

Schools and COVID-19 RISK COMMUNICATION FAQ

1. **There is no risk-free decision about school opening.** Opening schools may increase the risk of children and staff contracting the virus; keeping children home may lead to them falling behind academically and other sequelae.
2. **The individual risk of the virus to children is unknown.**
 - a. Children in the U.S. have high rates of asthma (8.4%), diabetes (22.3 cases/100,000 for type 1 and 13.8 cases/100,000 for type 2), and obesity (1 in 5 school children), according to the CDC. Because of these factors and others, we do not know if the U.S. experience for students and COVID-19 will follow that of other countries.
 - b. Multisystem inflammatory illness (MIS) in children is a condition related to COVID-19. On May 29, Children's Hospital of Wisconsin reported seven suspected cases of MIS. MIS can present with many different symptoms, including a persistent high fever, abdominal pain, vomiting, diarrhea, rash, swelling of the hands and feet, and red eyes and tongue.
 - c. The case rate for children ages 0-19 in Wisconsin is 19% greater than the national case rate for children ages 0-19.
 - d. We do not know the whether the virus has lasting effects on children as they grow up.
3. **Expect there to be transmission of COVID-19 in schools.** We currently do not know the extent to which the virus will be transmitted in schools. The U.S. has little experience with mass gatherings of children because schools closed early in the pandemic. Data are still evolving on:
 - a. How community transmission and disease trajectory impacts school transmission.
 - b. The extent to which children are asymptomatic shedders. A new CDC estimate says 40% of those infected are asymptomatic (all ages).
 - c. Whether children are likely to spread virus to other students and teachers.
 - d. Whether children's return-to-school experience in the U.S will be similar to that of some countries e.g. Denmark and German (fairly safe) versus others e.g. Israel (a spike in cases). A recent South Korean study revealed:
 - i. Children younger than 10 were half as likely transmit to others than adults, but *the risk is not zero*. The large number of contacts children may have in the school setting may offset their smaller risk of infecting others.
 - ii. Middle and high schoolers were more likely to transmit disease than adults.
 - iii. Children were less like than adults to show symptoms, so the number of children who set off the chain of transmission may be underestimated.
4. **Expect there to be children and staff with COVID-like symptoms at school.** Even with screening, students and staff may come to school sick or develop symptoms at school. Schools should have a plan to isolate them and send them home.

5. **Expect children and staff to miss school**, either while isolating (cases) or quarantining (close contacts). Children and staff may be out of school for large periods of time, so schools need to be prepared to provide virtual education to a subset of students and to have substitute teachers at the ready.

6. **Know the risks levels for disease transmission with children returning to school.** The more people a student or staff member interacts with and the longer that interaction, the higher the risk of COVID-19 spread. The CDC risk levels of COVID-19 spread in school settings are:
 - a. **Lowest Risk:** Students and teachers engage in virtual-only classes, activities, and events.
 - b. **More Risk:** Small, in-person classes, activities, and events. Groups of students stay together and with the same teacher throughout/across school days and groups do not mix. Students remain at least 6 feet apart and do not share objects (e.g., hybrid virtual and in-person class structures, or staggered/rotated scheduling to accommodate smaller class sizes).
 - c. **Highest Risk:** Full sized, in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.

7. **Know that guidance for opening schools includes *risk reduction* measures, not risk elimination measures.** The premise is that measures such as those proposed by the Harvard T.H. Chan School of Public Health can reduce risks to students and staff, if schools adhere to strict control measures and dynamically respond to outbreaks. These strategies include:
 - a. **Healthy Classrooms:** Wear masks, wash hands frequently, maximize physical distancing, maximize group distancing (cohort students), disinfect objects.
 - b. **Healthy Buildings:** Increase outdoor air ventilation, filter indoor air, supplement with portable air cleaners, verify ventilation and filtration performance, consider advance air quality techniques, utilize plexiglass as a physical barrier, clean surfaces, etc.
 - c. **Healthy Activities:** Provide recess, modify physical education, reimagine music and theater classes, continue sports with enhanced controls, add structure to free time
 - d. **Healthy Schedules:** Manage transition times and locations, make lunchtime safer, rethink transportation, modify attendance
 - e. **Healthy Policies:** Create culture of health/safety/responsibility, stay home when sick, establish plans and a response team, promote testing, support remote learning options, de-densify school building, protect high-risk students and staff.

8. **Expect that there may not be testing readily available.** A recent New England Journal of Medicine article noted that expanding the capacity, throughput, speed of returning results, analytic performance, and regional placement of diagnostic technologies (testing for disease) is urgently needed to contribute importantly to the current national efforts to curb the pandemic.