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Dear Parents:

As the new school year approaches under our current COVID-19 situation, understandably some concern may arise over the safe return of children to the school environment. While a global pandemic such as this might naturally prompt some fear in many of us, data from across the world, nationally, and even locally are now showing that this disease is much different for school-aged populations than older and immune-compromised populations. While it is impossible to mitigate all risks, I'd like you to consider these facts as schools return:

- Protection of vulnerable populations remains important. For children that have health conditions that warrant concern about exposure to COVID-19, please consider remote instruction.
- "From a clinical standpoint, most children 1 to 18 years old experience mild or no illness from COVID-19 and are much less likely than adults to face severe consequences from the infection." (Source: New England Journal of Medicine: https://www.nejm.org/doi/full/10.1056/NEJMms2024920, accessed 8/16/2020)
- "The best available evidence indicates if children become infected, they are far less likely to suffer severe symptoms.... COVID-19 poses relatively low risks to school-aged children... Although relatively rare, flu-related deaths in children occur every year. From 2004-2005 to 2018-2019, flu-related deaths in children reported to CDC during regular flu seasons ranged from 37-187 deaths. During the H1N1 pandemic (April 15, 2009 to October 2, 2010), 358 pediatric deaths were reported to CDC. So far in this pandemic, deaths of children are less than in each of the last five flu seasons, with only 64." These are nationwide statistics.

The source further noted, "Scientific studies suggest that COVID-19 transmission among children in schools may be low.... Based on current data, the rate of infection among younger school children, and from students to teachers, has been low, especially if proper precautions are followed. There have also been few reports of children being the primary source of COVID-19 transmission among family members. This is consistent with data from both virus and antibody testing suggesting that children are not the primary drivers of COVID-19 spread in schools or in the community." (Source: Centers for Disease Control and Prevention: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/reopening-schools.html, accessed 7/29/2020.

 Here locally within our two-county jurisdiction, we have had just 5 cases in school-aged populations. Four of those 5 cases had no symptoms and only received testing because of a documented exposure; the fifth case had a headache for one day. At the time of this writing, we have had 107 total cases in this two-county jurisdiction. • Both counties ARE NOT at the warning level in the county metrics issued by the Illinois Department of Public Health located at www.dph.illinois.gov/countymetrics.

The CDC, the American Academy of Pediatrics, and the Center for Communicable Disease Dynamics, Department of Epidemiology at Harvard School of Public Health all recommend that, with precautions in place, schools should re-open for in-school education.

If a student in the school tests positive, our Health Department will be responsible for contact tracing responsibilities related to this disease. This does not mean that the entire school would go into quarantine, not even the entire classroom. As noted by the CDC, those at risk are defined very specifically as those who had contact with a confirmed case for a 15-minute prolonged exposure period and within 6 feet. It is not standard protocol in disease surveillance to notify anyone who has not been deemed "at-risk" according to these definitions. Our agency will be in touch with families who are considered at-risk.

I am sometimes asked if I would send my kids to school this fall. I can answer, YES I would without hesitation.

Please let me know if questions.

Sincerely,

David M. Remmert, M.P.H., Ph.D. Public Health Administrator