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Objectives

• Overview of keeping students safe
• Review guidance for school openings
• Focus on special populations

This is a high level overview – it is impossible to cover every detail. My hope is that you will be able to approach your professional and personal school discussions with a framework, evidence, and flexibility.
Take-home messages

• The presentation today is intended to help you understand the framework for school safety and be a conversation starter to help you advocate for your children and schools
• We have plenty of evidence, tools, and experience
• CDC and AAP guidance are excellent
More take home messages

• Pay attention to community COVID-19 rates
• Implement and adjust multilayered protection
  – MASK – this really should not be a question at all!
  – Daily screener for symptoms
  – Distancing protocols
  – Consider screening testing of asymptomatic population
• Vaccinate, vaccinate, vaccinate
• Health equity – pay close attention to subpopulations
Broad overview

• Schools serve a place for learning, and also serve many other roles: therapies, child care, community support
• Schools play a substantial role in addressing racial and social inequity
• CDC and AAP call for school to be open for all kids
  – A lot of missed in-person school (remote, hybrid) last year
  – Disproportionate effect on minoritized, disabilities
  – US schools are starting to reopen in the South and yes, there are outbreaks, but in the context of severe outbreaks
  – It’s decision time again in the North, by schools and by families
Children: what we know

• Initial impression = lower incidence rate, however now thought to be because of fewer exposures
  – Much of data also obtained from last year’s experience = different variants!

• Children are more frequently asymptomatic or have mild symptoms
  – However they can become sick – as of July 7, 2021, 391 children have died
  – Disproportionately impacted: Black, Hispanic
  – Underlying medical conditions more commonly reported among hospitalized: obesity, pulmonary, neurologic, cardiac

• Now 15-20% of cases
Thoughts on schools

• Goal of all children being in-person in school
  • Time away from school leads to interruption in supportive services, social isolation, food insecurity, and reduction in physical activity
  • School closings have disproportionate impact on Black, Latinx, and Native American / Alaskan Native children

• Schools are relying on last year’s data
  • No delta variant
  • No vaccinations
  • MUCH stricter adherence to protocols
What we learned in 2020-21

- Children can attend school safely, under the right circumstances and conditions
- Children really suffered as a group when they weren’t in school
  - Learning
  - Therapies
  - Social
  - Mental health
What’s coming up for 2021-22

• Children will attend school in larger numbers
• We have tools we didn’t have last year: vaccine, testing, data, experience
• Widespread community transmission which is largely caused by abandoning safety protocols
  – Delta is more contagious, but little evidence it is inherently more dangerous or uncontrollable
  – Virus is still regarded as respiratory droplet transmission
  – Nothing has really changed about our understanding of how we limit spread
  – Vaccine is not 100% - but none are
Schools and risk

- Best protection is LOW COMMUNITY TRANSMISSION
- Next best protection is strong school protocols
  - When protocols followed, transmission in schools is lower but they continue to parallel community transmission
  - At Substantial/High transmission, school cases in MI and WA increased; they parallel community transmission
  - Historically most cases happen staff-to-staff
- Transmission in high school settings appear to be more common, which is not surprising as transmission in adolescents parallel adults
So where are we now...
Fig 6. United States: Number of Child COVID-19 Cases Added in Past Week*

Source: Children and COVID019: State Data Report. AAP / Children’s Hospital Association, 7/29/21
<table>
<thead>
<tr>
<th>Indicator - if the two indicators suggest different transmission levels, the higher level is selected</th>
<th>Low Transmission Blue</th>
<th>Moderate Transmission Yellow</th>
<th>Substantial Transmission Orange</th>
<th>High Transmission Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total new cases per 100,000 persons in the past 7 days</td>
<td>0-9.99</td>
<td>10-49.99</td>
<td>50-99.99</td>
<td>≥100</td>
</tr>
<tr>
<td>Percentage of NAATs(^1) that are positive during the past 7 days</td>
<td>0-4.99%</td>
<td>5-7.99%</td>
<td>8-9.99%</td>
<td>≥10.0%</td>
</tr>
</tbody>
</table>

- **Low**: Test, trace, isolate
- **Moderate**: Adherence to individual and selected community level prevention strategies
- **Substantial**: Everyday activities should be limited to reduce spread and protect health care system
- **High**: Significant measures to limit contact, prioritize essential activities and services
Considerations

• Community spread appears to be the most important factor in determining the safety of reopening schools
• Deliberate planning, with input from many stakeholders, is needed for buy-in and commitment
  – Address health and safety considerations for students and teachers/staff
  – Implement effective learning methods with continuity, based on standards, regardless of the modality
  – Address health and education equity and focus on special populations
NAS Reopening K-12 Schools During the Pandemic, 2020

Elimination: ”crush the curve,” vaccine

Substitution: distance learning

Engineering Controls: ventilation, barriers, density, cleaning

Administration Controls: training in new routines (handwashing), reduce large gatherings

PPE: masks and face shields
Kuo’s interpretation...

• When you are “getting back to normal…”
• …that is code for getting rid of ”substitution” and maybe “administrative”…
• …and if you’re lucky you might still have “engineering” but that isn’t typically enough…
• …and we clearly haven’t crushed the curve yet, as most kids can’t be vaccinated yet…
• …so you have to MASK and maintain “administrative”
CDC guidelines: highlights

• Vaccinate
• Universal indoor masking
• ≥3 feet distance between students in classrooms (6 feet for everyone else)
• Layered protection
  • Ventilation
  • Handwashing
  • Respiratory etiquette
• Stay home when you are sick
• Contact tracing (assigned seating will help)
Screening testing

• Schools may opt for regular screening, particularly of unvaccinated students, teachers, staff
  • Particularly in yellow, orange, red zones
  • Weekly suggested

• Schools may have resources available to set up screening tests, which are typically PCR swabs

• This is different from **diagnostic** testing (when you have symptoms and need to know if you have covid)
AAP guidelines: highlights

• Vaccinate
• Universal masking
• Test, trace, isolate
• Multi-pronged, layered approach
• Special considerations and accommodations to account for diversity of youth including medically fragile and complex, developmental challenges, disabilities
• Address overall health and well-being of all children, adolescents, families, communities
When you are sick or exposed

• Sick
  • Generally need a negative covid test and improvement of symptoms to return
  • If no test, assume you have covid and stay out for ten days from start of symptoms

• Exposed
  • Vaccinated may not have to quarantine unless symptomatic
    • Get a covid test within 2-3 days (this is an updated recommendation)
  • If unvaccinated, quarantine

• Follow all state and local guidance, particularly if a contact tracer calls you
What if you’ve had covid?

• Follow up with your doctor to assess for any residual symptoms (and assess for potential myocarditis symptoms: chest pain, shortness of breath, fainting)
  • Moderate symptoms - ≥4 days fever, ≥1 week fatigue – needs to be seen in-person by primary care physician
  • Severe symptoms, including hospitalization – cardiology evaluation; restricted 3-6 months

• Return to play guidelines
  • <12 years, as tolerated
  • ≥12 years, gradual return to play
Sports: higher risk activities

- Indoor sports greatest risk in general, particularly wrestling, ice hockey, basketball
- Outdoor sports thus far confirm low transmission
- Most transmission has been due to off-field activities: sharing meals, transportation in vehicles, when unmasked
Children and youth with special health care needs

- Vaccinate
- Multipronged, multilayered approach at baseline, with goal to open schools and keep schools open
- Creative, flexible and responsive accommodations to safely achieve inclusion
  - Advocate for inclusion
  - Most CYSHCN can safely attend school when protocols are followed
- Shared decision making around best options for optimal educational and environment, particularly for those who may be at risk for severe biological illness
CYSHCN: school considerations

- Vaccinate
- IEP and 504s need to be updated accordingly
- Compensatory services may be needed
  - Learning
  - Therapies
  - Mental health counseling
- Considerations for mental health for both students and staff
CYSHCN at high risk

- Vaccinate
- Discuss with your doctor and schools
  - Highest risk: lung disease, neurodevelopmental disability, cardiac disease, obesity
  - Take community prevalence and safety procedures into account
- Be creative, flexible, and accommodation
  - Preference for larger, better ventilated, less crowded indoor or outdoor spaces
  - Heightened attention to PPE, surface cleaning, hand hygiene
- Update IEP based on current needs
- If virtual, consider home aides, nursing, to assist with learning; arrange virtual and home-based therapies
Mask exemption?

• Almost all children can wear a mask or a face shield
  • Explain, ask, model, find (comfortable mask)
  • Gradual desensitization with practice. Don’t rush!
• Find out what is the school policy on masks (and the policy may differ based on community transmission and whether child is vaccinated)
• Assess risk/benefits of in-school vs. home learning
  – Prevalence of COVID-19 in community
  – Testing availability (test, trace, isolate)
  – Understand school protections
  – Consider places of exposure (including transportation)
Risk vs benefit

Risk

• Levels of circulating coronavirus in community
• Adequate safety policies
• Potential for biological illness
• Impact to mental health, including isolation
• Diminished access to learning and therapies, with potential regression

Benefit

• Protection from illness
• Reduction of anxiety
• Increased level of home care and possibly individual attention to specific therapies
• Consistent learning plan
School responsibility

• State, county, school district guidance for safety
• Legal requirements for learning – IEP, ADA
  • IEPs must be updated annually, regardless of learning/attendance modality (virtual, hybrid, in-person)
  • Families/caregivers of CYSHCN should be supported in adjusting IEP plans and goals as needed
The elephant in the room

• Some states and communities will “mandate” these protections. Others may strongly recommend, others will say follow CDC and AAP guidance.
• Still others will resist them. Or, even more may resist state mandates.
• Advocate, advocate, advocate
  • Follow available guidance, which really is quite good now
  • Follow community transmission
  • Model for your children
References


CDC: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html

Thank You!

Questions?