

Levels of Community Spread for Idaho Back-to-School Framework

The purpose of this document is to provide guidance in determining the level of community spread **as defined in** “Idaho Back to School Framework,” July 9, 2020, accessed at <https://www.sde.idaho.gov/re-opening/files/Idaho-Back-to-School-Framework-2020.pdf>. Definitions are found in the table on page 8 and reproduced below.

“Identify Level of Transmission Risk”			
	Category 1: No Community Transmission	Category 2: Minimal to Moderate Community Transmission	Category 3: Substantial Community Transmission
Definitions	Evidence of isolated cases, case investigations underway, no evidence of exposure in large communal setting, e.g., healthcare facility, school, mass gathering.	Widespread and/or sustained transmission with high likelihood or confirmed exposure within communal settings, with potential for rapid increase in suspected cases.	Large-scale community transmission, healthcare staffing significantly impacted, multiple cases within communal settings like healthcare facilities, schools, mass gatherings, etc.
Level of Operations	School buildings open with physical distancing and sanitation	School buildings open but option of limited/staggered use of school buildings with physical distancing and sanitation	Targeted, short-term, or extended building closure

For the purposes of this document, community is defined as the geographic area encompassing the area in which the majority of students, their families, and school staff live and work. The community for schools in remote locations with small populations may be readily apparent; in other locations, the community may be more challenging to define, and contiguous geographic entities may be used for identifying level of community spread. For practical purposes, geographic entities are limited to zip codes, cities, and counties.

No Community Transmission

Note that in this document, community transmission is not defined in the same way that community transmission is defined by state and local public health agencies for surveillance case definitions, which is a person with no history of travel exposure, no epidemiologic linkage to a probable or confirmed case, and not a member of a risk cohort defined by public health authorities (e.g., exposure at a facility or event).

1. *Evidence of isolated cases.*
 - a. Cases have travel history as most likely exposure, *or*
 - b. Cases with only second generation* transmission within sporadic contained clusters with known epidemiologic links.

2. *Case investigations underway.*

Case investigations are initiated and contact is made within one working day of report to public health district.

3. *No evidence of exposure in large communal setting (e.g., healthcare facility, school, mass gathering).*

No facility or event-based outbreaks[†] or clusters identified in most recent six weeks.

In public health districts using a 4-level health alert scale, this category most closely aligns with routine or minimal risk alert level.

Minimal to Moderate Community Spread

1. *Widespread and/or sustained transmission.*

a. Widespread transmission with multiple cases in the community outside of sporadic cases and clusters with known epidemiologic links.

b. Sustained transmission is more than two generations of cases outside of sporadic clusters with known epidemiologic links.

2. *High likelihood or confirmed exposure within communal settings.*

Facility or event-based outbreaks or clusters identified in most recent six weeks.

3. *Potential for rapid increase in suspected cases.*

Any one of the following:

a. Community does not require cloth face coverings or physical distancing, or community recommends or requires cloth face covering or physical distancing, but compliance is below 90%.

b. Median time from sample collection date to laboratory report received by public health is greater than 3 days.

c. Median time from laboratory report received by public health to contact with patient is greater than 1 working day

d. Non-response of patients or their contacts to either public health epidemiologists or contact tracers is greater than 10%.

e. Population R_0 is greater than 1

“Suspected cases” in the context of this document refers to those patients meeting the current Council of State and Territorial Epidemiologists probable and confirmed surveillance case definitions.

In public health districts using a 4-level health alert scale, this category most closely aligns with medium or moderate risk alert level.

Substantial Community Transmission

1. *Large-scale community transmission.*

Localized outbreaks or clusters merge to become indistinct (e.g., public health officials unable to determine if source of exposure is associated with specific facility or event or with community transmission).

2. *Healthcare staffing significantly impacted.*

One of the following (a or b):

a. Hospital(s) in community (may be combination of below) have:

- cancelled elective procedures, *or*
- closed to new admissions, *or*
- closed to visits other than emergency department visits, *or*
- implemented contingency operations or crisis capacity standards of care.

b. Primary care providers are closed or have reduced hours.

3. *Multiple cases within communal settings like healthcare facilities, schools, mass gatherings, etc.*

a. Multiple facility or event-based outbreaks identified in most recent six weeks, *and*

b. Multiple cases associated with each outbreak.

In public health districts using a 4-level health alert scale, this category most closely aligns with the high or critical alert level.

*Index patient represents generation 0, close contacts to the index patient that become cases represent generation 1, and contacts to generation 1 cases that become cases represent generation 2.

†Two or more cases associated in time and place or with other epidemiological link.