



October 13, 2020

Benton-Franklin Health District (BFHD) recommendation to plan for implementation of in-person hybrid learning has not changed. As local data fluctuates and new research becomes available, BFHD may issue periodic updates to ensure that the recommendation reflects these new findings. Although COVID-19 disease activity has increased some in our community, emerging national and international data demonstrates that school reopening is not a primary driver of increased transmission rates in the community and that sustained transmission in schools has not been seen when mitigation measures are in place. BFHD continues to recommend that:

- All schools and school districts in Benton County as well as North Franklin School District, plan for implementation of in-person hybrid learning models as early as October 1, 2020.
- Pasco School District and all other schools and districts in Franklin County plan for implementation of in-person hybrid learning models as early as October 15, 2020

With higher disease activity, BFHD recommends that school districts consider phased re-entry of students during transition to in-person hybrid learning. Younger ages (< 10 years old) are less likely to transmit COVID-19 and elementary students can be grouped or cohorted. Based on these factors, BFHD recommends that schools begin phased transition with elementary schools.

Strict adherence to COVID-19 protocols according to state and local guidance, including use of face coverings will be necessary to ensure that students and staff are able to return safely. Implementation of in-person hybrid learning models will require significant preparation for both schools and families.

- Schools need to consider the proportion of their staff and student population at higher risk for serious illness with COVID-19.
- Schools need to ensure that adequate hygiene, sanitization, and personal protective equipment (PPE) supplies are available.
- Schools need to ensure that adequate staff are available to perform the required COVID-19 precautions.
- Families need to ensure that their students' immunizations are updated, all necessary paperwork is completed, and those who require Individual Health Plans (IHP) have submitted them prior to returning to in-person learning.

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The primary goal of BFHD’s recommendation is to provide guidance to schools on the public health risks associated with their reopening decisions. This includes both the potential risk of increased secondary transmission or spread of COVID-19 in schools if more students and staff are in-person and the risks of mental health, social or educational losses for some students if they are not in-person. BFHD uses a combination of local data, published guidance and recommendations from state and national sources, and evidence from national and international research. COVID-19 is a novel infection; knowledge has changed over time which in turn means that appropriate guidance and recommendations may change over time to include the best available data and evidence. BFHD’s recommendation reflects new evidence and research findings that school reopening has not resulted in sustained transmission in schools or in significant increases in community disease activity when appropriate mitigation measure are taken.

European Centre for Disease Control and Prevention reports that child-to-child transmission is not the primary cause of infection and that reopening schools has not been associated with significant increases in community transmission.¹ The report also supports the importance of masking, physical distancing and other mitigation measures. When those are in place schools are unlikely to spread disease more than any other activity with similar numbers of people.

In New South Wales, a prospective cohort study demonstrated that when effective case-contact testing and mitigation measures are in place, children and teachers did not contribute significantly to COVID-19 transmission via attendance in educational settings.²

Insights for Education, a nonprofit education policy foundation, has been following the experiences and characteristics of school reopening in 191 countries. Their most recent report dated October 5, 2020 finds no consistent pattern between school status and COVID-19 disease levels.³

¹Macartney, K., Quinn, H. E., Pillsbury, A. J., Koirala, A., Deng, L., Winkler, N., Katelaris, A. L., O'Sullivan, M., Dalton, C., Wood, N., & NSW COVID-19 Schools Study Team (2020). Transmission of SARS-CoV-2 in Australian educational settings: a prospective cohort study. *The Lancet. Child & adolescent health*, S2352-4642(20)30251-0. Advance online publication. [https://doi.org/10.1016/S2352-4642\(20\)30251-0](https://doi.org/10.1016/S2352-4642(20)30251-0)

² COVID-19 in children and the role of school settings in COVID-19 transmission, 6 August 2020. Stockholm: ECDC; 2020. Retrieved from <https://www.ecdc.europa.eu/en/publications-data/children-and-school-settings-covid-19-transmission> on October 12, 2020.



The National COVID-19 School Response Dashboard, developed through a partnership between Brown University Professor Emily Oster, Qualtrics, and educational associations has been collecting data on cases within schools in the United States. Of 200,000 kids in 47 states from the last two weeks of September, the infection rate was 0.13 percent among students and 0.24 percent among staff. Even in high-risk areas of the country, the student rates were well under half a percent.

BFHD's September 14, 2020 recommendation was consistent with the guidelines outlined by Washington State Department of Health (WA DOH) Decision Tree for Provision of In Person Learning among K-12 Students at Public and Private Schools during the COVID-19 Pandemic and continues to align with state policy and guidance. WA DOH's decision tree includes several key health indicators to be used for assessing community transmission in addition to COVID-19 activity: percentage of positive tests, trends in cases and hospitalizations.

Benton-Franklin Health District (BFHD) has been monitoring COVID-19 disease activity throughout both counties since the beginning of the pandemic. COVID-19 disease activity and test positivity has decreased significantly since July 2020. With increased opportunities for business and social interactions, there has been increased disease activity. However, this has not resulted in an increase in hospitalizations. Metrics are tracked on BFHD's website.

In addition to the overall decrease in COVID-19 case rates in Benton and Franklin counties since July, there has also been a decrease in the percentage of cases occurring in school-aged children. Disease activity among school-aged children has been lower than older age groups consistently. This has held true even with private schools and smaller public schools returning to hybrid or full in-person education, and larger school districts offering limited in-person education for high risk students. In addition, no outbreaks have occurred in schools in Benton and Franklin Counties to date. The highest percentage of COVID-19 cases are currently being found in 20 – 39 year olds in our community, and disease activity is overall highest in the 20 -29 year old age group. Disease activity rate in Benton County peaked in July at 1073 cases/100,000/14 days for people aged 20 – 29 years, a rate 6.5 times higher than the rate in children aged 5 – 14. This age range does not represent the demographics of students or the majority of staff in K-12 school settings.

³ Crowder, B., Harb, D., Bollington, A., O'Malley, E. E. & Grob-Zakhary R. (2020). COVID-19 and schools: what we can learn from six months of closures and reopening. Switzerland. Retrieved from https://blobby.wsimg.com/go/104fc727-3bad-4ff5-944f-c281d3ceda7f/20201001_Covid19%20and%20Schools%20Six%20Month%20Report.pdf on October 12, 2020.



Health risks when children are out of school have been well-documented in the literature. Some students struggle with remote learning. Technology issues affect access to quality education. In addition, schools have often been the first to identify children at risk for violence in the home. Community agencies have noticed a decrease in child abuse reports, even as law enforcement is reporting an increase in domestic violence calls. Referrals for substance use disorder treatment have also declined, even as overdoses have increased.

Schools can successfully transition to hybrid learning models even with higher disease activity. The success of the transition is dependent on strict adherence to COVID-19 mitigation measures as outlined in the WA DOH and OSPI return to school guidance: masking, classroom cohorting, physical distancing, symptom screening, staggered schedules, testing and contact tracing. Keeping cohorts separate limits the potential for spread of COVID-19 if a staff or student becomes infected and allows for more efficient contact tracing to identify and quarantine persons who may have been exposed.

COVID-19 remains a risk in Benton and Franklin counties and the community must remain vigilant in following the infection prevention measures. In addition to actions taken by schools, the community as a whole needs to continue to use face coverings, maintain physical distancing of 6 feet or more, limit gatherings to 5 or less, stay home if sick or a close contact of someone with COVID-19, and get tested. Cautious advancement of in-person learning is not expected to pose a significantly greater risk to staff and students than their current activities. Medically fragile and high-risk individuals are still recommended to work and learn remotely when feasible, and distance learning must continue to be offered to those families judging the risks of in-person learning to outweigh the benefits.

