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BACK TO SCHOOL?

Gov. Gavin Newsom, whose initial public school reopening proposal met resistance, said on Tuesday that he is close to finalizing a deal with California lawmakers and expects to make an announcement this week. Below, five health experts weigh in on what should be considered before a return to in-person education after nearly a year with distance learning.

STUDENTS SHOULD BE ON CAMPUS. TIME FOR ONLINE LEARNING TO END.

BY JANET CROW

Locally, the San Diego Unified School District made the decision to close all of its schools effective the following day to "prevent the spread of coronavirus" on March 15. A wave of school closings ensued, starting in small pockets and spreading nationwide from preschools all the way through our colleges and universities. This was done despite little to no convincing data of its benefit, and with no firm recommendations coming from the Centers for Disease Control and Prevention (CDC).

At that time, the American Academy of Pediatrics (AAP) released preliminary data suggesting that the risk of serious illness in children over the age of 1 year who contract COVID-19 was relatively low, and that the mortality rate was almost nonexistent. However, the academy's response was rather subdued regarding school closings, and administrators who weren't physicians made many decisions without their expert input.

To be fair, motivation for these actions came from a desire to protect children and youth as we have always done during a crisis — returning them to the care of their parents and loved ones. But what if removing them from schools put them closer to those most threatened by the virus (grandparents, aunts, uncles and back-care caregivers)? And what if this disruption in their lives caused mental, emotional and academic consequences that will continue well beyond the time when their lives can return to "normal"?

As a pediatrician, I must advocate for my patients — especially during a crisis such as the COVID-19 pandemic. Every day for nearly 11 months, I have heard children, teenagers, college students and parents state that this open-ended hiatus from school — which could last more than an entire academic year — is taking a serious emotional, physical and academic toll on many of them.

We learned that the disease is less likely to spread if we limit the "circles" in which all of us spend our time. The concept of "small groups" suggests a setting where a group gathers regularly, can impose guidelines (such as social distancing and extra hygiene) and would be able to temporarily excuse members to protect the rest of the group.

Hmm ... sounds a lot like what we do in schools. Emptying our schools, colleges and universities is the opposite of what should have happened. These closed communities can be broken down into even smaller groups that can keep them from extending movement among the greater population, allowing them to "quarantine" away from the more vulnerable people residing outside of those institutions. Our daycares and preschools figured this out very early in the

pandemic.

Why would this be important?

If the folks who are the least likely to show symptoms of the virus (children and young adults) are made more mobile by removing them from their schools, they potentially may become infected more easily and spread more "vectors" of the virus to those who are at risk of more dire consequences of infection.

While older people are wise enough to stay put when told to do so, it is difficult to have children and youth remain quarantined without protestation. A week or two of "extended spring break" at the onset of the school closures was very different than an undetermined amount of time in educational limbo with many students still not getting online alternatives due to limited equipment or internet access.

Rather than having students living normal lives in school and outdoor sports, with gentle but firm limitations on their movements, students are now left with no place to go.

This has required extreme interventions to curb students' movements when parents and communities have not been able to restrict the movements of our most vulnerable populations (those 65 and older or with underlying illness have been asked to stay home) while freeing children and youth to find places to navigate their education and social contacts away from the safety of their schools. As a result, everyone is miserable. We hoped this experiment would work. I dare say it has not.

Those of us in the medical community, service sectors and any number of "essential worker" groups have learned how to mask, wash our hands and practice social distancing with increasingly low amounts of virus transmission even before a single vaccine went into our arms. It is time for our educators to put on their "armor" and go to work as the heroes that we know they are. Those of us who have been doing this for nearly a year are ready to help them do it successfully.

In retrospect, I and my pediatric colleagues may be looked at as a group complicit in harming both our own patients and the vulnerable populations into which they have been released if I remain silent on this subject. I do not think it is too late to reconsider decisions about where our students should be spending their time both for learning and connecting to their social communities. For a number of reasons that have given above, I think the time to reconsider is now.

Dr. Janet Crow is a clinical professor of pediatrics at UC San Diego. She lives in San Diego.

BE CAUTIOUS WITH SCHOOL REOPENINGS

BY LILIANA URIBE-BRUCE

While San Diego County remains in the purple tier due to widespread COVID-19 infection cases, the state and county have issued guidance placing a hold on further reopening schools. This is understandably frustrating for many students and families, who have made major sacrifices by foregoing in-person instruction, but the guidance is meant to prevent worsening the pandemic.

Our scientific understanding of COVID-19 has exponentially increased since March, when the World Health Organization declared a global pandemic and most public schools in the U.S. first closed to in-person education. Our growing scientific knowledge should inform the safe reopening of in-person instruction at our schools, even as we need to acknowledge that some aspects of COVID-19 disease in children and adolescents are only partially understood, including their risk to become infected and to transmit the disease to others.

Data available from the U.S. and other countries show children younger than 10 years of age are less susceptible to COVID-19 infection, but those between 10 to 19 years old have the same rates of infection and transmission potential as adults, although their disease is usually milder or without symptoms. To date, counts of San Diego COVID-19 reports show that 5.3 percent of the county's nearly 250,000 cases have been in children 9 or younger, and that 19.9 percent of the cases have been in those 10 to 19 years old.

Reports from schools offering in-person instruction offer insights.

In Israel, two high school students with COVID-19 infections triggered a large school outbreak of 153 students and 25 school staff members — at a time students had been briefly exempted from wearing masks due to a heat wave.

The European Centre for Disease Prevention and Control published surveys from 17 countries that reported from one to 400 school-based clusters of COVID-19 infection; the clusters tended to be smaller than 10 cases each.

In the U.S., there are few reports from schools offering hybrid or full-time in-person instruction. Eleven school districts in North Carolina offered hybrid or in-person attendance reported 32 infections acquired in schools and 773 acquired in the community. This report was based on symptomatic cases and contact tracing — thus underreporting asymptomatic cases. Another recent study covering 17 rural K-12 Wisconsin schools for three months found 109 COVID-19 cases among 5,500 students and staff. Interviewers concluded that only seven cases (3.7 percent) were in-school transmissions. This study's conclusions are not reliable, though, since there was no test surveillance for students or staff and thus the number of asymptomatic cases and their forward transmission are unknown.

Our schools need to thoroughly prepare to mitigate the risk for COVID-19 transmission as they plan to reopen for in-person instruction.

The Centers for Disease Control and Prevention emphasizes the need to first reduce levels of transmissions in surrounding communities to prevent school transmission. Given up to 60 percent of infected children or more may be asymptomatic, it's important to ensure lower infection rates in the community to avoid the risk of unknowingly carrying infection into schools.

There are basic key mitigation strategies for safer reopening of in-person instruction when infection is brought into the school. The dominant route for COVID-19 transmission is respiratory, via viruses suspended on large droplets or aerosols from the respiratory tract. Thus, physical distancing, the use of masks, conducting most activities in open air or in spaces with good ventilation, and appropriate filters have all shown to decrease the risk of infection. Washing hands and frequently disinfecting surfaces also help mitigate risk.

The COVID-19 vaccines are now offering light at the end of the tunnel. Teachers have been included among priority groups for vaccination and some counties in California have been able to start vaccinating their teachers already. At this time, only one of the available vaccines is approved for adolescents 10 years or older, but studies are underway to study their safety in younger children.

New COVID-19 variants have emerged that are more contagious and partially limit the efficacy of the vaccines, though, and the mitigating strategies described above are still extremely important in the efforts to decrease the risk of infection for all. The CDC is expected to publish updated guidelines to help in the decision of when and how to safely reopen schools to in-person learning, which hopefully will add to the existing knowledge and support the ongoing efforts that schools should be implementing in their campuses to ensure a safe return to in-person school instruction.

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On Dec. 18, Selena Hernandez, a bilingual instructional aide at Oak Crest Middle School in Escondido, shares a lesson plan with some of her seventh- and eighth-grade students. NELVIN C. CEPEDA / UT

LISTEN TO PEDIATRICIANS WHEN DECIDING HOW TO REOPEN

BY PATRICIA CANTRELL,
DORI MORTIMER &
VERONICA NAUDIN

As San Diego-area pediatricians, we are seeing firsthand the negative effects that prolonged school closures are having on children and adolescents. Our youth are suffering with increased medical and psychological problems that are a direct result of the failure to return to in-person learning. Our goal is to partner with families, educators and community members to safely return our children to the classroom.

In the last 10 months, we have seen an increase in childhood obesity primarily due to the decreased physical activity and increased food consumption during the stay-at-home order. Distance learning creates a sedentary lifestyle where students are on the computer for many hours of the day for online classes and homework. It also contributes to the social isolation of children and adolescents, and there has been a dramatic rise in the number of patients reporting anxiety, depression and suicidal ideation. The Centers for Disease Control and Prevention (CDC) has reported in one year that the proportion of pediatric emergency room visits due to mental health issues increased by 24 percent among children aged 5 to 11

and by 31 percent among those aged 12 to 17. The Clark County School District in Las Vegas reported the rate of suicide doubled among children aged 9 to 18 from 2019 to 2020. Physicians in San Diego are seeing the same psychological problems in the office on a daily basis, and there are not enough mental health professionals to accommodate them. More resources for mental health are needed in schools and our community to help support our children and adolescents.

Unfortunately, online learning has failed many of our students. The San Diego Union-Tribune reported in November that D and F grades had ballooned in the Sweetwater Union High School District, accounting for 28 percent of its high school grades and 32 percent of its middle school grades. The year before, 20 percent of high school and 19 percent of middle school grades were Ds and Fs. In addition, the Brookings Institution is among those who have reported that online learning disproportionately hurts lower-income families and students of color, and has been shown to have the greatest negative impact on students with lower levels of prior academic attainment.

The pandemic has revealed to us the critical role educators play in not only the academic achievement of children but in their physical and mental well-being. We value

the health of our educators and support classroom accommodations to keep them protected. While we cannot eliminate COVID-19 completely, we can mitigate the spread of the disease. Multiple studies show that teachers and children can safely return to in-person learning with minimal spread of COVID-19 in the school environment. For example, in a study from Duke University and the University of North Carolina at Chapel Hill, just 32 cases of in-school transmission occurred among over 90,000 students and staff over a nine-week period (0.03 percent). Another study in Sweden, where schools have been open throughout the pandemic, showed the relative risk of getting COVID-19 as a teacher is 0.43 compared to others — less than half the risk of other professions excluding health care workers.

Another important aspect of minimizing the spread of COVID-19 is to vaccinate teachers and staff. The American Academy of Pediatrics — California Chapter School & COVID-19 Committee has submitted a formal request to the health department in San Diego to expedite the process to authorize this group in the vaccination process.

On Jan. 5, the American Academy of Pediatrics updated its COVID-19 guidance for safe schools to recommend that policy considerations should start with the goal

that students should be physically present in school. The academy outlined a series of protocols to allow schools to open safely for in-person learning. Similarly, the CDC published its own data and policy guidelines for reopening schools safely.

Many families in San Diego remain anxious about returning to in-person learning. The best way to allay these fears is to both educate them on safety and ensure that health measures are physically in place for a safe return to school.

For those families not ready or unable to return, schools should continue to meet their educational needs online. The COVID-19 pandemic has taught us the importance of in-person learning on the health and well-being of children.

As pediatricians, we recommend the immediate safe return of children to the classroom and will work together with teachers, parents and school administrators to achieve this goal.

Cantrell has been a pediatrician for 23 years and is past president of the Association of Pediatricians—California Chapter 3 (AAP CA-CH3). She lives in Scripps Ranch. Mortimer has been a pediatrician for 18 years and lives in Carmel Valley. Naudin has been a pediatrician for 23 years and lives in Carlsbad. All are members of AAP CA-CH3.