

Below from the PUBLIC COMMENT 8-9-21 T Petersen

To the South Lane School District School Board,

I write to you today regarding masking policies at school as a parent, a community member, and a physician. Like you, I want students to be in school in person this year and I appreciate all you do to make in-person education opportunities available and safe for all students. I recommend the district adopt a universal masking policy for all children and staff on school campuses, at least for the beginning of the school year. This is also recommended by the Centers for Disease Control (CDC) and the American Academy of Pediatrics (AAP). After the first few weeks of school, the district can reassess the risk of Delta variant driven classroom transmission based on experiences from other school districts locally and nationally.

We know COVID spreads readily indoors where large numbers of people gather for extended periods of time. We also know the Delta variant is far more infectious than previous strains of the virus. This makes school classrooms an ideal environment for transmission. Air modeling done by MIT showed that in the presence of an infected classmate, 25 unvaccinated and unmasked students under the age of 15 can safely occupy a classroom for 41 minutes. That time increases to 20 hours if the same students are wearing well-fitted masks (modeling prior to Delta variant). A myth spread early in the pandemic that children were unaffected by COVID. We now know this to be false and although only a small percentage of children become ill enough to be hospitalized, many do suffer long-term consequences from the virus. Many of our children are cared for by grandparents or other older adults who are more likely to suffer negative consequences from the virus. Masking in schools will also decrease the rate of transmission in to these community members. Decreasing transmission in our larger community will also prevent more economic suffering as a result of business closures and limited services.

I recognize there is a vocal group who will state that masking violates their freedoms and poses health risks to their children. There is no science that supports claims of adverse outcomes for mask-wearing by healthy children. My own children comfortably wear masks for long periods. Just like basic hygiene measures like hand-washing, clean drinking water, healthy food, and staying home when sick, masking is another public health measure that can be used when needed to avoid school outbreaks, disruptive quarantines, and potential closures. We must use this layered approach until the district and state meet a higher threshold of vaccination for both students and staff and case counts are improving.

In summary, this has been a very challenging 18 months and although the time to return to "normal" is near, we're not there yet. Until all students are eligible for vaccination, we need to add the extra layer of protection in masking. I strongly recommend starting this fall with universal masking in the entire South Lane school district. Thank you for your time and your consideration.

Thea Petersen

Below are links to resources regarding COVID infections in then pediatric population and data on masking. I'm happy to provide more information on specific topics if needed.

AAP recommendations for masking in schools (also gives discussion for children with disabilities and behavioral issues).

https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/?fbclid=IwAR0TT22nJQNn_wOcWFS-G0jmRLBZwIeDHfmJCg9K6o5jrNgt6VwFljQ0jbs

General Pediatric COVID-19 information:

AAP report on pediatric COVID.

Highlights: Over 4 million children infected, which is about 14% of COVID cases.

Hospitalizations 2% and deaths very low (0.2% of all COVID deaths).

<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data->

[report/?fbclid=IwAR0MhyUrvdWNYmsnIWYWiF6hR0C80dm5SGoLL3pC1kbyHGDTfmjjKW-wkqE](https://www.nature.com/articles/s41598-021-89553-1?fbclid=IwAR0MhyUrvdWNYmsnIWYWiF6hR0C80dm5SGoLL3pC1kbyHGDTfmjjKW-wkqE)

Cohort study in the journal Nature of more than 12,000 pediatric patients with COVID in the US found only 25% had “classic” symptoms of fever, cough, etc. Black and Hispanic children are disproportionately affected. Approximately 5% of this study population were hospitalized and among those hospitalized, 18% required critical care and 4% needed mechanical ventilation.
<https://www.nature.com/articles/s41598-021-89553-1?fbclid=IwAR1FCuWvMTFFKXNCnd5kumvA-hrBaZvfGn99IR6Fp7M7N8WI5BeHu0reMWE>

A BMJ summary of acute COVID and MIS-C in children showed MIS-C (multi-inflammatory response syndrome from COVID) affected 0.14% of children with COVID and 2/3 of those required ICU care. Masks and other mitigating strategies are effective and transmission between children and from children to households does happen.
https://www.bmj.com/content/372/bmj.n385?fbclid=IwAR12CruMhW-0nzbw70765MT00BmDQ7P7C2ck_9Q8a4NeTWUUtTFS7AMdD8Y

A JAMA article comparing severe COVID-19 with MIS-C and patients with MIS-C were more likely than those with severe COVID-19 to be 6-12 years old. 1.4% of hospitalized children die from severe COVID versus 1.9% with MIS-C.
https://jamanetwork.com/journals/jama/fullarticle/2777026?fbclid=IwAR1bjXo9G8kHHY3k4AoKsmXx2WBHwS092_cg76diJgIFCPcPFNI_us3fA9o

Children with long COVID, summarized by NCBI, shows that more than half of children aged 6-16 years old had at least one symptom lasting more than 120 days. 42.6% were impaired by these symptoms during daily activities.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7927578/?fbclid=IwAR3zxO-zra8d7QyrQ2Mp3U_iH3aQie12ropVLPN-bGPTnCeHdtk4Njk21gl

For mental health concerns, This is a Twitter thread from Tyler Black, MC, who is a psychiatrist/suicidologist that analyzes trends on pediatric suicide. He references articles and discusses them.
https://mobile.twitter.com/tylerblack32/status/1394684301040627715?fbclid=IwAR2QyDsIExcLWQAeZr9tkoOdtia_U4i3BYGKiY57yWVo_hJONIp5lkgopp4

Evidence for mask wearing in schools:

https://www.cdc.gov/mmwr/volumes/70/wr/mm7012e2.htm?fbclid=IwAR3M1GC5Vsi_USFaQD2YSXa28Tg28vZ6EEGJHGfrz6BHVNL3K0CrZj15sQ8#T2_down
https://www.cdc.gov/mmwr/volumes/70/wr/mm7012e4.htm?fbclid=IwAR2QyDsIExcLWQAeZr9tkoOdtia_U4i3BYGKiY57yWVo_hJONIp5lkgopp4
https://www.cdc.gov/mmwr/volumes/70/wr/mm7004e3.htm?s_cid=mm7004e3_w&fbclid=IwAR2N7xIhZwxhqYpSymdaNB4Re1qzKbi8GoZUB9ZaBOCb6hJUyxiB25FDLHw

Goal 1 - Rigorous, high quality teaching and learning for all students			
	Strategy 1:	Multi-Tiered Systems of Support	
	Strategy 2:	Instructional Leadership	
	Strategy 3:	English Language Development	
	Strategy 4:	Curriculum	
	Strategy 5:	Teaching and Learning Professional Development	
Goal 2 - Support for all students' individual and specialized academic, social and emotional needs			
	Strategy 1:	Elementary Counselors/Framework	
	Strategy 2:	Secondary Mental Health Contracted Services	
	Strategy 3:	Character Strong/2nd Steps	
	Strategy 4:	SPED Systems	
Goal 3 - Equitable, inclusive, seamless, pathway cradle to career for all students			
	Strategy 1:	Collaborative Culture	
	Strategy 2:	Leadership Development	
	Strategy 3:	Communication and Engagement	
	Strategy 4:	Early Learning	
Goal 4 - Systems that ensures students experience an equitable system			
	Strategy 1:	Education Technology	
	Strategy 2:	Prepared Graduates	
	Strategy 3:	Systems Integration	
	Strategy 4:	Community Connections/Partner Engagement	
Goal 5 - Student centered, diverse and expert staff serving all students			
	Strategy 1:	Department Strategic Design	
	Strategy 2:	On-Boarding and Development	
	Strategy 3:	Recruitment, Hiring Diverse Staff	
	Strategy 4:	Evaluation Systems	
	Strategy 5:	Title 9 Implementation	
Goal 6 - Equitable resource allocation for all students			
	Strategy 1:	Allocation of funds	
	Strategy 2:	Efficient and consistent procedures and processes	
	Strategy 3:	Community Engagement	
	Strategy 4:	Long Range Planning	
Goal 7 - Community Bridge to seamless, sustainable and equitable pathways			
	Strategy 1:	Collaborative Learning Culture	
	Strategy 2:	Sustainable system	
	Strategy 3:	Leading for Equity	
	Strategy 4:	Budget aligned to Strategic Plan	