

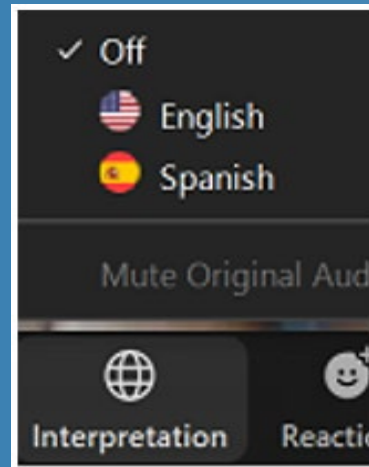
# COVID-19 Parent Information Meeting

Hosted by Spring Branch Independent School District  
Sept. 1, 2021

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# Interpretation Available

## Interpretación Disponible



# Welcome

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Dr. Jennifer Blaine, Ed.D.  
Superintendent of Schools  
Spring Branch ISD

# Meet the Panelists



**Dr. Annamaria Macaluso Davidson**  
VP, Employee Health Medical Operations  
Memorial Hermann



**Dr. Luis Ostrosky**  
UTHealth Infectious Disease Specialist  
with Memorial Hermann



**Dr. Victoria Regan**  
Pediatrician  
Memorial Hermann



**Dr. Linda Yancey**  
Infectious Disease Specialist  
with Memorial Hermann

# Agenda

- The Current COVID-19 Landscape
- Guidance for Schools, Students and Families
- The Safety and Efficacy of COVID-19 Vaccines
- Protecting Against Respiratory Viruses
- Common Themes and Frequently Asked Questions
  - Masking
  - COVID-19 Testing
  - mRNA Vaccines
  - Breakthrough COVID-19 Cases
  - Vaccine Side Effects and Adverse Events
  - Flu Season
  - and more



# The Current COVID-19 Landscape

# TMC KEY TAKEAWAYS FOR SEPTEMBER 1, 2021

1

## Effective Reproduction Rate, $R(t)$

- $R(t)$  for the Greater Houston Area (9-county MSA) is **0.97<sup>1</sup>**
  - If this is above 1.0, it means the virus spread is increasing. Compared to:
  - Last week,  $R(t)$  was **1.04** for Greater Houston Area

2

## Testing

- As of 8/27, the current 7-day average COVID-19 testing positivity rate is **14.9%** for TMC hospital systems. Compared to:
  - Last week<sup>3</sup>: **14.9%**
  - Last month: **11.5%**

3

## New cases

- Yesterday, **6,882 new people<sup>2</sup> per day** were reported as testing positive for COVID-19 in the Greater Houston Area. Compared to:
  - Last week: **2,703** new cases/day
  - Last month: **2,296** new cases/day

4

## Hospitalizations

- Yesterday, TMC **admitted 387 new COVID-19 patients per day** in TMC hospital institutions<sup>4</sup>. Compared to:
  - Last week: **388** hospitalizations/day
  - Last month: **246** hospitalizations/day

5

## ICU capacity

- Yesterday, TMC's ICU Phase 1 (non-pandemic configurations) was **full**. Phase 1 + 2 Combined was **89% full**.

6

## Vaccinations

- As of yesterday, **2,162,077 doses** have been administered by TMC institutions; **1,152,448** people have been **fully vaccinated**.

1. <https://sph.uth.edu/dept/bads/covid19-dashboard>

2. Source: TX Health and Human Services (<https://dshs.texas.gov/coronavirus/AdditionalData.aspx>)

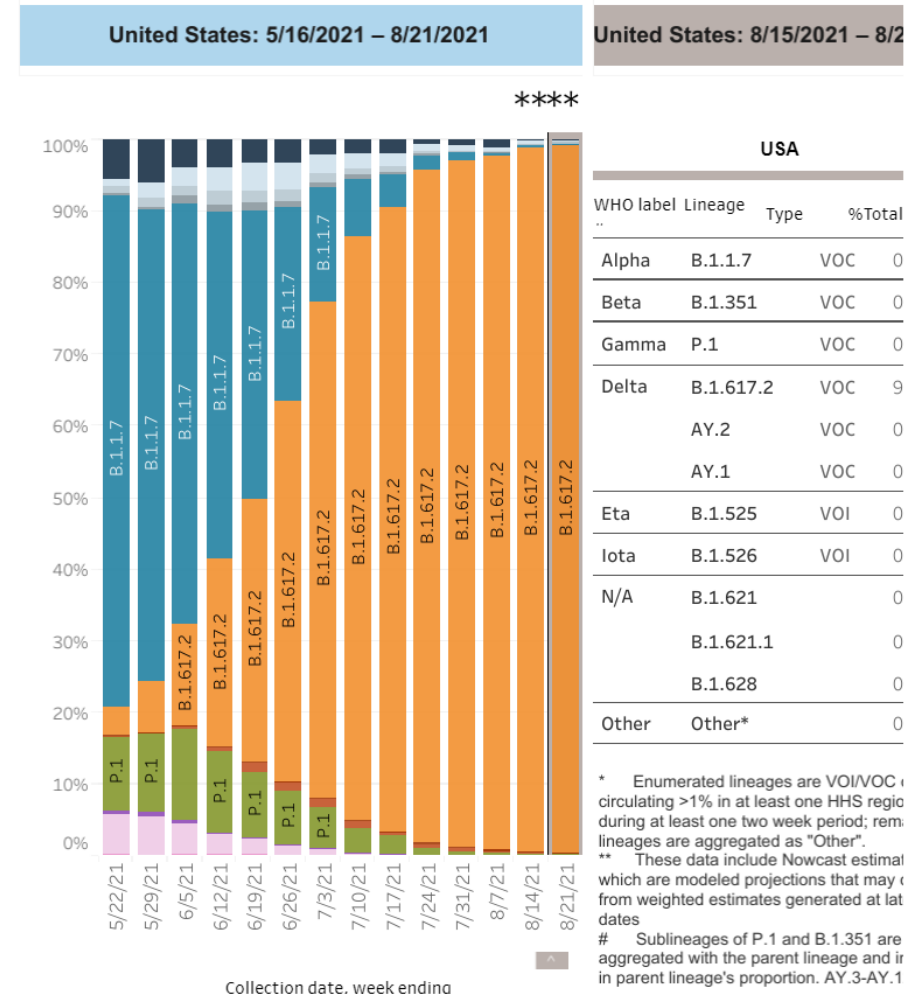
3. Testing positivity charts from the TMC hospital systems have been added to the daily metrics, in addition to the charts presented from the Texas Department of State Health Services data for the Greater Houston Area. Values from the most recent week may be updated as new test data is compiled. Note: Data for MHHS current as of 12/7 pending update

4. Source: Internal data collected from the systems Baylor College of Medicine, St. Luke's, Harris Health System, Houston Methodist, MD Anderson Cancer Center, Memorial Hermann,

Texas Children's Hospital, UTMB

# COVID-19 at a Glance

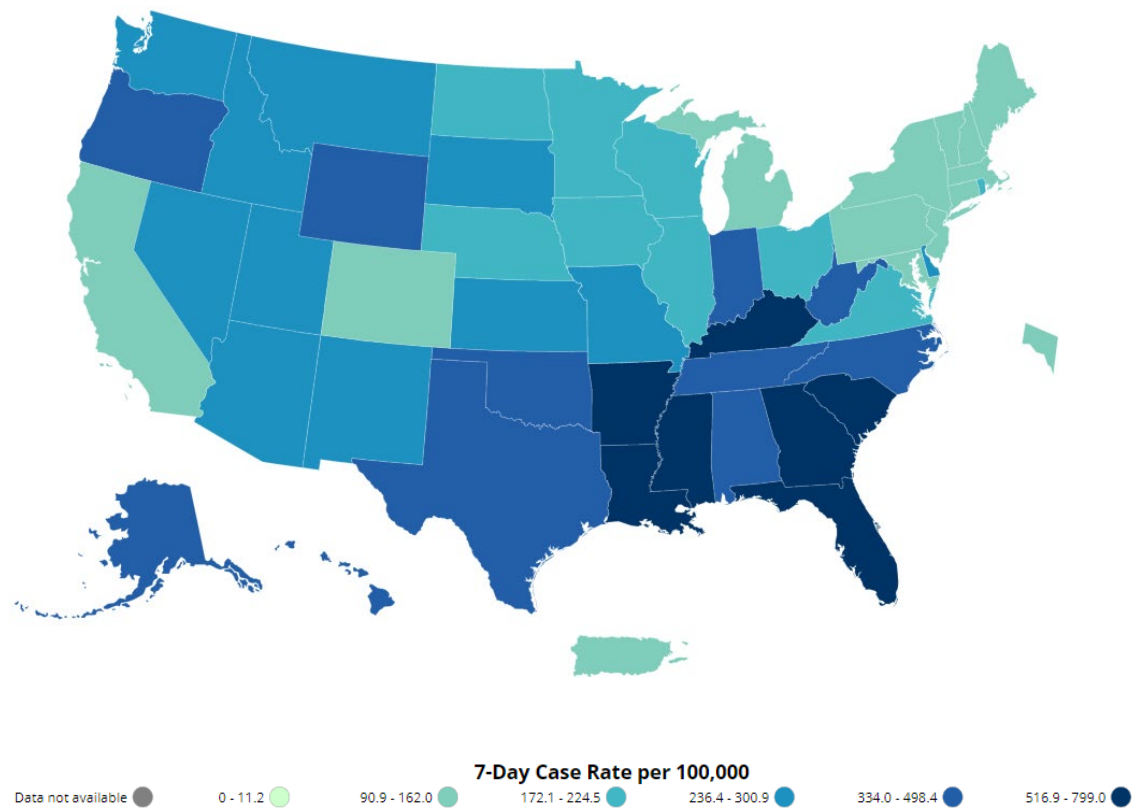
- There has been a **fourfold** increase in new COVID-19 cases per day across the U.S. over past two months.
- Unvaccinated people are **29** times more likely to be hospitalized with COVID-19.
- The delta variant (which is far more contagious than any previous strain of COVID-19) now represents more than **90%** of the United States' current coronavirus cases.
- Public health experts say that **vaccination is the key** to getting the current surge in delta variant COVID-19 cases under control.
- As long as a virus can circulate in the population, **the more variants it will produce** – and unvaccinated populations provide this opportunity.
- There is still a significant number of unvaccinated individuals in Greater Houston, **nearly 50%** of the population, including children.



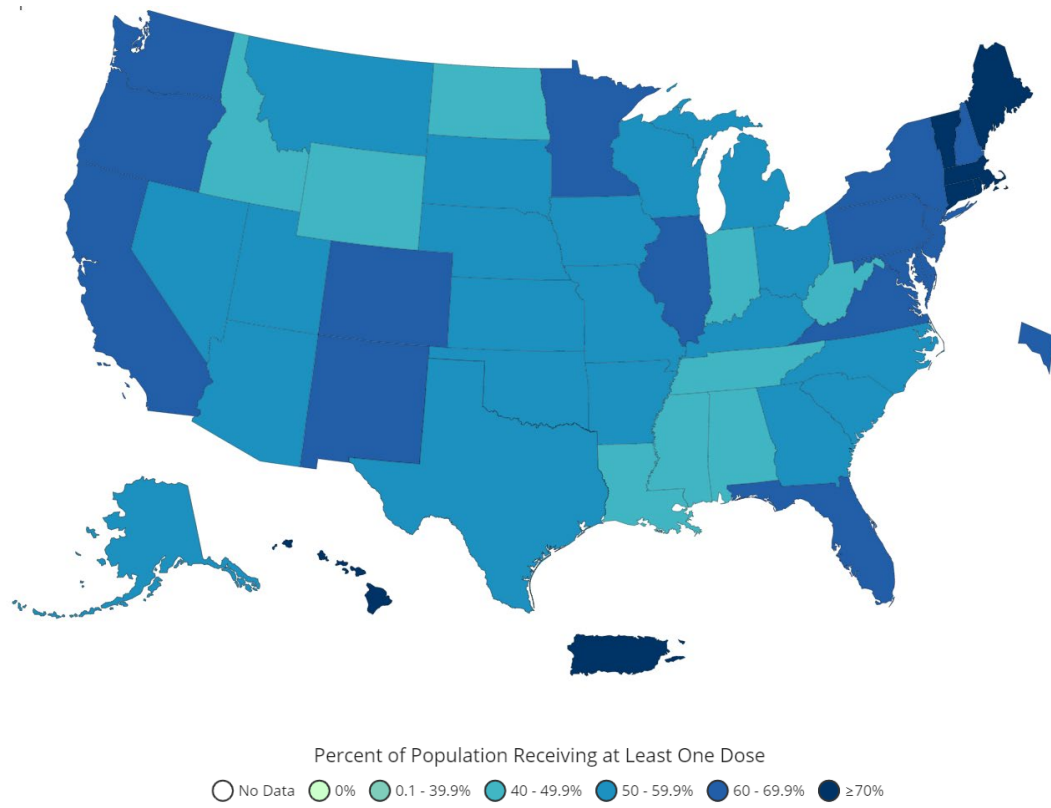


# COVID-19 Case Rate vs. Vaccination Rate

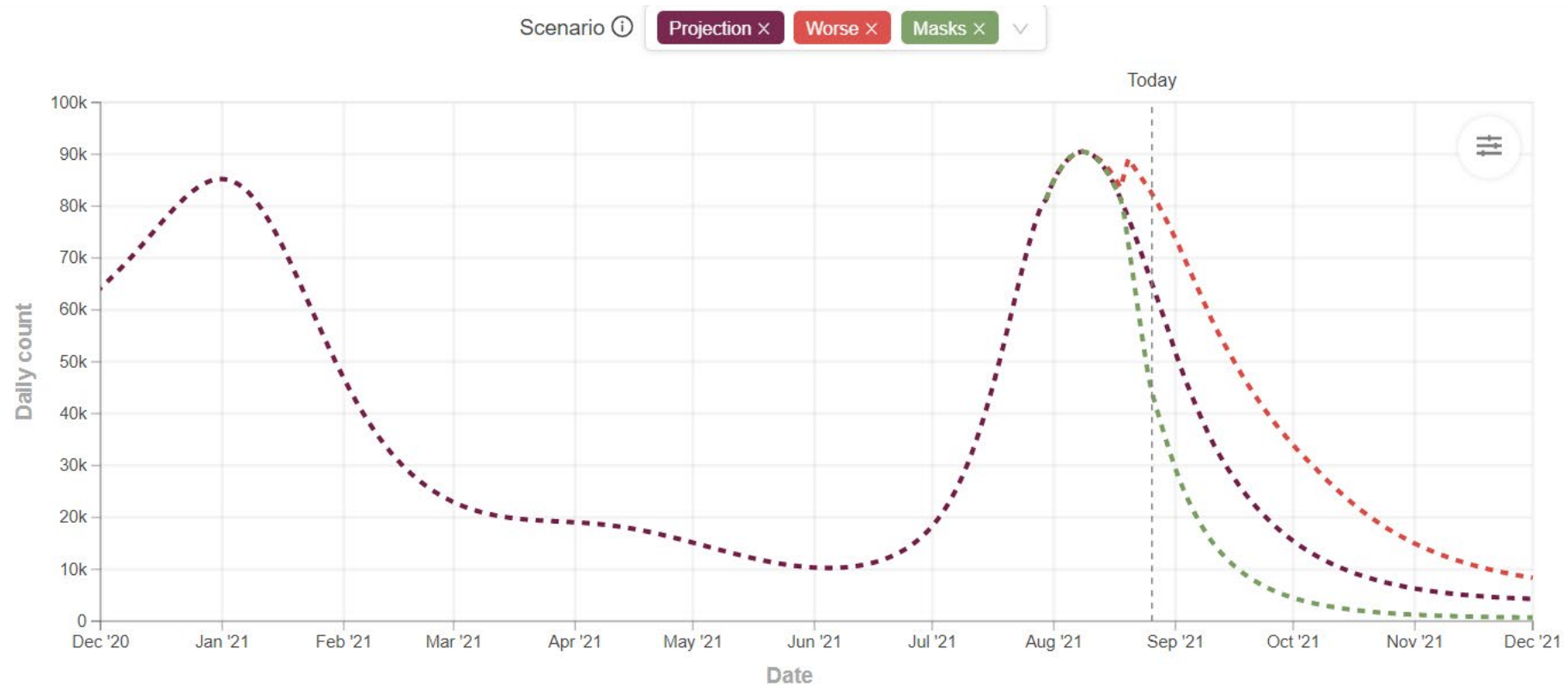
7-Day Case Rate Per 100,000 People



Percent of People Receiving at Least One Dose



# Texas COVID-19 Projections: Daily Infections and Testing



Source: Institute for Health Metrics and Evaluation

# Texas COVID-19 Projections: Hospital Resource Use



Source: Institute for Health Metrics and Evaluation

# Texas COVID-19 Projections: Daily Deaths



Source: Institute for Health Metrics and Evaluation

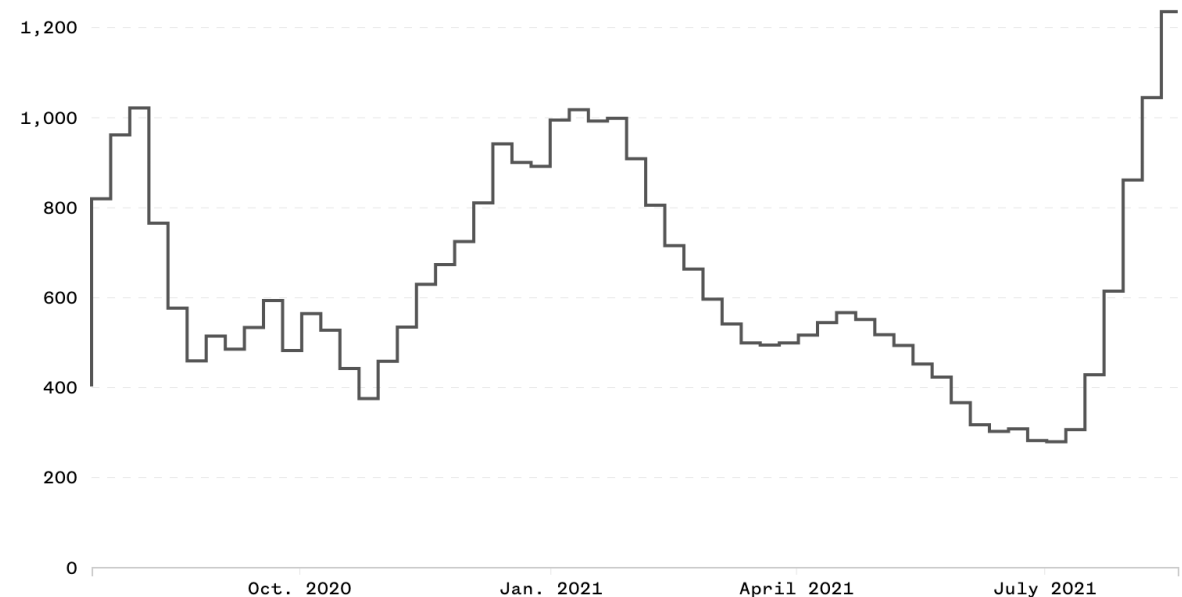
# COVID-19 in Kids

- Across the U.S., pediatric hospitalizations for COVID-19 have increased to levels not seen since January, when U.S. cases and deaths were at their highest levels, according to the latest government data. Doctors in the hospitals hardest hit by the recent surge say the situation is worse than it was in January.
- It happened fast: As of mid-August, U.S. hospitals were trending to an average of more than 1,200 children a day, twice the number from the end of July and four times from the start of July, according to an NBC News analysis of data released this week by the Department of Health and Human Services.
- The data show the U.S. facing another peak in child hospitalizations as the delta variant of COVID-19 hits communities hesitant to get vaccinated. And while unvaccinated adults are filling ICUs in parts of the South, minors in those areas are filling up the pediatric wings at an alarming pace.

## Children in the hospital with Covid, nationwide

The average number of children in the hospital per day, since July 2020.

■ Average daily beds filled, per week



Note: Data is current as of Aug. 18.

Source: U.S. Department of Health and Human Services

Graphic: Joe Murphy / NBC News

# COVID-19 in Kids, continued

- Since the start of the COVID-19 pandemic last year, 4.09 million children in the U.S. have tested positive, according to the American Academy of Pediatrics (AAP).
- While children are at an extremely low risk of dying from COVID-19, some children are developing severe cases.
- So far, more than 16,000 children in the U.S. have been hospitalized and more than 350 have died.
- Among infected children, about 4,100 cases of multisystem inflammatory syndrome have been reported in the U.S., according to the Centers for Disease Control and Prevention.
- To date, 11.7 million children under 18 years have gotten one dose of a COVID-19 vaccine, according to the AAP, including 56% of 16- to 17-year olds and 48% of 12- to 16-year olds.
- According to the American Academy of Pediatrics, in March 2020, children accounted for only 2% of new infections. By the end of May 2021, children made up more than 24% of new weekly infections even though they account for only 16% of the population.



# Guidance for Schools, Students and Families



# Open Letter to Greater Houston

- Dr. David Callender, President and CEO for Memorial Hermann, recently issued a joint letter – together with the CEOs of the Texas Medical Center, Baylor College of Medicine, St. Luke’s Health, Houston Methodist and Texas Children’s Hospital – offering guidance for schools, parents and the broader community on how to safely educate our children during these challenging times. This guidance included:
  - *Guidelines for schools and school systems*
    - > Strongly encourage vaccination of your faculty and staff.
    - > Implement masking for all people in school buildings – faculty, staff, and students.
    - > Promote distancing. Maintain at least three feet of space between students, when possible, within the practical limits of your facilities.
    - > Limit or eliminate outside guests/visitors to school buildings.
    - > Do everything possible to discourage teachers and staff members from coming to work if they are sick, or if they test positive for COVID-19.

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Baylor

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Medicine

St. Luke's

Health

HOUSTON

Methodist

LEADING MEDICINE

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Texas Children's

Hospital

An Open Letter to the People of Houston,

As CEOs of large hospital systems serving the greater Houston region, we are constantly asked for advice regarding the return of our children to schools. Therefore, in the spirit of working together as a community to achieve a common goal of safely educating our children, we offer the following letter with scientifically and medically backed advice for schools, parents, and the broader Houston community.

In ordinary times, back-to-school season is a time of hopeful anticipation. Milestones are celebrated. New shoes and backpacks acquired. Children look forward to reconnecting with old friends and meeting new ones. The new school year is full of promise and possibilities.

These are not ordinary times.

In the second year of our great pandemic, for parents the start of this school year has become a disconcerting blend of guilt, anxiety, and apprehension. It is time to go back to school. Virtual options are less available than last year. The pandemic education experience to date has left many behind academically and has taken a social, emotional, and economic toll on children and families. This year, most families do not have the option of virtual learning. Parents cannot stay home from work to home school. They have little choice but to return their children to school, and in doing so are asking themselves: Am I putting my child's health at risk?

Even in the midst of the pandemic — and as the Delta variant surges — we have tools to provide a relatively safe school environment with an acceptable level of risk. However, creating safe schools will not occur by luck. It will require a thoughtful, unified collaboration between schools, parents, and our community. Each one of us has a role to play in ensuring a safe and healthy return to school for Houston students, even if you are not a parent, teacher, or student.

Let us start with the good news. We know children tend to have milder disease. We have experience across the country last year with safe school openings with appropriate safety protocols in place<sup>1</sup>. Over the course of the entire pandemic, there have been just over 400 documented deaths in the United States of children under eighteen. One death is too many, and statistics are of little comfort if it is your child, but out of 73 million children in the US, the absolute risk is still very low.

However, if COVID-19 has taught us anything, it should be humility related to what we do not know. We cannot be complacent. Most of our documented, epidemiologically validated data to date comes from before the emergence of the Delta variant. Delta is clearly more infectious. Pediatric cases are on the rise, and in some areas of the country they are beginning to strain hospital ICU capacity. Although the risk to the overall pediatric population remains statistically low, some children do become critically ill. The Delta variant is different than its predecessors and needs to be taken seriously.

Another cause for caution. While the virus has changed, so have the schools. Where much of last school year was blended with lower than normal classroom density, there are less virtual options this year, and classroom density will almost certainly be higher, making effective distancing more difficult.

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# Open Letter to Greater Houston

## – Guidelines for parents

- > Work to make sure your circle of friends and family – the people your child will see regularly – are fully vaccinated. Again, vaccines are safe, effective, free, and available.
- > If your child is 12 years old or older, get them vaccinated.
- > Stress the importance of masking in public with your child, especially when indoors or in crowded environments.
- > Do not send your child to school if they are sick, or if they test positive for COVID-19.
- > Carefully evaluate extracurricular activities and social gatherings. Our experience to date strongly indicates most disease in students is contracted outside of the classroom and school. Make sure activities are designed to minimize the risk of exposure (vaccinate, mask, distance). If it does not feel safe, curtail after-school and social activities until the virus is clearly receding.

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Another cause for caution. While the virus has changed, so have the schools. Where much of last school year was blended with lower than normal classroom density, there are less virtual options this year, and classroom density will almost certainly be higher, making effective distancing more difficult.

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# Open Letter to Greater Houston

## – Guidelines for the community

- > Schools do not function in isolation; they are part of the community. We all have a role to play in maximizing the education and safety of our students and in protecting the people responsible for their education. Do your part to reduce the amount of SARS-CoV-2 in the community.
- > Work to make sure you and your circle of friends and family are fully vaccinated.
- > Wear a mask when indoors in public spaces. This will help protect teachers, students and their families and friends while they are out in the community.



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# The Safety and Efficacy of COVID-19 Vaccines

# The ABCs of the COVID-19 Vaccines

**A is for Allergies:** If your child has food allergies, it's still safe to get the COVID-19 vaccine. Be aware, however, that some people have an allergy to polyethylene glycol (PEG), which is used in many medications, including the COVID-19 vaccine. If your child is allergic to PEG or has experienced a severe allergic reaction to other injectable treatments, please consult with a doctor.

**D is for Development:** According to CDC, there is no evidence that any vaccine, including the COVID-19 vaccines, affects development or fertility.

**E is for Effective:** COVID-19 vaccines are remarkably effective and safe. Based on FDA data from tens of thousands of study participants, the American Academy of Pediatrics recommends that anyone who is eligible to receive the COVID-19 vaccine get vaccinated as soon as possible.

**L is for Low Risk, Not No Risk:** While most children with COVID-19 have mild symptoms or no symptoms at all, they still can spread the disease to others. In addition, severe COVID-19 illness and deaths have been reported in children under the age of 1, and children with underlying health conditions may be more likely to develop severe illness.

**P is for Previous Infection:** If your child has had COVID-19 already, the CDC still recommends vaccination. While doctors do not know yet how long we are protected after having COVID-19, they do know it is possible to contract the virus again.



# Pfizer COVID-19 Vaccine Receives Full FDA Approval



- The Pfizer COVID-19 vaccine is the only vaccine authorized in the U.S. for children age 12 and older.
- On Aug. 23, the FDA granted full approval to the Pfizer COVID-19 vaccine for people age 16 and older.
- The Pfizer vaccine has been authorized for emergency use in the U.S. since mid-December for people age 16 and older. In May, the authorization was extended to those 12 and older.
- More than **92 million** people in the U.S. have received the Pfizer COVID-19 vaccine.

# Protecting Against Respiratory Viruses



# A Summer Spike of RSV

Respiratory syncytial virus (RSV) is a seasonal respiratory virus that's highly contagious and mostly affects children.

- Usually prevalent in the fall and winter, RSV spiked over the summer, causing alarm across the medical field.
- The cause for this is still unknown. Although, widespread COVID-19 guidelines last year – like masks, social distancing and improved hand hygiene – may have been the reason for the low number of cases. As these guidelines were relaxed, RSV began to spread.

## How to protect your child from RSV

- Like with any respiratory virus, RSV is more likely to spread through contact.
- Ensure your children are washing their hands thoroughly.
- Additionally, keep surfaces wiped down and clean.
- Also, encourage your children to cover their coughs and sneezes.

A summer spike of RSV may hint at what's to come for this year's flu season, which typically begins in October. Getting your children vaccinated against the flu will be an important tool in keeping them healthy this fall.



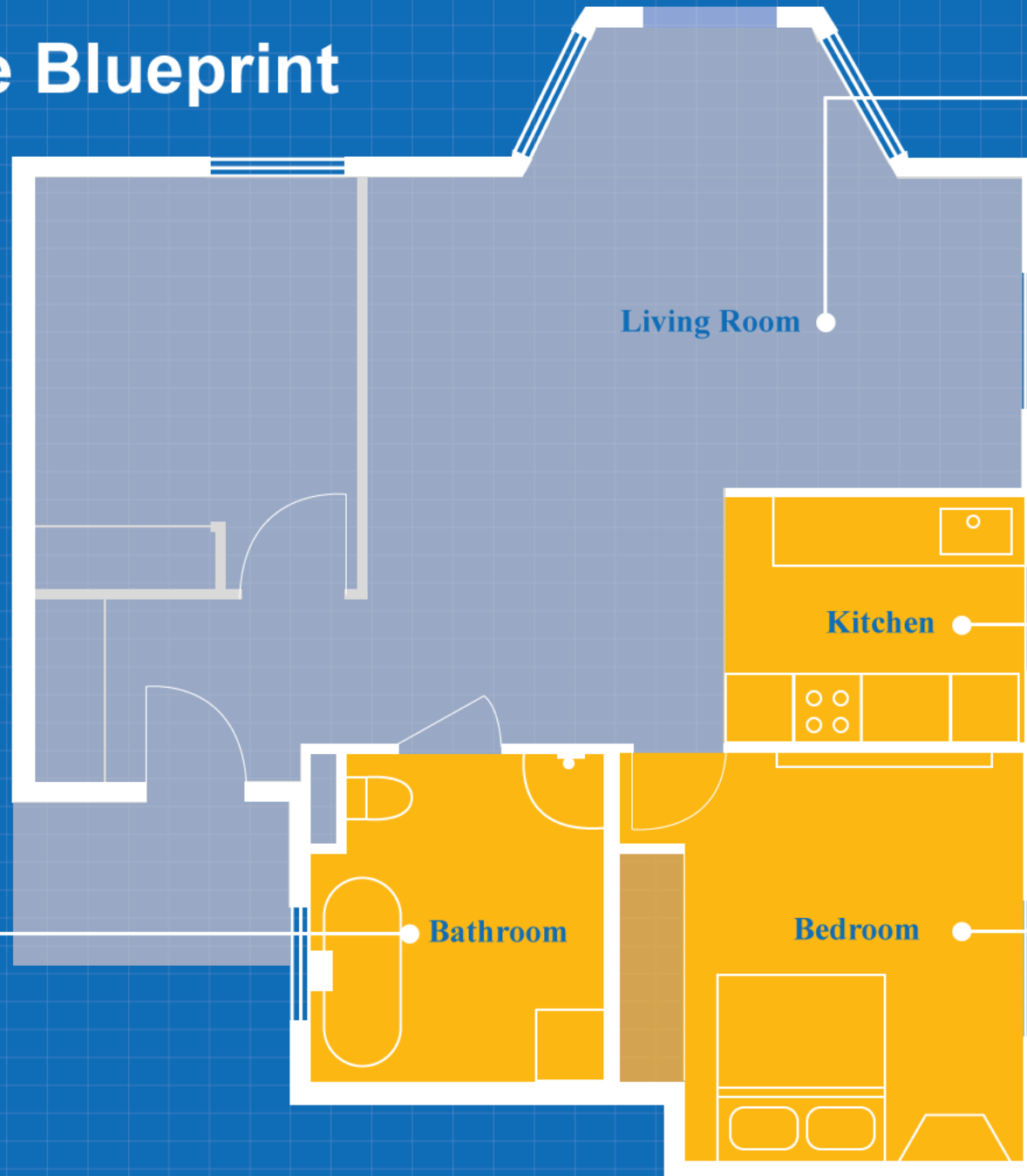
# Self-quarantine Blueprint

Continue to practice good hygiene, such as:

- Cover your mouth with a tissue when you cough or sneeze and immediately throw it in the trash.
- Wash your hands with soap and water for at least 20 seconds.

Get plenty of rest and fluids.

- Stay in a separate room and use a separate bathroom from other family members, if possible.
- Avoid sharing towels. Wash them thoroughly after each use.
- Clean surfaces like bathroom fixtures and toilets daily.
- Stock up on cleaning products and hygiene products.
- Use over-the-counter pain relievers to help manage symptoms.



- No visitors unless necessary.
- Wear a face mask when around others in your home.
- Shared spaces should have good airflow – use the A/C or open a window.
- Clean high-touch surfaces daily, including doorknobs, with a household cleaner or wipe daily.

- Avoid sharing items like drinking cups and utensils. Wash these items thoroughly after each use.
- Clean counters and tabletops with a household cleaner or wipe daily.

- Avoid sharing bedding. Wash thoroughly after using.
- Clean high-touch surfaces daily, including phones, tablets and bedside tables, with a household cleaner or wipe daily.



# Common Themes & Frequently Asked Questions

# Common Themes & Frequently Asked Questions

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Does wearing a mask really keep  
COVID-19 from spreading? How?

# Evidence for Effectiveness of Masks

- COVID-19 (and other respiratory viruses) spread mainly from person to person through respiratory droplets. Respiratory droplets travel into the air when you cough, sneeze, talk, shout or sing. These droplets can then land in the mouths or noses of people who are near you or they may breathe these droplets in.
- Masks are a simple barrier to help prevent your respiratory droplets from reaching others. Studies show that masks reduce the spray of droplets when worn over the nose and mouth.
- It is especially important to wear a mask when you are indoors with people you do not live with and when you are unable to practice social distancing since COVID-19 spreads mainly among people who are in close contact with one another.
- Wearing a mask can also protect you from breathing in the virus.

## Recommended



Medical procedure masks (sometimes referred to as surgical masks or disposable face masks)



Masks that fit properly (snugly around the nose and chin with no large gaps around the sides of the face)



Masks made with breathable fabric (such as cotton)



Masks made with tightly woven fabric (i.e., fabrics that do not let light pass through when held up to a light source)



Masks with two or three layers

# Common Themes & Frequently Asked Questions

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Can you explain the difference between the types of COVID-19 tests?

# COVID-19 Diagnostic Testing

Testing Type	Description	Turnaround Time	Accuracy	Recommend For
<b>Molecular</b> (also known as PCR test)	Look for virus's genetic material in nasal or saliva sample	Up to several days	Very accurate	Asymptomatic or participating in high-risk activities
<b>Antigen</b> (also known as rapid test)	Look for viral proteins in nasal sample	Within minutes	Less accurate and may require further diagnostic testing	Symptomatic or requires post-exposure testing

For vaccinated, test on day 3-5 post exposure or if symptomatic. For unvaccinated, test upon finding out about the exposure and day 5-7 post exposure or if symptomatic.

If you test positive for COVID-19:



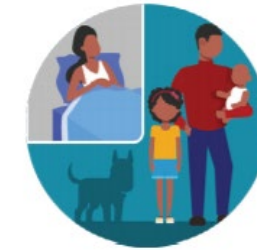
## **STAY HOME.**

Do not leave your home, except to get medical care. Do not visit public areas.



## **GET REST AND STAY HYDRATED.**

Take over-the-counter medicines, such as acetaminophen, to help you feel better.



## **SEPARATE YOURSELF FROM OTHER PEOPLE.**

As much as possible, stay in a specific room and away from other people and pets in your home.

# Common Themes & Frequently Asked Questions

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How does the science behind  
mRNA vaccines work?

# mRNA Vaccines: How They Work

COVID-19 mRNA vaccines (Pfizer and Moderna) give instructions for our cells to make a harmless piece of what is called the “spike protein.” The spike protein is found on the surface of the virus that causes COVID-19.

1. **First**, COVID-19 mRNA vaccines are given in the upper arm muscle. Once the instructions (mRNA) are inside the muscle cells, the cells use them to make the protein piece. After the protein piece is made, the cell breaks down the instructions and gets rid of them.
2. **Next**, the cell displays the protein piece on its surface. Our immune systems recognize that the protein doesn’t belong there and begin building an immune response and making antibodies, like what happens in natural infection against COVID-19.
3. **At the end of the process**, our bodies have learned how to protect against future infection. The benefit of mRNA vaccines, like all vaccines, is those vaccinated gain this protection without ever having to risk the serious consequences of getting sick with COVID-19.



## Facts about COVID-19 mRNA Vaccines

- They cannot give someone COVID-19.
- mRNA vaccines do not use the live virus that causes COVID-19.
- They do not affect or interact with our DNA in any way.
- Researchers have been studying and working with mRNA vaccines for decades.

# Common Themes & Frequently Asked Questions

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Are we seeing more  
breakthrough cases now than  
we were before?

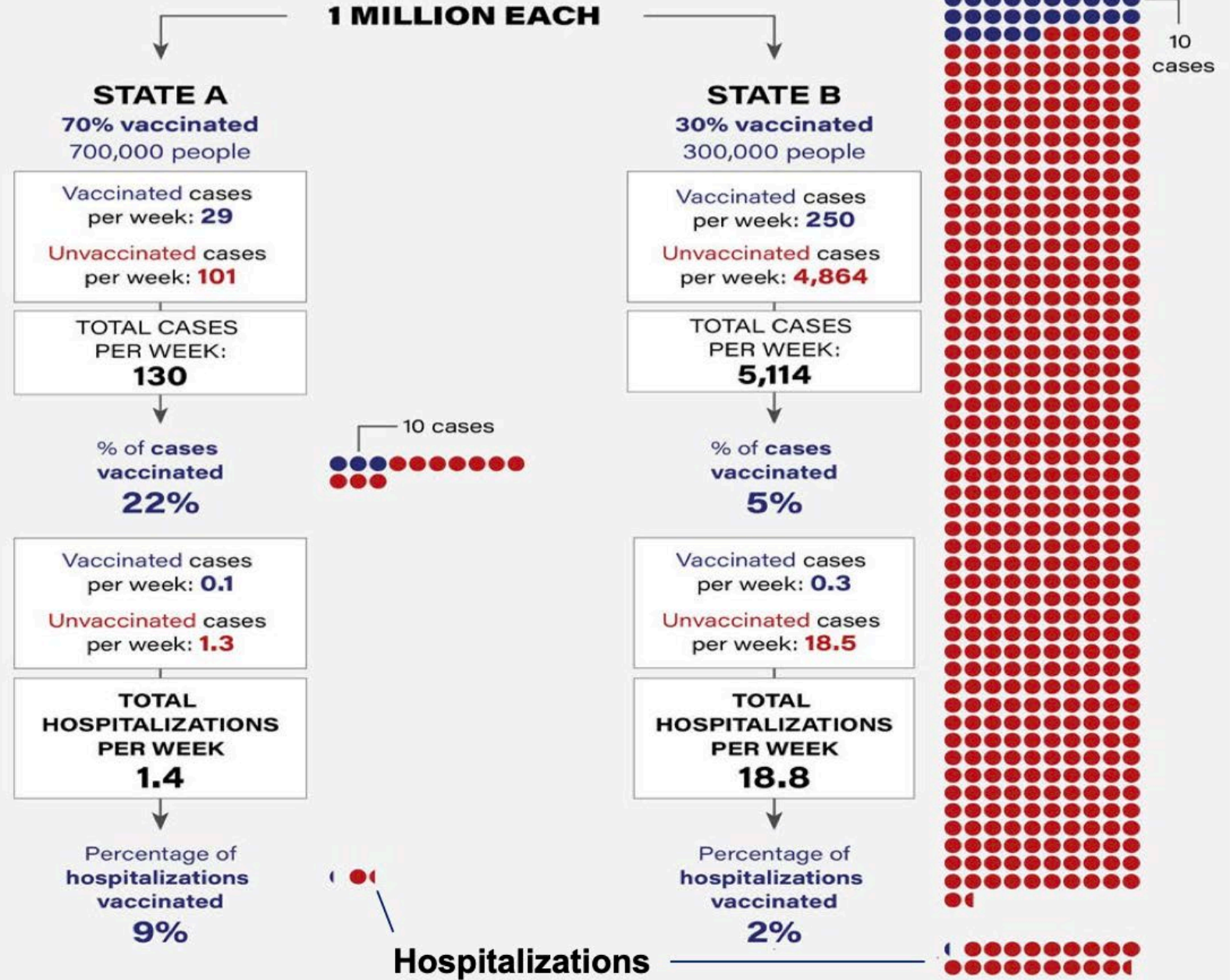


## DELTA CASES AND HOSPITALIZATIONS

Two example states with 1 million population and different levels of vaccination coverage (70% vs 30%)


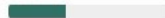




Higher vaccination coverage leads to fewer cases and hospitalizations, but greater % of vaccinated cases and hospitalizations

In both scenarios, cases and hospitalizations are greater among unvaccinated than vaccinated persons

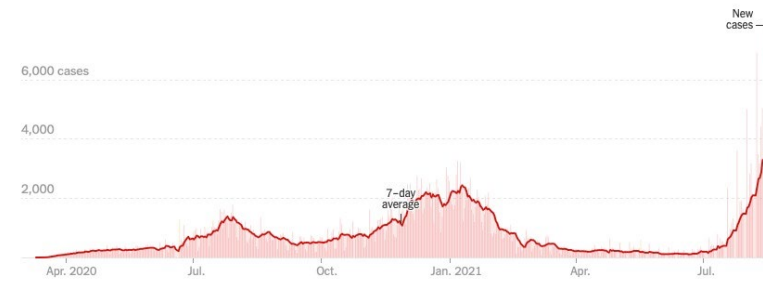


	CASES DAILY AVG.	PER 100,000	14-DAY CHANGE	HOSPITALIZED AVG. PER 100,000	14-DAY CHANGE	DEATHS DAILY AVG.	PER 100,000	FULLY VACCINATED
Mississippi	3,526	118	+91% 	55	+58%	29.4	0.99	36%

## Vaccinations







	AT LEAST ONE DOSE	FULLY VACCINATED
All ages	44% 	36% 
18 and up	55% 	46% 
65 and up	81% 	74% 

## New reported cases

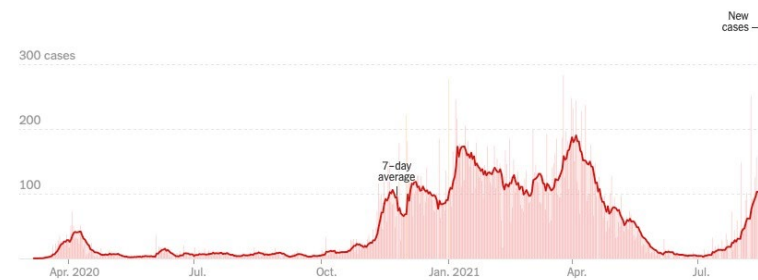


	CASES DAILY AVG.	PER 100,000	14-DAY CHANGE	HOSPITALIZED AVG. PER 100,000	14-DAY CHANGE	DEATHS DAILY AVG.	PER 100,000	FULLY VACCINATED
Vermont	105	17	+127% 	4	+540%	0.6	0.09	67%

## Vaccinations

	AT LEAST ONE DOSE	FULLY VACCINATED
All ages	75% 	67% 
18 and up	86% 	77% 
65 and up	>99% 	94% 

## New reported cases



# Common Themes & Frequently Asked Questions

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What is the point of getting vaccinated if you can still get COVID-19?

# Benefits of COVID-19 Vaccination

**Greater Protection:** A recent study of COVID-19 infections in Kentucky further indicated that COVID-19 vaccines offer better protection than natural immunity from a previous COVID-19 infection.

**Decreased Hospitalizations:** More than 90% of COVID-19 hospitalizations in Texas have been unvaccinated people. The COVID-19 vaccines are highly effective in preventing severe symptoms from the virus, including the delta variant.

**A Healthier Community:** Less hospitalizations of COVID-19 patients means more hospital beds available for everyday emergency health issues, like heart attacks, strokes, car accidents and other traumatic injuries.

**No New Variants:** The more often COVID-19 is transmitted from person to person, the more opportunity there is for variants to evolve – and new, more contagious variants to form. Vaccination is key to stopping the transmission of COVID-19 and putting an end to the pandemic.



## Common Themes & Frequently Asked Questions

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I've heard about reactions and adverse events with COVID-19 vaccines. Do the benefits of the vaccines really outweigh these risks?



# COVID-19 Vaccine Side Effects & Adverse Events

## What are the most common side effects of the COVID-19 vaccines?

As with other vaccines, individuals (including children) may feel tired or have a sore arm, low-grade fever and other flu-like symptoms following COVID-19 vaccination. However, these symptoms are typically mild and go away within 48 hours.

## What adverse events from the vaccines have been reported?

Anaphylaxis: About 2-5 cases per 1 million vaccinated people  
Thrombosis with thrombocytopenia syndrome (TTS) after J&J vaccine: 38 confirmed reports out of more than 12.6 million doses  
Myocarditis/pericarditis: 594 confirmed reports out of more than 330 million doses  
Deaths: Zero confirmed deaths due to the COVID-19 vaccines

*According to the CDC*

- ➔ Virtually all vaccines have the potential to trigger anaphylaxis
- ➔ Blood clots are a complication of COVID-19
- ➔ Many COVID-19 survivors experience some type of heart damage
- ➔ More than 600,000 people in the U.S. have died from COVID-19

# Myocarditis in Young People



In July, the CDC's Advisory Committee on Immunization Practices met to discuss the benefit-risk of COVID mRNA vaccines in adolescents and young adults during its regularly scheduled advisory committee meeting.

## KEY TAKEAWAYS

- Myocarditis after mRNA COVID-19 vaccines are most common in males less than 30 years old and within a few days after the 2nd dose.
- Early data of outcomes/recovery are good, but no long-term data is available yet.
- Early data shows rate of 12.6 cases per 1 million after 2nd dose of any mRNA vaccine in the 21 days following vaccination for individuals 12-39 years old.
- Data available to date suggest likely association of myocarditis with mRNA vaccination in adolescents and young adults.
- Clinical presentation of myocarditis cases following vaccination has been distinct, occurring most often within one week after dose 2, with chest pain as the most common presentation.
- Currently, the benefits still clearly outweigh the risks for COVID-19 vaccination in adolescents and young adults.

# Common Themes & Frequently Asked Questions

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When will a COVID-19 vaccine be available for our younger kids under 12?



# The Latest in COVID-19 Vaccine Research for Kids

## Pfizer

- Pfizer is currently testing its COVID-19 vaccine at lower doses in children younger than 12. Two doses are still required for all age groups.
- Pfizer expects to seek FDA emergency use authorization (EUA) this fall to vaccinate children 11 and younger.

## Moderna

- Moderna has filed with the FDA for EUA for its COVID-19 vaccine for people ages 12 to 17.
- The company expects results from its clinical trial involving children 6 months to 11 years before the end of the year.

## J&J

- Johnson & Johnson plans to start a trial in children as young as 12 this fall.

## Common Themes & Frequently Asked Questions

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Last fall, we saw a very small number of flu cases. Should my family still get the flu vaccine this year?

# Why Should People Get Vaccinated Against the Flu?

- The 2020 flu season was the mildest on record and experts attribute it to remote learning, wearing masks, social distancing, less travel and other widespread health measures.
- As students get back to in-person learning, and states loosen mask and social distancing mandates, experts now warn of the potential for a “twindemic” – when flu and COVID-19 cases rise at the same time and overwhelm hospitals.
- The recent increase in RSV cases and other respiratory viruses show conditions may be primed for fall and winter flu transmissions.
- The flu vaccine is the best way to protect you and your family against the flu. It is shown to reduce the risk of flu illnesses, hospitalizations and even the risk of flu-related death in children.
- Everyone 6 months of age and older should get an annual flu shot.
- The flu vaccine may be received at the same time as the COVID-19 vaccine.



# Common Themes & Frequently Asked Questions

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How can I strengthen my child's  
immune system?

# Tips for Boosting Your Child's Immune System

**Zinc:** This mineral is typically found in protein-based foods, like red meat and poultry.

**Probiotics:** Probiotics help balance healthy vs. unhealthy bacteria in the gut and can be found in yogurt.

**Fruits and Veggies:** Fruits and vegetables provide healthy antioxidants – especially berries and dark, leafy greens like kale, spinach and collard greens.

**Sleep:** Good sleep habits allow the body to rest, regenerate and heal.

**Exercise:** Keeping the body moving can help fight off infections.

**Communication:** To minimize stress and anxiety, talk with your children about how to alleviate negative feelings during this time.



# THANK YOU