

CDC New Guidance – Key Takeaways

The new CDC guidance—[Preparing K-12 School Administrators for a Safe Return to School in Fall 2020](#)—supplements their existing guidance; it does not reverse course on any prior guidance and it strengthens their position on some health and safety protections and considerations in school reopening discussions. In particular, the CDC very explicitly and throughout their new guidance focuses on community transmission rates as key considerations in whether to open schools and keep them open, which underscores our key point that the first consideration in whether or not to open schools must be whether the pandemic is under control in a given community.

1. Statement on the Benefits of Reopening Schools – the new section of the guidance opens with a statement on the benefits of in-person schooling, which largely tracks the arguments that the American Academy of Pediatrics made on this point and that the White House has been trying to highlight. We would recommend against taking this on because we agree that in-person schooling is more effective and that having children in schools is crucial to their well-being and their communities' well-being. The pivot here has been, and we think remains, whether or not this can be done safely and what resources are required to do it safely.

2. Review of Research on Impact on Children – the guidance includes a new section on the impact of COVID-19 on children, which again largely tracks what has been widely reported elsewhere. The section explains that children are less likely than adults to get sick from COVID, that when they do they are less likely to become very ill, and that death rates in children are much lower than for adults. And the guidance notes that children appear to be less likely to transmit the virus – which is a point that others have made at least as to younger children. The information that was shared on the Infectious Disease town hall, for example, made all these points. The guidance does indicate that some children do get very sick and die. The guidance also recognizes that adolescents (meaning children over 10) are more likely to become infected than children under 10 but are no more likely to develop a serious illness. The guidance fails to discuss the scientific or practical implications of transmission from children to adults in school settings. This is a serious gap, particularly given the guidance's recognition that adolescents are more likely than children under 10 to become infected (and, therefore, they could have said, to transmit the novel coronavirus to adults in school). *NOTE – Staff are working on a synthesis of the available research.*

It bears noting that last week, the CDC updated the section of its website that summarizes the medical conditions that are known to or “might” increase the risk from COVID-19. The July 17th revisions included changing their statement that children who have medical complexity **are** at increased risk of severe illness to say they **might be**, (bolding of “might” theirs) in order to “better reflect the quality of available data currently.” They also added a hyperlink to their existing section on “Children with Certain Underlying Conditions,” in which they note that not only children who are medically complex, but also those with the same kinds of higher-risk conditions seen in adults (such as obesity, diabetes, asthma and chronic lung disease, or immunosuppression) might be at increased risk. The CDC also notes that they are investigating

the rare but serious complication called Multisystem Inflammatory Syndrome in Children (MIS-C). The overall takeaway here may be that while the CDC appears to be downgrading the risk to medically complex children from a known risk to “might” be a risk, they are also highlighting the evolving nature of the data and how little is currently known about MIS-C. The bottom line is that the current medical science on the impacts on children is rapidly evolving and there are many unknowns about the effects of COVID-19 on children even in the short-term and certainly, in the long-term.

3. Focus on Community Transmission Rates – the guidance focuses throughout on community transmission as being a critical factor in whether or not to reopen in-person instruction and whether to stay open. Even in the opening statement as to the importance of opening schools, there is a hedge that reopening has been safe at least where community transmission rates are low. They have softened somewhat their language as to what you should do if there is substantial transmission in a community. The earlier leaked version of this document said that if there is substantial transmission you should consider extended school closures. This version says that in such circumstances “school closures are an important consideration.”

4. Direction to School Administrators to Implement Multiple Mitigating Measures – whereas the prior guidance was framed more in terms of considering which of the following precautions might feasibly be put in place, this version says it is “critical to implement multiple mitigating measures,” which again is very helpful. In particular, the guidance focuses on three of these – distancing, masks and handwashing as critical. And the guidance says that distancing should be facilitated by expanding where we teach school – which is a helpful push for where we would need to go if the country were going to prioritize reopening public schools. Again, this trio of protections is the same as highlighted in the AAP guidance, the NAS guidance, and the Infectious Disease town hall. What is notable here is that the CDC is now calling for all of them to be implemented.

5. New Guidance on “Face Coverings” – there is more detailed and nuanced guidance on what the CDC calls face coverings, which goes far beyond their prior position of saying staff must wear, students should be encouraged to wear, masks. The CDC is now saying everyone should wear “face coverings” except those medically unable, younger children who developmentally may not be able to wear them consistently for an extended period of time, and adults whose whole faces need to be seen by children in order for the children to learn. And they are not endorsing face shields as an alternative but they do suggest that clear masks may be an alternative. *NOTE – Staff have a draft document on masks in process and it is important to understand that a face covering may or may not be a mask, and that every mask is not as protective. It could be that we need to be calling for N95 masks for our high risk members for example or for all educators who must work in close proximity with their students. Nothing in the CDC guidance or for that matter the other significant school reopening guidance that has been released gets into this issue.*

6. New Guidance on Screening – the CDC has come out against screening all students coming to school for symptoms and is endorsing home screening protocols. Again, this was in the prior

leaked version of this and is not surprising. Temperature screening is both resource intensive and very inaccurate as it misses asymptomatic cases that students are most likely to have and catches lots of non-COVID cases. The CDC's earlier version was simply vague as to where the screening would be done whether at school or at home.

7. New Guidance on Cleaning & Disinfecting Buildings Generally – they have slightly tweaked the prior guidance on cleaning buildings but not with any significant changes.

8. Racial justice – They now discuss racial justice issues but in an on-the-one-hand-on-the-other-hand approach to remote versus in-person learning. The guidance is silent about how in-person learning can or should address racial justice issues. It concludes: “While concern over higher rates of COVID-19 among certain racial/ethnic groups may amplify consideration of closing a school that educates primarily racial minority students, there should also be consideration that these may also be the schools most heavily relied upon for students to receive other services and support, like nutrition and support services.” The guidance also does not address that some of the underlying causes of the devastating consequences of the pandemic on Black, Latinx and Native American communities – including social determinants of health, environmental racism and racism in healthcare – are also likely to put a disproportionate number of children in those communities at significantly higher risk in school reopenings.

9. Developing plans and communicating plans – The guidance rightly recognizes the importance of communicating with families, staff, and other partners, but it is silent about the crucial role families, staff, and other partners can and should play in the development and implementation of plans.