are very excited that you are here to join us this evening to hear wonderful information from both the US Department of Education, as well as the Centers for Disease Control and Prevention. We look forward to a wonderful presentation, and I will just give you a little bit of housekeeping information. On the bottom of your screen you will see two options.

One is for the **chat**, the chat is where information will be broadcast to the attendees. You will not be able to type into the chat. It is for you to receive information only.

You will also see at the bottom of your screen an icon for **Q & A**. If you would like to pose a question to the panelists during the presentation, you may type your question there. The panelists will answer as many questions as they possibly can throughout the presentation.

At this time I would like to introduce to you our panelists for this evening.

First we have **Dr. Aaliyah Samuel**, who is the Deputy Assistant Secretary for Local, State, and National engagement, the Office of Communication and Outreach at the Department of Education.

We also have **Dr. Adam Bjork**, who's the Co-Lead for the Program Integration and Equity Unit at the Vaccine Task Force at the CDC. And this evening he will be speaking with us about the community-based organization toolkit.

We also have, Dr.... sorry, **Stephanie Erskine**. She's the past lead of the stakeholder engagement vaccine Task Force and Communications at the CDC. We have Dr. Chandresh Ladva, who is the community guidance lead for Community Interventions and Critical Populations Task Force at the CDC.

And we have **Dr. Lauri Hicks**, she is Captain US Public Health Service, Chief Medical Officer at the Vaccine Task Force at the CDC.

I would also like to take this opportunity to thank, **Carmen Sánchez**, our project officer at the US Department of Education for helping us to coordinate this evening's presentation.

At this time, I will turn the call over to Dr. Aaliyah Samuel.

**Slide 4 | Reopening resources from the U.S. Department of Education**

***Dr. Aaliyah Samuel (speaker):***

Evening, everyone. Thank you so much for joining us. I just wanted to take a moment to share with you some of the resources that we have regarding the reopening of school.

There's been a lot of questions on the safety of schools at all grade levels, whether it's elementary, middle, high school, or post secondary, and I wanted to share these two particular resources for a variety of reasons.

*[Editor's Note: She is showing on the screen the 2 ED handbooks (Vol 1 and 2) on returning to school, as shown below, including links to the documents]*

* Volume 1 | Strategies for Safely Reopening Elementary and Secondary Schools
<https://www2.ed.gov/documents/coronavirus/reopening.pdf>
* Volume 2 | Roadmap to Reopening Safely and Meeting All Students’ Needs
<https://www2.ed.gov/documents/coronavirus/reopening-2.pdf>

One, it provides a lot of guidance, not only for parents, but educators and community leaders to understand the guidance that the Department of Education is putting out on how to safely reopen schools, and all of the various components that really should be in place to ensure the health and safety, but also the social and emotional well-being of our students as they get ready to either go back in the fall or those that were able to return to in-person in the fall. I mean, in the spring.

One of the things that I would like to underscore is that, from the perspective of the department, we really understand the importance of parents, and parents feeling comfortable and confident to return their kids back to the building and school. As a parent of two kids, with my youngest son--my six year old--has special health care needs. There's been a lot of concern from parents such as myself around how safe is it to return back to school. So we have the two resources here that, if you are interested in looking into the guidance that we are providing this as a department, these are great resources. They are also in Spanish. So if you are, if you would like a copy in Spanish, we're happy to provide that.

And we really wanted to take a moment to create a place in space for parents to ask questions on what does returning to school look like for summer, whether it's summer enrichment, or what does it look like going back in the fall. And we wanted to be able to not only answer the questions and create a space from the Department of Education, but also having our colleagues from the CDC with us, who are really working in close partnership, not only over the last few months, but also in the weeks to come, as we look at the beginning of the new school year.

So with that I'd like to actually turn it over to our colleagues at the CDC to start digging deeper into the various components from vaccination, to camp guidance to help parents understand the mitigation strategies that are in place to make sure we're keeping kids safe, families safe, and communities safe. Thank you.

**Slide 5 | Intro Slide to Adolescent Vaccination Update**

***Dr. Adam Bjork (speaker):***
Hello everybody. I am Adam Bjork from the CDC and thank you very much for this opportunity to be here to talk with you about COVID-19 vaccination of adolescents. And thank you for taking the time out of your day or night to attend this webinar. Next slide please.

**Slide 6 | National Target of 70% by July 4th**

All right, a national target has been set for July 4 for 70% of the US population, age 18 and up, to have received at least one dose of COVID-19 vaccine.

We're already seeing business sectors come back online at a large scale, and the travel season has now kicked off in full force. Despite all this return to normal, large portions of the population still remain to be vaccinated. It's critical to build on local successes to increase access to vaccines. Continued progress toward this goal and beyond requires building on the tremendous success we have had to date providing access to vaccine to so many.

Moving forward it is important to focus on the following: We need to focus on continuing to expand access to communities. We want jurisdictions to be looking for pockets that still have opportunities for vaccination, and to accelerate plans to provide trusted access to vaccine in these remaining communities and settings.

We also want to be sure we are reaching what we call the movable middle. We want to identify trusted messengers and community partners to support continued vaccination.

And we want to emphasize key messages about the benefit of vaccination. For example, emphasizing messages like everybody should get vaccinated. It's important to get vaccinated, even if you have had COVID-19. And we want to emphasize the importance of getting vaccinated if you are traveling. That means traveling abroad, as well as things like using public transportation locally.

Next slide, please.

**Slide 7 | May 12, 2021 ACIP Vote – Interim Recommendation**

On May 12 of this year, in a 14-0 vote with one recusal CDC Advisory Committee on Immunization Practices or the ACIP voted that the Pfizer bio and tech COVID-19 vaccine is recommended for persons 12 to 15 years of age in the US population, under the FDA’s emergency use authorization.

In the direct clinical assessment, vaccine efficacy was 100% in preventing symptomatic laboratory-confirmed COVID-19 in adolescents ages 12 to 15 years without evidence of previous SARS COV-2 infection. Next slide, please.

**Slide 8 | Stepwise approach to increasing vaccine access for adolescents**

With that news involving adolescent vaccination, this slide summarizes the stepwise approach we're following to increase vaccine access for adolescence. First, the bottom step of this figure on the bottom of the slide is the leveraging and augmenting of the **existing infrastructure** for COVID-19 vaccination.

This means current COVID-19 vaccination providers updating their systems to allow booking of appointments for children age 12 to 15 years. Another focus here is increasing the number of currently enrolled COVID-19 vaccine providers who have the Pfizer bio-intech COVID-19 vaccine on the shelf and are ready to offer vaccination to children 12 and older.

This also means encouraging clinics that maintain a stock of multiple vaccine products to prioritize their stock of Pfizer vaccine for adolescents. And lastly, this means encouraging vaccination of parents and caregivers at the same time that adolescents are administered the COVID-19 vaccine.

Next in this stepwise approach is to **add providers who can reach adolescents** in a phased approach. Providers that currently serve adolescents are critical. They are trusted within the community. They can notify, schedule, and vaccinate their patients, including managing routine immunizations.

This means expanding to include, this approach also includes expanding to include smaller provider sites needed to increase access, especially among areas of high social vulnerability. And it means adding additional providers based on their ability to reach patients, as well as their throughput capacity.

And finally, we have **school-focused strategies** that will be critical to reaching adolescents. Schools have been important partners in providing information to parents and families throughout the pandemic. Many schools also have experience with hosting school-located vaccination clinics for influenza and other routine vaccination. School-located vaccination clinics for COVID-19 vaccination will also be important to reaching children and families. Jurisdictions have already started planning with local school districts with some conducting clinics as early as May, and others planning clinics throughout the summer.

Next slide, please.

**Slide 9 | Approach for reaching adolescents**

This is just a little more information about how we plan to use different channels to reach adolescents. Primary care providers and other providers that currently serve adolescents are key to reaching adolescents, as they are trusted providers and have existing relationships with adolescents and their families. They also have experienced with routine vaccinations.

I also want to point out that routine childhood vaccinations have fallen critically behind schedule during this past year. And this effort is an opportunity to play catch up a little bit as well.

There is an existing network of pharmacies and federally qualified health centers called FQHCs, located in communities that have been administering COVID vaccine and Pfizer vaccine in particular for many months, and they're also known and trusted in these communities. This emphasizes that we are not starting at zero and can jumpstart parts of this rollout for adolescents. And as mentioned in the previous slide, a school-based strategy can expand the reach to adolescents as they return back to school.

Next slide please.

**Slide 10 | COVID-19 Vaccination in the United States (June 21, 2021)**

[ A color-coded graph chart showing data on number of vaccinations from January 2021 through June 2021 by the following age groupings: under 12; 12-15; 16-17; 18-24; 25-39; 40-49; 50-64; 65-74; 75+ ]

This graph here on the left shows COVID-19 vaccination coverage by age group. And then the text on the right shows that, as of June 21 yesterday, over 53% of Americans have received at least one dose of vaccine. Data for adolescents, age 12 to 15 years, is shown in the dashed yellow line on the chart. Already over 4.3 million adolescents have received at least one dose of vaccine.

Next slide, please.

<https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends>

**Slide 11 | Vaccinate with Confidence: Adolescent Edition**

This is CDC's framework for building vaccine confidence, but it adjusts the focus to include adolescents, their families, as well as the communities they live in, and the schools they attend. Some of the additional work that will support the adolescent rollout includes collecting data on vaccine confidence, through the National Immunization Survey, the NIS teens' version of the national immunization survey, and from parents of teens between 12 and 17.

Also, a rapid *State of Vaccine Confidence* report was created and released last week in response to the ACIP recommendation of COVID-19 vaccine for adolescents and the initial adolescent vaccine rollout. The report triangulates and synthesizes numerous streams of qualitative and quantitative data and organizes results by, first, perceptions, concerns, and threats to vaccine confidence; and current content gaps and information voids; and finally by pervasive misinformation and disinformation. That rapid *State of Vaccine Confidence* report is available on the CDC website.[[1]](#footnote-1)

Next slide, please.

**Slide 12 | End of this section and presentation**

That is all for me. Thank you very much again for allowing me to speak with you.

**Slide 13 | Vaccine Task Force Communications**

***Stefanie Erskine (Speaker):***

Good evening. My name is Stephanie Erskine, and I will be talking to you today about CDC's community-based organization toolkit. Next slide.

**Slide 14 | Key Components of CDC’s Communication Work**

So during today's presentation I will talk to you specifically about the community-based organization toolkit, but I did want to give you some background about CDC's communication work.

In case you're not familiar with the work that we do, a lot of CDC's power comes from its communication team. We engage in many different activities, including Research and Evaluation, and crisis and emergency risk communication. We do outreach to populations disproportionately affected by COVID-19; professional education and event engagement; vaccine safety and effectiveness messaging; and we respond to public inquiries. And we also support many CDC vaccine programs including the COVID tracker, the pharmacy partnerships for long- term care, and the federal retail pharmacy program. Next slide.

[*Editor’s note:* Added for your benefit are Stephanie’s speaker notes, below:

*COVID Data Tracker* – Consists of maps and charts tracking cases, deaths, and trends of COVID-19 in the United States, updated daily by 8 pm ET

*The Pharmacy Partnership for Long-Term Care* (LTC) Program has facilitated on-site vaccination of residents and staff at more than 63,000 enrolled long-term care facilities (LTCFs) while reducing the burden on LTCF administrators, clinical leadership, and health departments.

The *Federal Retail Pharmacy Program for COVID-19 Vaccination* is a collaboration between the federal government, states and territories, and national pharmacy partners and independent pharmacy networks to increase access to COVID-19 vaccination across the United States.

*VAMS - Vaccine Administration Management System* - is a web-based application that supports planning and execution for COVID-19 vaccination clinics and medical practices that do not have systems to record vaccinations.]

**Slide 15 | Vaccinate with Confidence**

So as you just saw, my colleague presented on the *Vaccinate with Confidence* framework used by CDC, and he focused on the adolescent edition. I am including this slide, because it really supports... provides a framework for the community- based tool kit that I'm going to present.

So like he mentioned, there are three pillars to the *Vaccinate with Confidence* framework and again, this is not a communication campaign—rather, it is the strategy and approach that we use to communicate with communities about vaccinating confidently for COVID-19.

The three pillars are:

* to **reinforce trust** through regularly sharing clear and accurate COVID-19 vaccine information and taking physical actions to build trust in the vaccine the vaccinator, and the system;
* **empowering healthcare providers** by promoting confidence among healthcare personnel and their decisions to get vaccinated, and to recommend vaccination to their patients regardless of age; and
* to **engage communities and individuals**.

And we do that by engaging communities, in a sustainable, equitable, and inclusive way, using two-way communication to listen, increase collaboration, and build trust in a COVID-19 vaccine. Next slide.

**Slide 16 | COVID-19 Vaccination Messages**

So, within all of our communication tools, we intend to imbue lots of messages—our key messages—about COVID-19, and they are that:

* You can stop the pandemic.
* People ages 12 and older can be vaccinated.
* We encourage everyone to use **reliable sources** to get information about COVID-19 and the COVID-19 vaccines.
* The COVID-19 vaccines are safe and effective.
* The COVID-19 vaccines are free.
* After the COVID-19 vaccination, you may have some side effects, but those are normal, and they are signs that your body is actually building protection against COVID-19.
* Fully vaccinated people can resume activities once they are fully vaccinated.

Next slide, please.

**Slide 17 | Resources**

*[Advance organizer/divider so that attendees will know what’s coming next: Resources.]*

Next slide.

**Slide 18 | Website Languages**

So we use our website to communicate to our audiences about COVID-19. Our website is available at cdc.gov. And once you get to our website, if you click on COVID-19, you are led to this web page *(what’s shown in the presentation on this slide).*

We have lots of different pages that are under the COVID-19 banner. But, in particular, talking about the vaccines, we have a tab that is titled “Vaccines.” The information on these pages is available in English, Spanish, simplified Chinese, Vietnamese, and Korean. And to access those different languages, we have a tab up at the top. I don't think you can see my cursor but it's at the top of the page to the right, there's a pulldown menu with languages, and you select the language that you would like to see the material available in.[[2]](#footnote-2)

And in addition, some of these materials are available in additional languages, outside of the ones that I mentioned.

Next slide.

**Slide 19 | Vaccines.gov**

I want to highlight one page on our website, it's the **vaccines.gov** page. And on this page, we have the vaccine finder, and there's a section that you are able to type in your zip code, and you're able to... it helps people to find the latest information about COVID-19 vaccines and their availability in their area, and you're able to find vaccines, as they are reported by vaccine providers. Next slide.

<https://www.vaccines.gov/>

(URL shown on the slide: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>)

**Slide 20 | COVID-19 Vaccine Toolkits**

So finally I'm getting to the toolkit that you are waiting to hear about.

So to help communities to talk confidently, speak confidently, about COVID-19 vaccine, we developed a toolkit that includes resources to help communicate information on COVID-19 vaccines, and those toolkits that we offer are parsed into different audiences or based on different settings.

Tonight, I will be focusing on the community-based organization vaccine toolkit. And part of the reason is because the target audience for the community-based organization toolkit is very broad, and I think it's applicable to just about any group of concerned people and citizens.

The next slide please.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/toolkits.html>

**Slide 21 | Community-Based Organization Toolkit**

So the community-based organization toolkit is intended to educate communities on the importance of COVID-19 vaccine. And as mentioned before, it is designed for staff and personnel of organizations serving communities affected by COVID-19, and that includes a large array of different types of groups including social service organizations, meal delivery services, fraternities and sororities, youth organizations, senior centers, PTOs and PTAs—any group of people that are interested, they fall into this category, and we have this whole toolkit available for you. Next slide.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/toolkits/community-organization.html>

**Slide 22 | Key Materials**

I just want to highlight some of the materials that are included in the toolkit. And I also want to underscore that all the materials that I will mention are available for free on our CDC.gov website.

And all of those materials are downloadable for you to use. So, a couple of the contents of the community-based organization toolkit include a presentation and key messages and FAQs, and again these materials are available in English and in Spanish. Next slide.

**Slide 23 | Printable Materials and Graphics**

We have printable materials, and the reason that these are called out is because the graphics are enhanced so that, once you print them out, they come out and looking nice and polished.

But we have the materials and graphics. Again, these are available in different languages that are listed on the screen, and they can be printed out in black and white and they still look very nice. We want to make sure that they are attractive, regardless if you have a color or a black and white printer.

Next slide.

**Slide 24** | **Printable Materials and Graphics** (continued)

We also have printable assets including posters, stickers, infographics, and fotonovellas and again the fotonovellas are available in different languages. The posters are available for color print, as well as black and white, and the stickers—in order to print the stickers, you just need to put a sticky, I'm losing the term, but I mean a page that has a sticky backing, and then you can print little stickers out as a way to encourage individuals to share their vaccination news as well as to encourage others to confidently get vaccinated for COVID-19.

Next slide.

**Slide 25 | Customizable Content**

Within the toolkit, we also included some documents that you can customize specifically for your organization and/or your audience. That includes the introductory letter, a letter to members, and we have material that you can drop into a newsletter or a blog, depending on any type of communication that you use to talk to your community. In order to customize these documents, you just need to copy them and put them into maybe a Word document, and then you can customize it with your logo, with any specific language that you'd want to include, and then you can put that wherever you want to print it, you can print it, or you can post it into a website.

Next slide, please.

**Slide 26 | Social Media**

We also have created some drop-and-use social media assets. We have... the images that you see that are available both in **portrait style**, which include individual faces, as well as **all-text style** that does not include actual faces but has graphics and text. Those social media posts are available in English and Spanish, and we also have language that can accompany these images. You don't have to use both of them together, but it's up to you, you can use just the images, you can use just the text, but we have that ready for you and it's all using the same language that we use throughout the rest of the kit that promote those key messages.

Next slide.

**Slide 27 | Vaccines for Adolescents**

My colleague talked a lot about vaccines for adolescents, but within that community-based organization toolkit we have FAQs and information for parents, as well as pediatric healthcare providers or professionals, and we have documents that are there for them. In addition, we have some printable materials specifically for parents and healthcare providers that treat adolescents.

**COVID-19 Vaccines for Children and Teens** | CDC, at:
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/adolescents.html>

**Slide 28 | Implementing COVID-19 Vaccination in Your Community**

And this is not included necessarily within the toolkit, but we have some documents available on the same website that are available if you're interested in promoting or setting up a COVID-19 vaccine clinic in your community. So this just gives you the rationale and helps to walk you through the reasons why you might want to do that and what you can do to get that started in your community.

Next slide, please.

**Slide 29 | Communications Resource Center**

In addition to the toolkit I just went over, we have other materials available in our Communications Resource Center. That includes links to additional toolkits for additional audiences, we have additional print resources. We have **web widgets**, which are just little badges that you can put on a website and if someone clicks on that widget, they're taken directly to a webpage where they will find information about COVID-19 vaccines.

We also have a social media page that has lots more social media graphics if you want to use some of the words that we have on that site, as well as videos and many more other resources that you can use to supplement and materials in the toolkit, and also just for your information and education.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/resource-center.html>

**Slide 30 | Websites**

And finally, I just wanted to call out some of the websites that I mentioned during this presentation. You will have access to this slide presentation after we're done, and if you want to just copy these web links from that presentation, you are more than welcome to, and it will take you directly to the different resources that I mentioned.

**COVID-19 Vaccine Resource Center**

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/resource-center.html>

**COVID-19 Print Resources**

<https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html>

**Vaccination Toolkits**

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/toolkits.html>

And with that, I will wrap up my presentation, but I thank you so much for your time and attention and look forward to your questions afterwards. Thank you.

**Slide 31 | End of this section**

Thank you.

For more information, contact: eocvtfcommteam@cdc.gov

1-800-CDC-INFO (232-4636)

TTY: 1-888-232-6348

[www.cdc.gov](http://www.cdc.gov)

**Slide 32 | Guidance for Operating Youth Camps**

Hi everyone, I'm ***Chandresh Ladva***, and I am the lead for the Community Guidance Team within the COVID response at CDC. It's my privilege today to share our updates on guidance for youth camps.

**Slide 33 | Planning and Preparing**

So first, camps should plan and prepare for this camp season, which might look still a little different than prior years. Next slide.

**Slide 34 | Develop a plan**

Camp operators should involve staff parents, and guardians, and other community partners to develop a plan to protect staff, campers, families, and communities from the spread of COVID-19.

**Example: Letter for Parents**

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/summer-camps.html>

**Slide 35 | Planning**

This plan should include the following, among others listed in the guidance.

One, strongly encouraged COVID-19 vaccination for all eligible campers, staff, and families.

Two, document protocol differences, if any, for people who are fully vaccinated versus those who are not fully vaccinated.

Three, the application of multiple prevention strategies to protect people who are not fully vaccinated.

Four, reviewing safety protocol for staff and campers who are at increased risk of getting severely ill from COVID-19.

(Five), modifying camp activities to choose safer activities, such as outdoor over indoor activities.

(Six) And planning for an outbreak.

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/summer-camps.html>

**Slide 36 | Promote Vaccination**

Camps can help increase vaccine uptake among campers, their families, and staff.

**Slide 37 | COVID-19 Vaccines**

CDC recommends that everyone ages 12 and older get fully vaccinated against COVID-19. To promote vaccinations:

* Camps can educate camp families about COVID vaccines.
* Share vaccines.gov links to staff campers and their families, so that they can get vaccinated in their community.
* And three, lastly, offer flexible supported-leave options for staff to get vaccinated. And to those who may experience side effects of vaccination.

*Sources:* <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/summer-camps.html>

<https://phil.cdc.gov/Details.aspx?pid=24147>

**Slide 38 | Guidance for Day or Overnight Camps Where Everyone Is Fully Vaccinated**

CDC's updated guidance for operating youth camps include sections of guidance based on whether everyone at the campus fully vaccinated or not.

Please note that some campers or staff might not be able to get the COVID-19 vaccine due to medical or other conditions and should be considered by camps for exemptions to COVID-19 vaccine requirements.

**Slide 39 | COVID-19 Prevention at Camps Where Everyone Is Fully Vaccinated**

Staff and campers that are fully vaccinated do not need to wear masks at camp, except where required by federal, state, local, tribal, or territorial laws, rules and regulations, including local business and workplace guidance.

Although fully vaccinated persons do not need to wear masks, camps should be supportive of staff or campers who choose to continue to wear a mask. Physical distance is not necessary for campers and staff who are fully vaccinated, except as indicated in CDC interim public health recommendations for fully vaccinated people. There is a link to that, which will be available later.

Camps should continue to facilitate health-promoting behaviors such as hand hygiene and respiratory etiquette, to reduce the spread of infectious disease in general. Camps should also continue to follow cleaning, disinfecting, and ventilation recommendations, including routine cleaning of high-touch and shared objects. They should also maintain improve ventilation, including opening windows, using air filters, and turning on fans.

*Source:* <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/summer-camps.html>

**Slide 40 | COVID-19 Testing and Contact Tracing at Camps***Where Everyone Is Fully Vaccinated\**

People who are fully vaccinated do not need to undergo routine COVID-19 screening testing.

If a camp experiences an outbreak of COVID-19 among people who are fully vaccinated:

* camp administrators should ***promptly*** contact their state or local health department and work with them to isolate people with COVID-19 like symptoms,
* ensure that people with COVID-19 symptoms get tested, and
* quarantine any unvaccinated close contacts with people with symptoms.
* Camp administrators should also notify the appropriate family members of all campers.

People who are fully vaccinated, with no COVID-19 like symptoms, do not need to be quarantined, or be restricted from camp following exposure to someone with suspected or confirmed COVID-19, except where required by federal, state, local, tribal territory laws, rules and regulations, including that of a local business or workplace.

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/summer-camps.html>

**Slide 41 | Guidance for Camps Where *Not* Everyone Is Fully Vaccinated**

Now, we can talk about the guidance for camps where not everyone is fully vaccinated. And this is including camps serving children under the age of 12.

**Slide 42 | Masks at Camps Where Not Everyone Is Fully Vaccinated**

Mask use indoors is strongly encouraged for people who are not fully vaccinated, including children. Given evidence of limited transmission of COVID-19 outdoors, CDC has updated our guidance for outdoor mask use among people who are not fully vaccinated. In general, people do not need to wear a mask when outdoors.

However, particularly in areas of substantial to high transmission, people who are not fully vaccinated are encouraged to wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.

Although people who are fully vaccinated do not need to wear masks, camp programs should be supportive of campers or staff who choose to wear a mask. Camps may also choose to continue to require masks for vaccinated and not fully vaccinated campers and staff—for example, in order to adhere to prevention strategies when it is difficult to tell who's been vaccinated, or to set an example for not fully vaccinated campers. Masks should not be worn by:

* children under the age of two years old
* a person with a disability who cannot wear a mask,
* a person for whom wearing a mask would create a risk to workplace health or safety,
* when sleeping, or
* when doing outdoor activities that could get masks wet.

Additionally ***heat***-related illness is a longstanding health concern. Many camps should keep policies in place to ensure that staff and campers do not experience heat-related illness and, if they do, camp staff know how to promptly respond.

*Source:* <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/summer-camps.html>

**Slide 43 | Cohorting and Physical Distancing at Day Camps***Where Not Everyone Is Fully Vaccinated*

*Cohorts* or *pods* are small groups of campers and staff who stay together throughout the day to minimize exposure to other people while they camp. Cohorts should have the same staff stay with the same group of campers and remain together as much as possible for the duration of camp. Campers and staff in the same cohort who are not fully vaccinated should continue to wear masks at all times except in the situations noted previously.

When everyone at camp is fully vaccinated, physical distancing is not necessary. For day camps, where not everyone at camp is fully vaccinated physical, distancing includes at least three feet should be maintained between all campers within the cohort.

If cohort members are eating or drinking without a mask indoors, they should be at least 6 feet apart.

* At least six feet between all campers outside (unintelligible)
* At least six feet between campers and staff
* At least six feet between staff

Source: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/summer-camps.html>

**Slide 44 | Additional Guidance for Overnight Camps Where *Not* Everyone Is Fully Vaccinated**

Now I'll go over overnight camps where not everyone is fully vaccinated, because they have a few additional things to consider.

**Slide 45 | Guidance for Overnight Camps Where *Not* Everyone Is Fully Vaccinated**

CDC recommends everyone 12 years and older should go get a COVID-19 vaccine to help protect against COVID-19. People are considered fully vaccinated two weeks after that last dose. Thus, individuals eligible for vaccines should get vaccinated, and receiving the last dose at least two weeks before the camp start date.

Camp administrators should request that campers, their families, and camp staff follow guidance for travelers[[3]](#footnote-3) before camp arrival to reduce exposure to COVID-19.

**Slide 46 | Guidance for Overnight Camps Where *Not* Everyone Is Fully Vaccinated**

Upon arrival at camp, campers should be assigned to cohorts that will remain together for the entire camp session, without mixing with other campers and staff in close contact circumstances to the largest extent possible.

For this guidance*, household cohort* means campers and staff who are staying together in a cabin, bunkhouse, or similar defined space. Household cohort members do not need to wear masks or physically distance when they are together without non-household members nearby. When different household cohorts are using shared indoor or outdoor spaces together during the day or night, continue to monitor and enforce mask use, physical distancing, and healthy hygiene behaviors for everyone unless fully vaccinated campers and staff do not need to mask or distance per camp policy.

If physical distancing can be maintained while outdoors, masks can be removed. Staff should ventilate and clean bathrooms regularly. For example, in the morning and evening, after times of heavy use; and, if needed, disinfect using an EPA-registered disinfectant.

When camp staff who are not fully vaccinated are away from camp—for example, during days off—they should choose safer activities and follow all prevention measures (masking and distance, for example), , consider having any not fully vaccinated staff do a screening test when returning after time spent away from camp. Camp administrators should also request that campers, their families, and camp staff follow the guidance for domestic travel during COVID-19 following travel from camp.

*Guidance for Domestic Travel During COVID-19*
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>

**Slide 47 | Contact Tracing for Overnight Camps***Where Not Everyone Is Fully Vaccinated*

Camps should isolate staff or campers with symptoms immediately and refer them for testing. They should remain isolated at camp or at home until the test result is returned, and medical care should be provided as needed.

Camp operators should notify all parents and guardians and the health department immediately following a positive result for COVID-19, and work with local public health officials to identify close contacts, as well as quarantine, testing, isolation recommendations or requirements. Regardless of vaccination status, campers and staff should monitor for symptoms of COVID-19 for 14 days following exposure.

**Slide 48| Resources**

So that concludes my updates. Next slide.

**Slide 49 | CDC Camp Resources**

Ah, there we go. Okay. I did have a couple...my apologies.

So here are links to the various resources that were mentioned to support camps, as well as families who are considering camps this summer. There's many general resources and also more specific resources for specific populations or people who might need to take extra precautions.

**COVID-19 General Resources:**

* COVID-19 Frequently Asked Questions
[<https://www.cdc.gov/coronavirus/2019-ncov/faq.html>](https://www.cdc.gov/coronavirus/2019-ncov/faq.html)
* Latest COVID Information*: Coronavirus Disease 2019 (COVID-19)* | CDC
[<https://www.cdc.gov/coronavirus/2019-ncov/index.html>](https://www.cdc.gov/coronavirus/2019-ncov/index.html)
* Managing Stress and Coping: *Mental Health and Coping During COVID-19* | CDC
[<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>](https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html)
* People at Increased Risk: *Do I need to Take Extra Precautions Against COVID-19?* | CDC
[<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fpeople-at-increased-risk.html>](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fpeople-at-increased-risk.html)
* Children and COVID-19: *Children and Teens | COVID-19* | CDC
[<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/caring-for-children.html>](https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/caring-for-children.html)
* *Talking with Children about Coronavirus Disease 2019* | CDC
[<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html>](https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html)
* *Flowchart: What to Do if a Student Becomes Sick at School or Reports a New COVID-19 Diagnosis* | CDC
[<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/student-becomes-sick-diagnosis-flowchart.html>](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/student-becomes-sick-diagnosis-flowchart.html)

There's yet another slide, more resources. Next slide, please.

**Slide 50 | CDC Camp Resources** *(continued)*

So, I have some additional guidance that might be applicable in a camp setting or guidance for school settings. And for those who might be direct service providers, parents, caregivers and guardians, or people with developmental disorders. These other resources can be helpful in determining your best policies and practices for summer camp opportunities for you.

Thank you for the opportunity to share this today, and I look forward to your questions.

*Shown on the screen:*

**For Camp Administrators and Parents, Guardians, and Caregivers:**

* Guidance for Schools and Child Care Centers: *School Settings | COVID-19*
[<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html)
* Guidance for Direct Service Providers, Parents, Caregivers, and Guardians, and People with Developmental and Behavioral Disorders: *Caring for People with Developmental and Behavioral Disorders | COVID-19*
[<https://www.cdc.gov/coronavirus/2019-ncov/hcp/developmental-behavioral-disorders.html>](https://www.cdc.gov/coronavirus/2019-ncov/hcp/developmental-behavioral-disorders.html)
* *Considerations for Outdoor Learning Gardens and Community Gardens*
[<https://www.cdc.gov/coronavirus/2019-ncov/community/outdoor-garden.html>](https://www.cdc.gov/coronavirus/2019-ncov/community/outdoor-garden.html)
* *Safely Distributing School Meals During COVID-19* | CDC
[<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/safely-distributing-meals.html>](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/safely-distributing-meals.html)

**Coping and Resilience Support Numbers:**

* National Distress Hotline: call or text 1-800-985-5990, or text TalkWithUs to 66746
* National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255), 1-888-628-9454 for Spanish

**Slide 51 | Final Slide**

1-800-CDC-INFO (232-4636)

TTY: 1-888-232-6348

[www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



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1. [*Editor’s note:* Reports of this sort from CDC are regularly updated and can be found about halfway down its *Vaccinate with Confidence page*, at: <https://www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence.html>

*Report 10* | June 21, 2021 | <https://www.cdc.gov/vaccines/covid-19/downloads/SoVC-report-10-508.pdf> [↑](#footnote-ref-1)
2. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/your-vaccination.html> [↑](#footnote-ref-2)
3. Guidance for Domestic Travel During COVID-19
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>   [↑](#footnote-ref-3)