

Do Not Deprive Children of an Entire Year of In-Person Learning

As we enter the holiday season in what has been the most tumultuous year in over a century, it has been nearly 9 months since some students in Michigan have seen the inside of a classroom. Students at Ann Arbor Public Schools (AAPS) for example, have not been given any opportunity for in-person learning. As concerned pediatricians serving these children, we have witnessed first-hand the toll this has taken as children and families struggle to maintain academic engagement and diminishing self-esteem. As high schools across the state respond to the recent surge in COVID-19 cases by converting to virtual learning, there is a widespread feeling of regret that some districts, such as AAPS, declined to capitalize on the relatively low community spread in the early months of the semester and make efforts toward in-person learning. Indeed, there is a growing sense of hopelessness that many of these districts seem singularly focused on *avoiding* a return to in-person class at all costs, even while districts like those in NYC, with over one million students and far fewer resources per pupil, commit to taking all possible steps to get young children back *into* the classroom. A recent [front page article in the New York Times](#) highlights how, especially in children under 10, the risk of school-based COVID-19 spread is low, and is far outweighed by the harms of 100% remote schooling.

We applaud some districts in our area (Saline, Dexter, Northville and Pinkney, for example) as well as numerous private and parochial schools who have made efforts to implement a hybrid model for schools for several weeks. In these schools, as in those across the nation and the world, we have observed that with proper safety measures in place, schools have not been significant drivers of COVID-19 spread. While rising community rates have resulted in scattered increases in positive cases among individuals in schools, these have generally been exposures *outside* the school setting (such as from friends or family members where protocols were relaxed). To date in surrounding districts, there has been no confirmed evidence of significant spread *within* schools or classrooms when protocols were followed.

Evidence continues to emerge that young children in a school setting do not appear to constitute a 'super-spreader' environment.

- [A recent Yale study](#) examined 57,000 childcare workers during the first 3 months of the pandemic and found that those who continued to care for children in-person did not experience higher rates of COVID-19 infection than their counterparts who stayed home.
- At the current stage of the pandemic, it is widely recognized that children seem to be less susceptible to contracting and spreading the virus than adults. A [recent meta-analysis](#) examining over 40,000 children and 268,000 adults found children and adolescents under 20 to be nearly half as susceptible to COVID infection, with a *much more* marked reduction in children less than 10-14 years of age. This study showed no significant student-to-teacher transmission in the school setting.
- Overall infection rate among children appears to be much lower than in adults. [A study published in November](#) analyzing 135,000 pediatric patients demonstrated a 4% infection rate. This is consistent with Washtenaw County data, showing that children aged 0-17 years consistently represent about 5% of overall cases, with 0% of hospitalizations or deaths, even amidst the current surge in cases.
- There is also growing evidence that [asymptomatic infection among young children is quite rare](#), especially compared with adults and adolescents. This is despite a [small study](#) published in August suggesting that infected children may carry a higher viral load than adults, which calls into question whether there is in fact a correlation between viral load and disease severity or contagiousness in children.

- Separately, an analysis of all COVID tests performed at multiple IHA Pediatric offices across southeast Michigan between March 1st and November 22nd show that out of 5,024 tests run on children ages 0-10 years, there were 166 positives, or a 3.3% positivity rate.

The data outlined above is far more relevant to the discussion of school reopening than overall community data without regard for age. Using data on community spread alone (which has been used almost exclusively by those districts, such as AAPS, which have not had any in-person school since the start of the pandemic), particularly without regard for age group data, is non-representative and misleading, and does not accurately convey risk of in-person school.

Fortunately, our community has widely embraced critical safety measures which have proven effective in minimizing in-school spread, such as mask-wearing and social distancing. In pediatric offices across the community, we have routinely cared for children of all ages, even toddlers, who have had no trouble wearing masks throughout the visit. Schools which have offered in-person learning over the course of the semester, be they public schools, private schools or childcare centers, many of whom are offering full-time in-person learning, have not experienced non-compliance with these measures. In fact, it is our observation that children seem keenly aware of the sacrifices required of them to allow for in-person learning, which they so desperately crave.

For those without the means to attend in-person school or childcare, the already cavernous educational gaps continue to widen. We've heard countless stories of young children who have grown frustrated and disillusioned with virtual learning, struggling to connect with a teacher whom they've never met, and missing their peers, whom they haven't seen in months. Special needs children continue to go without desperately needed services, often facing a closing window for intervention as more time passes. Across the age spectrum, we've seen rising rates of insomnia, anxiety, depression, obesity and oppositional behaviors. Thousands of families who work outside the home have had to explore a patchwork of childcare solutions, often at considerable financial burden. Facing childcare costs often equal to or in excess of their take-home pay, scores of parents, disproportionately mothers, have opted to leave the work force altogether in order to care for their children at home and assist with online learning, only to find a child who is unmotivated, distracted and defiant. The stress on the family created by 100% virtual school often creates an environment which is deleterious to socio-emotional well-being, and not conducive to learning. This in-turn has been proven to lead to more tension at home and rising rates of child abuse. Furthermore, it is becoming increasingly clear that many of the fundamentals of education, especially those of early elementary school, such as reading and writing, simply cannot be replicated in a virtual environment. In a stunning new [report from Fairfax Co. Public Schools](#) in Virginia, one of the largest districts in the nation, it was revealed that students there saw an 83% increase in F grades. Those students with disabilities, who were economically disadvantaged, or who did not speak English as their first language were among those who suffered the most.

As healthcare providers, we have had to change many aspects of how we care for patients to adapt to the COVID-world. Likewise, schools and school districts across Michigan have made many modifications to create a learning environment that is safe for teachers, learners and staff alike. We strongly urge a return to in-person learning, at *minimum* for elementary school and special needs students in a hybrid model, which will reduce class sizes and allow for better social distancing. We agree with the State of Michigan's guidance that masks should be mandatory for all students, indoors and outdoors, with exceptions only for rare, extenuating circumstances involving a special needs student. We know based on the experiences of those

who have been conducting in-person learning that these measures have been well-tolerated and effective, and that mask-wearing among teachers has largely prevented any significant student-to-teacher COVID-19 transmission. These simple steps, coupled with more frequent cleaning, sanitizing and hand-hygiene will significantly reduce the risk of intra-classroom spread of COVID-19. Daily screening questionnaires can help with symptom monitoring and contact tracing. If funding is needed for any of these resources, a community ask for donations is likely to prove fruitful.

Finally, we urge you to set a target date for return, for example, mid or late January, so that there is adequate time to properly prepare facilities, teachers and staff, as well as students and families. It is our belief that the cost of a full year of missed school far outweighs the relatively small risk of intra-school spread for students, and that a move toward return to in-person learning should be undertaken with the highest urgency.

While promising vaccine candidates and the prospect of a more coordinated federal pandemic response offer hope, it is likely to be months or even years before their full impact is realized. Thus, it is imperative that school districts follow the lead of those who have safely and successfully implemented in-person learning and begin to adapt to school in the COVID era as soon as possible. Surrounding districts such as Saline and Dexter have established a blueprint which can be used as a starting point. Early discussions on vaccine distribution indicate that teachers will be a high priority as doses become available. This is especially true in state-level discussions in Michigan. Nevertheless, the risk for COVID-19 even with a vaccine will never be zero. Thus, awaiting this metric is unrealistic and a disservice to a generation of students. In fact, returning in hybrid fashion now will help to better prepare for the 2021-2022 school year, in which some virus-mitigation steps will still be necessary, but a return to full classrooms five days per week is almost certain. Each additional day that passes without kids in school inflicts harm that will persist well beyond the pandemic. While there was a collective sense in the spring that children across the world were suffering these consequences equally during the early days of the pandemic, those districts where students have remained 100% virtual throughout are falling disproportionately behind. Our children deserve better than to never even *attempt* a return to the classroom. A full twelve months without any in-person instruction would be a dubious distinction for districts like AAPS that would disenfranchise thousands of children, who have already suffered tremendously. We urge you to prioritize getting children back into class, starting with the youngest and highest-risk students, without delay.

Pediatric Providers

Omkar Karthikeyan, MD
Bethany Hall, MD
Emily Heung, MD
Nicole Frei, MD
Christine Stankovic, MD
Matthew Waier, MD
Alyson Bokshan, MD
Amy Cooke, MD
Mary Dobbs, PNP
Sarah Lacy, MD
Madelyn McMurtrie, PNP
Lauren Helms, MD
Stephanie Goodson, MD

Melissa Ayoub Heinen, DO,
MPH
Jessica Huhn, MD
Patrick Gordon, MD
Kerri Randall, MD
Emma Adams, PNP
John Gardner, MD
Lisa Sprague, MD
Katherine Yulo, MD
Tarin Gitlin, MD
Lisa Markman, MD
Sarah Tomlinson, MD
Dan Peltier, MD

Stacey O'Connor, MD
Susanna Lin, MD
Wendy Roberts, MD
Carmen Green-Lee MD
Tara Kelly, MD
Kelly Strickler, PNP
Melissa Zarow, DO
Kristen Upton, PNP
Michelle Hicks, PNP
Elizabeth Hill, MD
Jocelyn Schiller, MD
Meg Wolff, MD, MHPE
Y. Katharine Chang, MD

Sharon Kileny, MD
Julia Madison-Williams, MD
Heather Burrows, MD, PhD
Andrea Buchi, MD
Allison Cator, MD
Pooja Desai, MD
Lindsay Caverly, MD
Courtney Palka, MD
Maria DeLeon, MD
Marla Mikelaite, MD
Jamie Thompson, MD
Sara McLaughlin, MD, PhD
Zoy Patouhas, MD
Marissa DaSilva, PNP
Michelle Kasprick, MD
Donna Martin, MD

Maria Skoczylas, MD
Megan Pesch, MD, MS
Alison Tribble, MD
Avram Derrow, MD
Phoebe Danziger, MD
Carla Parkin-Joseph, MD
Tanner Caverly, MD
Carla Parker, MD
Aubree Blumer, PNP
Monica Montemayor, MD
Angela Weyand, MD
Laura Sedig, MD
Curt Stankovic, MD
Bryn Gerich, PNP
Margeaux Naughton, MD
Kristin Kullgren, MD

Jessica Fealy, MD
Marisa Louie, MD
Andrea Franson, MD, MS
Kimberly Monroe, MD, MS
Chris Dickinson, MD
Heidi Flori, MD
Julie Byrne, PNP
Matthew Kohlenberg, MD
Jenny Radesky, MD
Andrea Spencer, MD
Meera Meerkov, MD
Melissa Pike, MD
Madhavi Sennerikuppam,
MD, MPH
Cory Jones, MD

Additional Physician Endorsements

Samantha Kempner, MD
Tadd Hiatt, MD
Anthony Edelman, MD
Daniel Flewelling, MD
Michael Lanham, MD
Tasha Hughes, MD
Rakesh Latchamsetty, MD
Thomas Scott-Craig, MD
Matthew Ajluni, MD
James Moravek, MD
Peter England, MD
Shanti Eswaran, MD
Kara Mizokami-Stout, MD
Josh Kaplan, MD
Nicole Ulrich, MD

Daniel Siegel, MD
Cathy Goldstein, MD
Jami Kinnucan, MD
Thomas Hearty, MD
Geoff Barnes, MD
Chad Brummett, MD
Daniel Heinen, DO
Molly Moravek, MD
Kristine Fortin-McWilliams,
MD, PhD
James Burke, MD
Shrinivas Bishu, MD
Mazan Saab, MD
Marissa Weiss, MD
Benjamin Hale, MD, MS

Emily Siegel, MD
Jessa Edelman, MD
Meredith Montero, MD
Dennis Lee, MD
Jerome Winegarden, MD
Barry Fuller, MD
Elliot Tapper, MD
Joanna Spencer-Segal, MD,
PhD
Edward Claflin, MD
Adina Turcu, MD, MS
Zeynep Yilmaz, MD
Samantha Schon, MD
Max Weiss, MD