

Children's Hospital at Dartmouth-Hitchcock Official Statement School Recommendations – November 19, 2020

A Task Force of child health professionals and infectious disease specialists with public health expertise at Children's Hospital at Dartmouth-Hitchcock (CHaD) has continued to review the medical literature and monitor the COVID-19 public health data since the beginning of the pandemic. We have learned much this fall about COVID-19, and it is clear from our districts' experiences that K-12 schools being open for in-person instruction has not driven spread of COVID-19.

RECOGNIZING THE CRITICAL IMPORTANCE OF THE SAFETY AND WELL-BEING OF OUR COMMUNITIES, STAFF AND STUDENTS, AND IN ACCORDANCE WITH STATE PUBLIC HEALTH GUIDANCE, WE THEREFORE ENCOURAGE SCHOOL DISTRICTS THAT HAVE ADVANCED TO FULL OR HYBRID IN-PERSON CLASSROOM INSTRUCTION REMAIN SO, EVEN IN THE FACE OF INCREASING REGIONAL SPREAD OF SARS-CoV-2.

Some of the evidence that informs our recommendation includes:

There has been minimal in-school spread of COVID-19 among students and staff in our region, with zero outbreaks (defined by NH DPHS as 3 or more clusters in a school). As of November 16th,

- In New Hampshire, only 7 of approximately 650 K-12 schools have reported a cluster of COVID-19 transmission, defined as 3 or more cases in a classroom or other group, and each school has limited it to just 1 cluster.
- In Vermont, among approximately 80,000 school aged children and 18,000 teachers and staff, only 64 total positive COVID-19 cases have been reported in schools, with only 1 cluster of 3 or more cases in a classroom or other group.

Unlike the flu and many other respiratory viruses, children have been relatively spared from infection and illness due to COVID-19. As of November 16, 2020,

- No deaths have been reported in those <20 years of age in New Hampshire or Vermont.
- In NH, only 548 out 15,029 COVID+ cases (3.6%) have been 9 years of age and younger, with an additional 1510 in the 10-19 age group (10.0%). This is a total of 2058 (13.6%). Thankfully, only 10 have required hospitalization (1.2% of 817 hospitalizations).
- In VT, only 107 out of 3008 COVID + cases (3.6%) have been 9 years of age and younger, with an additional 313 in the 10-19 age group (10.4%), for a total of 420 (14.0%). No children have required hospitalization.

Children can spread COVID-19, but remain less likely to than adults

- In a review of the literature in the journal *Pediatrics*, pediatric infectious disease experts William Raszka and Benjamin Lee from the University of Vermont conclude, "Almost 6 months into the pandemic, accumulating evidence and collective experience argue that children, particularly school-aged children, are far less important drivers of SARS-CoV-2 transmission than adults."
- A more recent [systematic review and meta-analysis](#) in *JAMA Pediatrics* found that "children and adolescents younger than 20 years had 44% lower odds of secondary infection with SARS-CoV-2 compared with adults 20 years and older."

As always, in-school safety measures should continue to include:

1. Masks. We recommend mandatory cloth or medical masks, with no exhalation valves allowed, as they do not filter the exhaled air. With our mandatory mask policy in place for all staff, patients, and visitors at all Dartmouth-Hitchcock Health facilities, we have experienced minimal transmission within the facilities. Accommodations should be made for those who cannot wear masks due to medical and developmental conditions. Where appropriate, eye protection/face shields in addition to masks should be used by staff where there is a likelihood of exposure to individuals with incomplete adherence to masking.
2. Physical Distancing. We agree with the recommendation from the American Academy of Pediatrics for 3-6 foot separation between students. Most of the demonstrated benefit from physical distancing occurs in the first 3 feet. All of the data on 6 foot separation has been in the absence of masks. The most important time for physical separation will be during times when masks are removed, such as snack time and lunch time.
3. Stay at home if you are sick. We recommend at least two checks – at home with a checklist (as well as temperature taking if possible), and then again at first school contact (bus or school entrance) with screening questions and consideration of additional temperature taking when warranted.
4. Hand washing. Availability of hand sanitizer in entrances, hallways and classrooms, and focus on frequent hand washing.

There are of course many other layered risk reduction efforts the schools can continue to take, such as reengineering hallways and limiting entrances and gathering spaces, limits on visitors and larger gatherings, and using ventilation and outdoor spaces where possible. More detailed resources for schools and the public are available at our [CHaDKids website](#).

The **New Hampshire Division of Public Health Services** (NH DPHS) issued [Considerations for Transitioning Between School Instructional Models](#) on September 1st, with a [data analytics dashboard](#) to help identify the “least restrictive method of instruction” for NH school districts suggested by DPHS, based on several factors, including the geographic level of community transmission and local impact on school operations.

NH DPHS has continually reiterated on [weekly calls](#) with school partners that the considerations document was intended to be a guide for making decisions about how/when to switch school instructional models. NH DPHS has also stressed that if a school is operating with an in-person instructional model (full in-person or hybrid) and able to manage with low school impact despite a “substantial” level of community transmission, that schools can very reasonably, and are encouraged to, hold course and continue with in-person instruction because there has not been significant transmission of COVID-19 identified related to school operations.

The **Vermont Agency of Education and Department of Health** issued an updated [Strong and Healthy Start: Safety and Health Guidance for Reopening Schools](#) effective November 16th that reiterates its recommendation for “full-time in-person learning as soon as practical, especially for children PreK through Grade 6.”

Our recommendation is based on our assessment that the **“the considerable detriment to the long-term education and mental health of an entire generation,”** due to school closure (noted in a [JAMA Pediatrics](#) editorial on September 25th) outweigh the low rates of infection in children, the generally mild severity of illness when they are infected, and the lower likelihood of transmission from children than adults. Indeed, based on experience so far, schools may be among the safest settings for children and adult staff.



Schools remain essential. We must prioritize them by continuing to adopt state and CDC guidance on proven methods for decreasing community transmission (masks, distancing, handwashing) along with adhering to state requirements on gatherings and travel.

We will update this and other recommendations as needed, based on public health data and expertise from DHMC.