

SCHOOL NEWSLETTER

A Partnership Between DPH and St. Louis County ECEs

Q4 2023
Cold Weather Vax / Respiratory
Illness Season Issue

General Covid Guidance

Kissing Bugs in Missouri

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Fighting Period Poverty

A Triple Shot of Protection

Norovirus

CDP "School Liaison" Sharifa Black
Answers 20 Questions

The Hidden Dangers of Carbon Monoxide



General Covid Guidance

If you start to see an increase in COVID cases at your school, consider the following when figuring out preventive measures:

- Hospital admissions level is the standard for measuring community levels
- Quarantine due to any type of exposure is no longer recommended
- TTS (test to stay) is no longer recommended

If experiencing an outbreak:

- First, call your LHD and report the occurrence
- Consider adding prevention strategies (masking, ci/ct, ventilation, screening testing)
At high hospital admissions level or during an outbreak, consider screening testing for higher risk activities (sports, band, etc.)
- Residential dorms and overnight child care considered congregate setting

Things to consider when implementing restrictions:

- Age of population served
- Students with disabilities
- People at risk of getting very sick
- Equity
- Availability of resources
- Communities served
- Pediatric-specific considerations

For a detailed breakdown of guidance visit <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-childcare-guidance.html>



Kissing Bugs in Missouri

Be aware: Recently a resident of St. Louis County returned results for a possible infection with *T. cruzi* (Chagas disease), which is usually transmitted through “kissing bugs” but can also be spread through blood/blood products, organ transplantation, and mother-to-child transmission.

Kissing bugs can get the *T. cruzi* parasite from feeding on the blood of an animal or person infected with the parasite. Then kissing bugs carry the *T. cruzi* parasite in their guts. The parasite is in the feces of the kissing bug. The parasite is NOT in the saliva or bite of the kissing bug. If kissing bug feces enters someone's body, the parasite can infect the person and cause Chagas disease.

Some kinds of kissing bugs poop while they are feeding; if a person scratches the kissing bug feces into the bite then the person may get sick. The parasite can also enter the body through the mouth or eye if someone touches their mouth or eye with a dirty hand. Dogs can become infected by eating kissing bugs.

Some kissing bugs in Central America and South America are more likely to be in houses and pass the *T. cruzi* parasite to people. Sometimes a mother with Chagas disease can pass the disease to her baby while she is pregnant. The parasite can be passed through blood and organ donations, and sometimes through food or drink contaminated with kissing bug feces.



Would your students like a special presentation about the big bad bugs and critters that we monitor because they spread diseases to people? Would your students be interested to hear how our mosquito control is science-based and environmentally friendly? Would they like to know how they can help in their own homes and communities?

The St. Louis County Vector-Borne Disease Prevention team is preparing lectures with hands-on components for elementary, middle school, and high school students. If you are interested in incorporating this fun, hands-on experience into your science curriculum beginning fall 2023, contact Sharifa Black at sblack@stlouiscountymo.gov.

Holiday Feasting And Food Safety

The holiday season is upon us and all that wonderful festive food can sometimes give us not so wonderful gastrointestinal issues (GI) issues. Last year we saw a large GI outbreak across counties and states tied to families' Thanksgiving dinners. Keep in mind, and maybe even remind your families, of things we can do to avoid food poisoning.



DO NOT wash raw chicken or eggs prior to cooking as it can cause germs to splash from raw meat onto other surfaces. The only way to kill germs, like salmonella or campylobacter, they may be harboring is to cook them fully (chicken should reach an internal temp of 165 degrees).

- Defrost carefully. Never allow foods to thaw at room temperature, on the counter or in warm water. Defrost food only in the refrigerator, microwave or in a cool water bath (inside a leak-proof plastic bag) with water that is changed every 30 minutes. When defrosting food in the refrigerator, remember to cover raw meat and place it on the bottom shelf so juices won't drip onto other foods. When thawing food in the microwave, cook it immediately afterward.
- Wash hands before, during and after food preparation. Proper hand-washing may eliminate a large percentage of food poisoning cases. Remember to wash hands when switching tasks, such as handling raw meat and then cutting vegetables. Wash hands with soap in clean, running water for at least 20 seconds.

- Keep kitchen surfaces clean. Use hot, soapy water to wash countertops and surfaces, cutting boards, refrigerator door handles and utensils. After tidying up, keep it clean by avoiding cross-contamination.
- Use two cutting boards. Dedicate one for raw meat, poultry and fish and the other for ready-to-eat foods, such as fruits and vegetables. Make it easy to remember by using color-coded cutting boards, one for raw meats and one for ready-to-eat foods.
- Employ different utensils for different tasks. Use separate spoons and forks to taste, stir and serve food.
- Refrigerate food within two hours of serving. This helps to prevent the growth of harmful bacteria that can lead to food poisoning and is especially important when serving buffets. Use a refrigerator thermometer and make sure it's set at below 40°F.

As for leftovers, perishable food should not be left at room temperature for more than two hours. Refrigerate or freeze leftovers within two hours of serving or throw them out. In hot weather, when 90°F or above, refrigerate or toss food within one hour of serving. Use an appliance thermometer to check that the refrigerator is cooling to 40°F or below and the freezer is 0°F or below.

Store leftovers in shallow containers. Remove turkey from the bone and store it separately from the stuffing and gravy. Slice breast meat into smaller portions to speed up cooling; legs and wings may be left whole. Use turkey, stuffing and gravy within 3 to 4 days. Reheat leftovers to 165°F.

SAFE MINIMUM INTERNAL TEMPERATURES <small>as measured with a food thermometer</small>	
Food Type	Internal Temperature
Beef, Pork, Veal, and Lamb (chops, roasts, steaks)	145°F with a 3-minute rest time
Ground Meat	160°F
Ham, uncooked (fresh or smoked)	145°F with a 3-minute rest time
Ham, fully cooked (to reheat)	140°F
Poultry (ground, parts, whole, and stuffing)	165°F
Eggs	Cook until yolk & white are firm
Egg Dishes	160°F
Fin Fish	145°F or flesh is opaque & separates easily with fork
Shrimp, Lobster, and Crabs	Flesh pearly & opaque
Clams, Oysters, and Mussels	Shells open during cooking
Scallops	Flesh is milky white or opaque and firm
Leftovers and Casseroles	165°F

U.S. FOOD & DRUG ADMINISTRATION

August 2017

Congenital Syphilis

Nationally, Congenital Syphilis (CS) is on the rise. City of St. Louis and St. Louis County officials recommend pregnant people be tested for syphilis during the first trimester, and then retested at 28 weeks gestation and at delivery if the patient lives in a community with high rates of syphilis, uses drugs or has a sexually transmitted infection during pregnancy. By law, Missouri requires all healthcare providers screen for syphilis at the first prenatal visit.

Locally, we have seen a CS case as a result of a doctor forgetting to screen their pregnant patient. Pregnant people failing to get prenatal care, and therefore receiving no screenings is also an issue. And often the same risk factors for no prenatal care are some of the same ones that put people at higher risk for developing syphilis during pregnancy. As we know, CS can have major health impacts and can cause:

- Miscarriage (losing the baby during pregnancy)
- Stillbirth (a baby deceased at the time of delivery)
- Prematurity (a baby born early)
- Low birth weight
- Death shortly after birth
- Deformed bones
- Severe anemia (low blood count)



- Enlarged liver and spleen
- Jaundice (yellowing of the skin or eyes)
- Brain and nerve problems, like blindness or deafness
- Meningitis
- Skin rashes

State Funding for ECEs

As we are all aware, funding put in place through the Cares Act for ECE facilities has ended. If you are looking for funding to fill the gap, the Missouri Department of Elementary and Secondary Education (Department) is providing guidance related to funding for new Missouri Quality Prekindergarten (MOQPK) Grants appropriated in House Bill (HB) 20 for Fiscal Year 2024. These grants are available to Local Education Agencies (LEAs) and child care providers who are licensed or contracted with the DESE Child Care Subsidy program.

Businesses in Missouri consistently rank the lack of early care and education options as a barrier for recruiting and retaining employees. The MOQPK-LEA Grant program is designed to expand the funding for prekindergarten (Pre-K) instruction and increase access for low-income families. In addition, the Office of Childhood is offering start-up funding to LEAs as an



extension to this funding opportunity through federal relief funds to support implementation of a new Pre-K program or new classrooms.



A Triple Shot of Protection

Everyone should have at least the flu and COVID shots this fall, experts have said.

COVID and Flu:

The annual flu vaccine is recommended for everyone aged 6 months and older but is most important for people at high risk for developing severe illness, including adults age 65 years and older, children under age 5, pregnant women and people with weak immune systems.

Updated COVID shots from Pfizer and Moderna are now endorsed by the F.D.A. and the C.D.C. (A third, from Novavax, is expected to arrive in the next few weeks.) The recommendations:

- Americans age 5 and older may receive one dose, at least 2 months after their last dose of any COVID vaccine.
- Children aged 6 months through 4 years who have already been vaccinated may receive one, or two, doses of the new vaccines. The timing and number of doses depends on the previous vaccine received.
- Unvaccinated children aged 6 months through 4 years may receive three doses of the new Pfizer-BioNTech vaccine or two doses of the new Moderna vaccine.

Federal health officials no longer use terms like “primary series” or “boosters” anymore when talking about COVID shots. Instead, they are trying to steer Americans toward the idea of a single annual immunization with the latest version of the vaccine.

“Like a seatbelt in a car, it’s a good idea to keep using it,” Dr. Camille Kotton, a physician at Massachusetts General Hospital and an adviser to the C.D.C., said of the COVID vaccine.

You should get the shots early enough to build immunity against the pathogens, but the timing may depend on your particular circumstances.

If you do not want or are unable to make multiple trips to a clinic or pharmacy to space the shots apart, experts recommend getting the shots together. But, if possible, it may be wise to time the shots to provide maximum protection.

COVID is already on the rise, so getting that shot as soon as possible makes sense. Flu may not peak until December, **so if you didn’t get your flu vaccine in October, get it as soon as possible.**

It has been brought to our attention that many medical offices or retail chains have experienced difficulty obtaining pediatric COVID vaccines. Similarly, DPH is able to vaccinate children, but have also had

supply issues. We recommend that families contact their pediatrician to see if they are administering pediatric COVID vaccines. If not, families should frequently check the websites for DPH and retail chains to see if pediatric appointments are available.

RSV:

For the first time, there are FDA-approved ways to prevent RSV infections. The first of these shots is a vaccine, made by Pfizer, approved for people 60 years and older, and for pregnant people 32 – 36 weeks into their pregnancy. GlaxoSmithKline also received [FDA approval](#) for its RSV vaccine for people 60 years and older. The second is a monoclonal antibody, called nirsevimab and made by Sanofi and AstraZeneca, which is approved for babies under eight months old. It's not a vaccine, since it does not stimulate the babies' immune systems to produce the antibodies like a vaccine does; instead, it simply injects these antibodies into their bloodstream in a single shot.

"We went from nothing to an abundance of riches," says Dr. Cody Meissner, professor of pediatrics at Dartmouth Geisel School of Medicine and one of the FDA's vaccine committee experts. "It's really bringing us into a new era." Meissner is also part of CDC's vaccine group that is currently discussing how to guide physicians about using those new options.

That new world may come with quite a bit of confusion, however, at least at first. The question of whether to get vaccinated is pretty straightforward for people 60 or older—the shot can reduce the risk of hospitalization by around 80%.

The situation is more complicated for pregnant people and babies, however. The vaccine has been approved for pregnant people 32–36 weeks into the pregnancy, and the CDC is weighing whether to recommend it for all women in that group, or for certain women and their babies who might be more vulnerable to RSV when they are born, such as premature infants and those born with chronic lung conditions. The discussion was prompted by concerns about the potential risk of premature births associated with the shot that studies of the vaccine revealed.

In the Pfizer studies that led to FDA approval, among women who received the vaccine, there was a slightly higher percentage who [gave birth early, before 37 weeks](#) (5.7%), than among those who got a placebo,

CDC's [Bridge Access Program](#) offers COVID-19 vaccines at no cost for adults 18 years and older without health insurance and adults whose health insurance does not provide zero-cost coverage for COVID-19 vaccines.

(4.7%). But the difference was not statistically significant. Still, that trend is potentially more concerning when coupled with the fact that another pharmaceutical company, GlaxoSmithKline, stopped developing a maternal RSV vaccine very similar to Pfizer's after its studies found a statistically significant risk of preterm births associated with the shot. "One of two things could be true," says Offit. "Either both have the same problem, and Pfizer hasn't found it yet, or neither has a problem." While there isn't an obvious reason why the vaccine would contribute to premature delivery, the RSV protein targeted by the vaccine can trigger inflammatory reactions that could increase the risk for preterm birth.

The Pfizer study included women who were at least at 24 weeks of gestation. Because the risk of premature birth overall decreases the later into gestation, the FDA approved it for pregnant people beyond 32 weeks, when the risk of early delivery is lower.

The CDC's working group is trying to figure out whether to recommend the vaccine for all expectant mothers, given this risk. "We are having more meetings about this than any other vaccine in my memory," says Meissner. It's unlikely, given the cost of the vaccine (up to \$295) and the monoclonal antibody treatment, ([\\$495 for the lowest dose](#) for the smallest infants), that a pregnant woman would receive the vaccine and then have her baby get the antibody injection. "That's duplicating

responsibilities,” he says. “Like wearing suspenders and a belt. So we are in the process of sorting out, with weekly Zoom calls, how these would be used.”

Until then, Meissner says doctors need to discuss the potential risks with women, even if Pfizer’s data do not show a statistically significant danger of preterm births. “My personal opinion is a mother needs to be honestly told that this rate [of giving birth prematurely] is slightly higher with this vaccine,” he says. That conversation won’t be easy, especially for busy obstetricians who may not have the time to delve into the complicated nature of the data.

Over the next few months, health experts will be eager to see how effective the newest options are in curbing infections and, more importantly, reducing severe disease and keeping people out of the hospital. Pfizer says it plans to have adequate supply of its new RSV vaccine for both pregnant and older people in time for the fall (a spokesperson says vials labeled for older

people can also be used for those who are pregnant until the new labeling is available).

But the updated and new vaccines, and the RSV antibody, will only have an impact if people have access to them. While the public health emergency for COVID-19 has ended, most insurers will continue to cover the updated COVID-19 vaccine, along with the flu shot. Certain Medicare plans will cover the RSV shot for older people, while the CDC has included both the maternal RSV vaccine and the antibody in its [Vaccines for Children Program](#), which means that the government will provide these for families who are uninsured or cannot afford them.

You can find providers for COVID-19, RSV and Flu vaccines at [vaccines.gov](https://www.vaccines.gov).

Norovirus

We all know the nightmare that is norovirus. Should you find yourself needing to clean and disinfect an area after someone vomits or has diarrhea, remember to:

- Always clean well and disinfect the entire area immediately.
- Wear rubber or disposable gloves and wipe the entire area with paper towels and throw them in a plastic trash bag.
- Disinfect the area as directed on the product label.

- Clean the entire area again with soap and hot water.
- Leave the bleach disinfectant on the affected area for at least 5 minutes
- Wash laundry, take out the trash, and wash your hands.

To disinfect, you should use a [chlorine bleach solution](#) with a concentration of 1,000 to 5,000 ppm (5 to 25 tablespoons of household bleach [5% to 8%] per gallon of water) or use an [EPA-registered disinfecting product that is effective against norovirus](#).



If your school is experiencing an outbreak of any sort, including any illness that is not classified as a reportable condition, notify Sharifa Black or Jacob Beers (COVID) immediately.

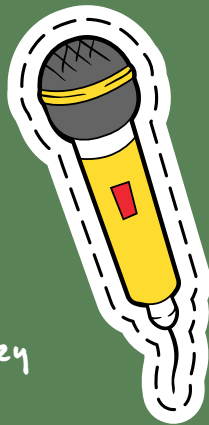
Communicable Disease Prevention "School Liaison" Sharifa Black Answers 20 Questions

What makes you laugh the most?
.....

Me. I laugh at myself constantly. Just last night I made a really bad joke mostly to myself during a rehearsal and cracked myself the heck up. I don't care if anyone else laughs.

*What would you sing at
Karaoke night?*
.....

I love karaoke! Total Eclipse of The Heart, Respect and I Will Survive are all musts, otherwise you're karaoke-ing all wrong. Anything by Journey is also acceptable.



*If you could only eat one meal for the
rest of your life, what would it be?*
.....

Tacos. Don't even have to think twice about it.

*Have you ever had a nickname?
What is it?*
.....

I have a nickname. My older sister gave me the name like 2 days after my parents brought me home from the hospital and it stuck. But ONLY my family can call me that, so I'll never tell you what it is.

*What kitchen appliance
do you use every day?*
.....

Coffee maker. I have to start my day with one cup of coffee I make myself because I like my coffee strong.

Almost anytime I'm like, "I'll just get coffee when I get to wherever." It never fails, the coffee is terrible, and I become enraged, like I want to Hulk-out and throw my cup of coffee across the room. It's pretty bad.

*What's the craziest thing you've done in
the name of love?*
.....

Get married.

*What's the most unusual thing
you've ever eaten?*
.....

When I lived in South Korea, I ate an eyeball. I mean, yolo. Right?

Are you an introvert or an extrovert?
.....

I'm an introvert and the pandemic made it worse. I can put on my extrovert hat, but when I hit that wall, you look around and I have disappeared. And everyone is like, "Where'd Sharifa go?"

Do you collect anything?
.....

I sing a lot. I keep posters from all the operas I have been cast in and all the concert programs where I am a featured soprano soloist. Eventually I'll get them all framed and make some sort of gallery wall.

*What's the most daring thing
you've ever done?*
.....

Hmm...I don't really know that it was all that daring, but my last semester of college I decided I wanted to do some

traveling before I got "a real job." So, I did some research and lined up a job teaching ESL in South Korea. I graduated,



spent 2 weeks learning Hangul and then got on a plane and moved to Iksan, South Korea for a year. I wanted to have an authentic experience, so I made sure I got a contract as far away from Seoul and any U.S. military bases as possible. It was a “sink or swim” kind of adventure and I loved every minute of it!

What’s the tallest building you’ve been to the top in?
.....

The Eiffel Tower, I think. Does that count as a building?

Would you rather vacation in Hawaii or Alaska, and why?
.....

I love a good beach vacay, but seeing the Northern Lights is on my bucket list, so Alaska.

What’s your favorite place on earth?
.....

DISNEYLAND! Not Disney World. I mean good ol’ O.G. Disneyland in Anaheim, California. On my birthday. With a brand-new set of ears on my head. And an obscene amount of churros in my belly, 2 passes on the Haunted Mansion, no line the Indiana Jones ride and a Captain Hook sighting.

What is the best concert you have ever been to?
.....

That’s hard. I’m going to call it a tie between seeing Prince when he did like 20 concerts in Inglewood, CA back in the

2010s. That was AMAZING. And Justin Timberlake’s Future, Sex, Love Sounds concert, also in LA. Specifically when Kanye popped up and did Stronger. Everyone lost their minds. Grant it, this was apex-of-his-career Kanye, before his mental health became noticeably questionable.

What is something people would never guess just by looking at you?
.....

You don’t want to see me lose my temper. I have mellowed considerably since I was a kid, but when I’m done, I’m done. And I will even tell you I’m done... You can keep pushing at your own peril.

What’s a movie you could watch every day?
.....

I literally can and have watched Jane Eyre (any BBC version is easily 4-8 hrs long) and then when it goes off, turn it right back on and start from the beginning.

Where’d you go to high school?
.....

Klein Oak. I’m not from St. Louis.

What’s the best thing you’ve read in the last five years?
.....

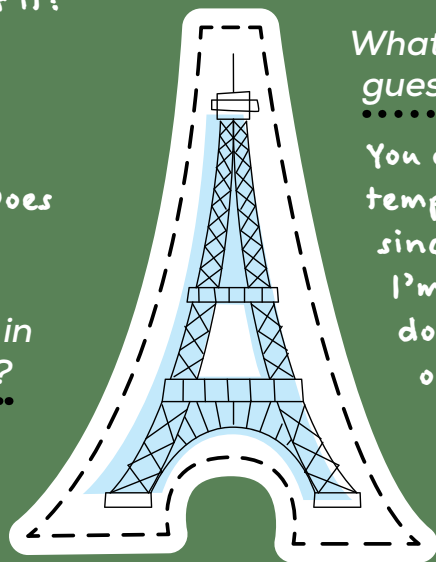
The Wife Between Us by Greer Hendricks and Sarah Pekkanen.

What is your astrological sign?
.....

I’m a Libra, for whatever that’s worth.

What’s one thing you wish you were skilled at?
.....

Playing the piano.



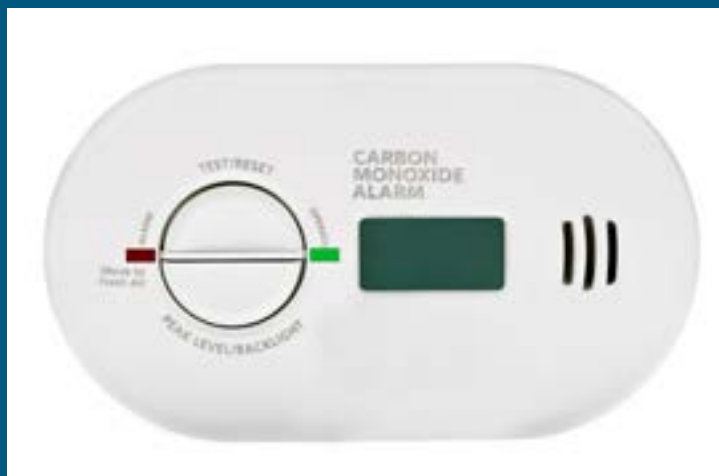
Shirley Ball

The Hidden Dangers of Carbon Monoxide

Missouri is one of many states that does not require carbon monoxide detectors in schools.

As recently as last year, a carbon monoxide leak in a school in Kansas City, Missouri sent seven elementary school students and two teachers to the hospital for carbon monoxide poisoning. Carbon monoxide (CO) poisoning can be especially dangerous for children, as their smaller bodies may be more susceptible to its effects. Here are some signs and symptoms of carbon monoxide poisoning in kids:

- Headache: Persistent and unexplained headaches, especially indoors.
- Nausea and Vomiting: Frequent nausea or vomiting, often mistaken for stomach bugs.
- Dizziness: Sudden or unexplained dizziness, stumbling, or loss of balance.
- Fatigue: Unusual and extreme fatigue, even after a full night's sleep.
- Confusion: Disorientation, memory problems, or difficulty concentrating.
- Shortness of Breath: Rapid or labored breathing, even without physical activity.
- Chest Pain: Chest discomfort, which can be particularly alarming in children.
- Flu-Like Symptoms: Symptoms resembling the flu, such as fever, chills, body aches.



- Pale or Bluish Skin: Skin color changes, especially around the lips and nail beds.
- Irritability: Increased irritability, mood swings, or behavioral changes.
- Vision Problems: Blurred vision or other vision disturbances.
- Loss of Consciousness: Fainting or loss of consciousness (severe cases)

If you suspect carbon monoxide poisoning in a student, teacher or admin staff, it's crucial to seek immediate medical attention and ensure their safety by leaving the contaminated environment. CO detectors in your school are a valuable tool for early detection.

If your school is experiencing an outbreak of any sort, including any illness that is not classified as a reportable condition, notify Sharifa Black or Jacob Beers (COVID) immediately.

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