## Appendix 2

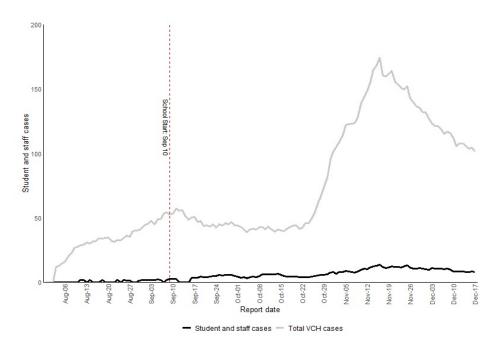
## Table A1. Data dictionary

Term	Definition
Lab confirmed case	A person with laboratory confirmation of infection with the virus that causes COVID-19 performed at a community, hospital or reference laboratory (NML or a provincial public health laboratory) running a validated assay. This consists of detection of at least one specific gene target by a Nucleic Acid Amplification assay (e.g. real-time PCR or nucleic acid sequencing).(44)
Probable-lab case	A person (who has had a laboratory test) with fever (over 38 degrees Celsius) or new onset of (or exacerbation of chronic) cough AND who meets the COVID-19 exposure criteria and in whom a laboratory diagnosis of COVID-19 is inconclusive. Inconclusive is defined as an indeterminate test on a single or multiple real-time PCR target(s) without sequencing confirmation or a positive test with an assay that has limited performance data available.(44)
Probable epi-linked case	A person (who has not had a laboratory test) with fever (over 38 degrees Celsius) or new onset of (or exacerbation of chronic) cough AND either close contact with a confirmed case of COVID-19 or lived in or worked in a closed facility known to be experiencing an outbreak of COVID-19 (e.g., long-term care facility, prison).(44)
COVID-19 Symptoms	Any one of: abdominal pain, arthralgia, chills, coma, confusion, conjunctivitis, cough, diarrhea, discoloration of toes or fingers, dizziness, fatigue, fever, headache, loss of appetite loss of sense of smell/taste, myalgia, nasal congestion, nausea, pharyngitis, rash, rhinorrhea, shortness of breath/breathing difficulty, or vomiting.(44)
Recovered / Removed from isolation	Self-isolation for a person diagnosed with COVID-19 has been discontinued based on criteria outlined by Interim Guidance(43,44).
Deceased	Death from any cause occurring in a person diagnosed with COVID-19 with no period of complete recovery between illness and death.(44)
Ever Hospitalized	Any person admitted to a hospital for at least an overnight stay, or with a prolongation of hospitalization, for reasons directly or indirectly related to their COVID-19 infection, and with no period of complete recovery between illness and admission.(44)
Ever Admitted to ICU	Any person admitted to an intensive care unit (ICU) for at least an overnight stay, or with a prolongation of ICU stay, for reasons directly or indirectly related to their COVID-19 infection, and with no period of complete recovery between illness and admission.(44)

Cancer	Malignancy or cancer diagnosed in the last 5 years.
Cardiac	Chronic cardiac disease, excluding hypertension.
Diabetes	Client self-report at time of case interview.
Immunocompromised	Client self-report at time of case interview.
Pregnant	Client self-report at time of case interview.
Respiratory	Other chronic respiratory / pulmonary condition, excluding asthma.
Smoking/vaping	Client self-report at time of case interview.
Linked to confirmed case: Yes, non-household contact	Client report close contact with a probable or confirmed case of COVID-19 in a non-household setting within 14 days prior to illness onset.
Linked to confirmed case: Yes, household contact	Client reported close contact with a probable or confirmed case of COVID-19 in a household setting within 14 days prior to illness onset.
Linked to confirmed case: No	Client did not report close contact with a probable or confirmed case of COVID-19 within 14 days prior to illness onset.
Staff	Case reporting working in a K-12 school within the learning setting in-person, or directly interacting with those within the learning setting, including teachers, support workers, principals/vice principals and office staff members.
Student	Case (or proxy) reporting attending a K-12 school in-person.
Cohort	A group of students and staff who remain together throughout a school term, the composition of which is consistent for all activities that occur in schools (41). While classes are the primary form of grouping where students spend the majority of their time, classes within a shared cohort may interact with each other for activities like physical education or music.
Likely source of acquisition	Setting in which prolonged contact with an individual infectious with COVID-19 occurred during the case's incubation period(43).
Household source	The likely source of acquisition was a member of the case's household, i.e., an occupant of the same dwelling. If a case resided in multi-unit dwelling, a household source was limited to an individual living in the same unit.
Social source	The likely source of acquisition was an individual residing outside of the case's household with whom the case had social contact.
School source	The likely source of acquisition was through contact with an individual within the school setting. This included transmissions that likely occurred both inside and outside of the classroom (e.g., staff meetings, lunch/recess, field trips).

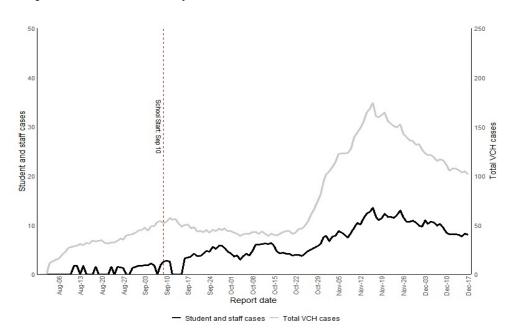
Other source	The likely source of acquisition was through an individual outside of the
	case's household, non-household social network, or school setting. For
	instance, through an exposure at a workplace or during participation in
	organized sports.

Figure A1. 7-day average of new SARS-CoV-2 cases among VCH residents, reported between August 1 and December 18, 2020<sup>1</sup>



<sup>1</sup>Data source: Case and Contact Tool, VCH Office of the Chief Medical Health Officer

Figure A2. 7-day average of new SARS-CoV-2 cases among VCH residents, reported between August 1 and December 18, 2020, with student and staff cases plotted on the primary axis and total cases plotted on the secondary axis<sup>1</sup>



<sup>1</sup>Data source: Case and Contact Tool, VCH Office of the Chief Medical Health Officer

Appendix 2, as supplied by the authors. Appendix to: Bark D, Dhillon N, St-Jean M, et al. SARS-CoV-2 transmission in kindergarten to grade 12 schools in the Vancouver Coastal Health region: a descriptive epidemiologic study. *CMAJ Open* 2021. doi: 10.9778/cmajo.20210106. Copyright © 2021 The Author(s) or their employer(s). To receive this resource in an accessible format, please contact us at cmajgroup@cmaj.ca.