




BCTF

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BCTF Research Backgrounder: *BC Health Authorities' Reporting of COVID-19 Exposure Events in Schools*

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According to a recent BCTF member survey, 71% of teachers indicated they are not receiving adequate information about COVID-19 exposures and cases in their school and district.¹ This document provides background information related to reported concerns from BCTF members regarding lack of consistency, timeliness and accessibility of BC Provincial Health Office (PHO) and regional health authorities' information related to COVID-19 exposure events in BC public schools between September–October 2021. BCTF Research staff accessed selected health authority and school district websites between October 18–20, 2021 to investigate how recent COVID-19 exposure, cluster, and outbreak events have been publicly reported.

Inconsistencies in declaring exposures, clusters, and outbreaks

The problem: BCTF members are noting apparent inconsistencies in defining and declaring COVID-19 events in BC's K–12 education sector compared to other sectors. This lack of consistency is causing confusion and undermining confidence in regional health authorities amongst some teachers, parents, the broader school community, and media outlets.

What's happening: Terms such as “exposure” or “potential exposure,” “cluster” and “outbreak” are used to describe the escalating presence of COVID-19 in various settings including hospitals, long term care residences, workplaces, entertainment venues, and schools. It has been observed that, in the context of schools, there is an extremely high bar for what constitutes an “outbreak” in a school setting, to the point where the term is virtually never used. This is not the case in other settings, such as hospitals. In a hospital setting there is a clear definition of what constitutes an outbreak. For example, Island Health states:

“An outbreak is recognized if three or more cases of patients and/or staff occur within a designated time frame and in a confined area or unit.² In contrast, in the K–12 school setting, outbreaks are defined differently and their declaration discretionary.”

The following SD 41 (Burnaby) document explains this:

“Cases and clusters of COVID-19 are expected in school settings given that COVID-19 is circulating in the community. These occurrences are not considered outbreaks. The declaration of an outbreak of COVID-19 or any other communicable disease in a school setting is at the discretion of the school medical officer. This is expected to occur rarely, and only when exceptional measures are needed to control transmission.”³

¹ The *BCTF Health and Safety Survey* was fielded online between September 22–October 11, 2021. Of a random sample of 15,378 BCTF members, 6,183 completed surveys were received. Resulting margin of error: +/-1.0%, 19 times out of 20. Report is forthcoming.

² <https://www.islandhealth.ca/learn-about-health/infection-prevention-control-ipac/frequently-asked-questions>

³ <https://burnabyschools.ca/wp-content/uploads/2021/09/BSD-Communicable-Disease-Prevention-COVID-19-Staff-Handbook-for-2021-10-05.pdf>

As of October 20, 2021, when accessing the various Health Authority websites to see updated information on COVID-19 in schools, one can only see “potential exposure events.” There are no clusters or outbreaks visibly reported. Often the same school will have “potential exposure events” multiple days in a row—as in this example from the Interior Health website for SD 5 (South East Kootenay):

City	School Name	Potential Exposure Event
Cranbrook	TM Roberts Elementary School	Oct. 4, 5, 6, 7, 8
Cranbrook	Parkland Middle School	Oct. 4, 5, 6, 8
Cranbrook	Laurie Middle School	Oct. 6, 7, 8
Cranbrook	Amy Woodland Elementary School	Oct. 4, 5
Cranbrook	Pinewood Elementary	Oct. 4, 5, 6, 7, 8, 12, 13

Such ambiguities about when a series of exposures constitutes a “cluster” or “outbreak” have created situations where teachers and families feel uninformed about the extent of a COVID-19 event and unable to respond with appropriate enhanced prevention measures. They are also left to question if COVID-19 clusters are occurring in their school but are not being reported as such.

According to less frequently accessed reports, we know clusters have occurred during the 2021–22 school year. For example, the October 2021 Situation Report for BC Schools⁴ indicated:

“Interior Health Authority reported 80 clusters where COVID-19 transmission may have occurred in the classroom setting during the first five weeks of the 2021-2022 school year. The clusters, which consist of two or more cases, were reported in 46 (12%) K-12 schools.”

The same report also indicates that a cluster reporting system across the province is currently in development and that data from that provincial reporting system for COVID-19 clusters in K–12 schools are expected to inform future reports, but no timeline has been given (see page 14). Until then, the lack of clear and easily accessed information about the severity of COVID-19 events is leaving teachers and caregivers uncertain about how to stay safe and prevent further spread of COVID-19 between their students’ close contacts both inside and outside of school. Receiving this information retrospectively adds to the view that there is a lack of transparency in the reporting of COVID-19 in schools.

⁴ http://www.bccdc.ca/Health-Info-Site/Documents/COVID_sitrep/K12_Situation_Report/SitRep_K-12_October_2021.pdf

Further, over-reliance on the term “exposure” in school settings is creating a situation where varied terms are circulating in the media. As this headline and subheading from an October 12, 2021 article in the *Vancouver Sun* illustrate, the term “active exposure” is being used to describe COVID-19 events:

COVID-19: Fraser Health schools have 30 times more active exposures than those in Vancouver Coastal Health: None of Fraser Health’s 13 school districts are without a COVID-19 exposure—and 8 of those districts have more than 10 active exposures”⁵

It is unclear what “active exposures” are and how they differ from “exposures” and “potential exposure events.”

What needs to happen: How can the PHO work to ensure more consistency and clarity in criteria for and declarations of exposures, clusters, and outbreaks across all sectors, so as to increase confidence in public school safety? A recommended action is that the PHO immediately review BC regional health authorities’ terminology, criteria, and wording to ensure consistency with PHO and BCCDC published guidelines about exposures, clusters, and outbreaks on websites, in communications and in public information resources.

Lack of timeliness of contact tracing and notification

The problem: Some BCTF members are reporting that they find out about exposures in their school or classroom from community sources rather than being formally notified through regional health authority exposure and contact tracing notifications. There are reported delays in receiving exposure notifications, particularly in the Northern Health region.

What’s happening: Limited to publicly available information (and not internal school communications), we have included this example below to show current School District 57 (Prince George) messaging on the topic of timelines with respect to notifications:

If Northern Health identifies anyone at the school that needs to self-monitor or self isolate, they will be contacted directly by Northern Health. That contact **often occurs within 24 to 48 hours, however, may be shorter or longer depending on the circumstances.** This may be in the form of a letter or a phone call.⁶

What needs to happen: How informed is the Provincial Health Office about whether posted timelines (e.g., the one indicated above) are actually being achieved? Is the PHO monitoring actual (not policy) timelines for COVID-19 testing, contact tracing, and notification processes in relation to school exposure events? Where contact tracing and notifications are not occurring in a timely way, the PHO must allocate additional resources to improve the speed of exposure notifications within BC’s health authorities.

⁵ See <https://vancouversun.com/news/local-news/covid-19-fraser-health-schools-have-30-times-more-active-exposures-than-those-in-vancouver-coastal-health>

⁶ <https://www.sd57.bc.ca/covid/exposure/Documents/COVID-19%20Exposure%20Notification%20FAQ%2009-29-21.pdf>

Shifting policies for exposure notification and contact tracing

The problem: Finally, the Federation is hearing concerns regarding variable reporting of and responses to school-based COVID-19 exposures. In particular, there are reports of inconsistencies with how exposure notifications are communicated and if and when contact tracing is carried out.

What's happening: Analysis of BCCDC and BC regional health authorities' policies posted on their respective websites indicates variable information for exposure notification which may be contributing to frustration and confusion expressed by some BCTF members and the broader school community.

For example, in the Northern Health region, School District 57 (Prince George) website currently states:

“[a]ny individual deemed to be at risk of exposure would be contacted directly by Northern Health.” In contrast, the School District 60 (Peace River North) website indicates: “General letters to the entire school will be replaced by the website notifications...Letters may be sent home to select close contacts as determined by Northern Health.”

Meanwhile, the Fraser Health region website indicates:

Public health provides case and contact management for all positive cases of COVID-19 in schools. If you or your child have been identified as a COVID-19 positive case or close contact, be assured that Fraser Health's Public Health team will contact you directly and provide further instruction.

At the same time, the School District 36 (Surrey) website states:

“Public health has informed all school districts in the province that exposure letters for the entire school community will no longer be issued, but will be posted on health authority websites. Public health will still continue to closely monitor transmission in school settings and manage contacts. Only those individuals who may have been exposed will be contacted by public health. Outbreaks will also continue to be reported.”

The BCCDC's Public Health Communicable Disease Guidance for K-12 Schools (updated October 1, 2021) states:

Public health will send general notification letters to the broader school community *or* [emphasis added] post the information to Regional Health Authority websites if it is necessary for contact tracing or outbreak management, in line with notification practices for other community and workplace settings. (p. 7)

Further, some Health Authorities are only posting exposure notices to the broader community **if** there is a risk of ongoing transmission of COVID-19 to others they weren't able to contact directly through contact tracing.

Vancouver Coastal Health states:

“When a school community member receives a positive COVID-19 test, Public Health will notify the case of their test result and determine who they were in contact with while they were infectious (including at school), and follow up with those contacts as well. **If** there is an increased risk of ongoing transmission of COVID-19 to groups they were a part of (e.g., a class), a school exposure notice will be posted below.” (emphasis added)

Vancouver Island Health states:

“Island Health will post exposure notifications to this website when a person (staff or student) attended school while infectious and **when there is an increased risk of COVID-19 to the groups they were a part of while infectious.**” (emphasis added)

Contradictory messaging across health authority and school district websites as well as varying descriptions of contact tracing and exposure notification methods may be contributing to concerns about obtaining dependable guidance and alerts about COVID-19 exposures in BC schools.

What needs to happen: How is the PHO working toward broader consistency and increased effectiveness of exposure notification processes across BC health authorities? How is the PHO promoting clear public messaging as to whether exposure notifications are being posted to a Health Authority website or sent directly to individuals and the school community? The examples above underscore the BCTF’s call for more transparent, consistent, and up-to-date exposure notification information and processes, and for the PHO to review current inconsistencies in BC health authorities’ messaging about exposures.

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