

UCSF Health Professionals Call for February 1st School Reopening

Long term school closures have a detrimental, measurable impact on children and adolescents. While school closure is challenging for all families, households which include essential workers and those with limited financial means are disproportionately impacted. Children with special needs, in particular, are uniquely negatively impacted because they depend on in-person learning for educational, rehabilitative, social, and behavioral resources that cannot be adequately supported in distance learning, resulting in additional stress on these families. School closures have widened the achievement gap. Educational inequities have the potential to translate into a lifelong barrier and a staggering number of life years lost (*JAMA Netw Open.* 2020;3). In California, many private schools reopened during the Fall, while the majority of public schools have been closed since March. The essential societal role of public education is reflected in Article IX of California's constitution, which mandates unfettered access to education for all children to ensure that a child's ability to participate in public education is not dependent on the financial means of their family.

Because literacy and health literacy influence health status, prolonged school closure is contributing to social isolation among children and adolescents. It is taking a heavy toll on their mental health and well-being . The Emergency Department at Benioff Children's Hospital-Oakland reported a temporal increase in the proportion of all children and youth (10 to 17 years) who reported suicidal ideation, from 6% in March 2020 to 16% in September 2020. Similarly, the CDC reported that compared to 2019, the proportion of pediatric emergency visits due to mental health issues in 2020 increased by 24% among children ages 5 to 11 and by 31% for children ages 12 to 17. Apart from social isolation, an increase in high-risk behaviors among youth could be related to a lack of parental or adult supervision. The cumulative long-term impact of trauma related to social isolation, educational distress, family stress, and other stressors may culminate in post-traumatic stress disorder, depression, anxiety, and other behavioral disorders. It is reasonable to expect that children who live in poverty are even more likely to experience these adverse outcomes.

There is also a real concern for significant but unknown drops in student attendance, especially in disadvantaged communities with less access to computers and the internet for online learning. School districts around the country are reporting higher rates of students failing classes, a phenomenon which has been disproportionately seen among low-income Latinx and African American children.

Since March 2020, we have learned that young children are not the primary drivers of COVID-19 transmission. We have also learned that children are generally not at risk of

severe health consequences from COVID-19. Indeed, in the entire state of California there have been only 5 COVID-related deaths among persons younger than age 18. For comparison, there were 15 deaths due to influenza in this same age group during the 2018-19 flu season. Fortunately, there is accumulating evidence from the Bay Area and other states that schools can safely reopen. In Marin county, for example, more than 450,000 “student days” (i.e., tens of thousands of students on school campuses for over 3 months) have been associated with just six cases of school-based transmission. That is, there have been only 6 additional COVID cases resulting from 40,000 students and 5,000 teachers interacting on campus since September. There is similarly reassuring data from the state of New York where COVID prevalence is no higher among high school students and teachers who returned to campus compared with community matched prevalence rates.

Teachers and other school staff are key players in this process and should be viewed as essential workers. Their health and safety are paramount. Fortunately, we now have robust data demonstrating that schools may be safely re-opened and school-based transmission remains very infrequent when universal masking and social distancing rules are carefully followed. We support the availability and use of universally accepted PPE including surgical masks and face shields for all school staff. We also support their prioritization for vaccine administration along with appropriate testing and COVID-related time-off alongside other essential workers, though school opening can and should proceed prior to vaccination availability or completion.

Following the lead of many European and Asian countries, we believe that California schools should be the first sector of our economy to reopen and the very last to close. Given the significant negative health and educational consequences of school closures for children and their families, coupled with robust data supporting reopening with appropriate mitigation strategies, we strongly support efforts to reopen California schools as soon as possible. Prioritizing reopening must include adequate resources to support the most important mitigation strategies: universal masking and social distancing. As pediatricians, internists, infectious disease specialists, epidemiologists, emergency physicians, and other healthcare professionals, we believe these strategies need immediate support and implementation, so that all schools can reopen for in-person learning by February 1st or as soon as permitted by the state.

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