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**American Academy of Pediatrics Vermont Chapter Calls on Schools
To Prioritize In Person Attendance for Preschool Through
Grade 5 and For Students With Special Needs**

MONTPELIER (July 27, 2020) – Schools in Vermont support the academic, social and developmental needs of children, help address food insecurity, and provide mental health services. Weighing the health risks of reopening schools in fall 2020 against the educational and developmental risks of limiting in-person instruction, school districts should **prioritize full-time, in person attendance for all students preschool through grade 5 and students of all ages with special needs.**

On July 22, 2020, Vermont Health Commissioner Mark Levine stated, “In Vermont, this is the right time to open schools. We have achieved a stage of viral suppression that will allow us to open schools comfortably.”

Vermont Pediatric Infectious Disease Physicians, Dr. Benjamin Lee and Dr. William Raszka, recently wrote that serious consideration should be given to strategies that allow schools to remain open, even during periods of COVID-19 spread. Data to support their conclusions include the following:

1. children are less likely to become infected;
2. children are less likely to develop severe disease;
3. critically, children, particularly younger children, seem less likely to transmit the virus that causes COVID-19; and
4. countries with low COVID-19 prevalence rates, similar to that seen in Vermont, have successfully opened schools without outbreaks of COVID-19.

In multiple studies of transmission of COVID-19 within families, adults transmitted the disease to children in the family rather than children transmitting to adults. In most studies an adult was the index case more than 90% of the time, not the child. We are also reassured by the Vermont experience with childcare for essential workers throughout the pandemic and the reopening of childcare in June.

Several school-based studies, particularly in young children, have not shown significant transmission of COVID-19 within schools. In France, Ireland, and Australia, infected elementary school children did not transmit the disease to other children or adults despite exposure to large numbers of students.

Schools in many European countries with low rates of disease transmission resumed in-person learning this past spring using a variety of mitigation strategies. The data in those countries has been reassuring:

- Denmark did not see an uptick in cases or school outbreaks
- Norway did not see an uptick in cases or school outbreaks
- Holland did not see an uptick in cases or school outbreaks
- Germany did not see an uptick in cases or significant school outbreaks.
- A serology study in Germany after school re-opening demonstrated little to no transmission within a large school district

The data all support the return to in-person learning in Vermont. Because Vermont has such a low COVID-19 prevalence rate, we can model our approach to school opening on the European experience.

Schools provide more than just academics to children and adolescents. In addition to reading, writing and math, children learn social and emotional skills, get exercise and access to mental health support and other services that cannot be provided with online learning. For many families, school is where kids get healthy meals, access to the internet, and other vital services.

While it will be impossible for schools to entirely eliminate the risk of COVID-19, young children in particular will be impacted by the absence of full-time, in-person learning and may suffer long-term academic consequences if they fall behind as a result. Young children are still developing the skills to regulate their own behavior, emotions, and attention, and therefore struggle with distance learning. Remote or hybrid learning models are challenging for young children as they require additional supervisory settings. It is likely that children with working parent(s) will be in a separate childcare setting on "remote learning" days, which will create additional challenges as they navigate multiple changes to routine and environments. Young children are less likely to thrive in these circumstances. The data suggest that young children are most likely to benefit from in-person learning while at the same time least likely to develop severe COVID-19 or transmit the infection to anyone else.

We urge school districts in Vermont to prioritize return to full-time, in-person learning for children preschool through grade 5 and for students with special needs. Young children are at great risk for long-term developmental injury with the loss of full-time, in-person instruction.

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- <https://www.nationalacademies.org/news/2020/07/schools-should-prioritize-reopening-in-fall-2020-especially-for-grades-k-5-while-weighing-risks-and-benefits>
- <https://pediatrics.aappublications.org/content/early/2020/07/08/peds.2020-004879>
- <https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Return-to-School-During-COVID-19.aspx>
- <https://services.aap.org/en/news-room/news-releases/aap/2020/pediatricians-educators-and-superintendents-urge-a-safe-return-to-school-this-fall/>
- <https://education.vermont.gov/sites/aoe/files/documents/edu-vdh-guidance-strong-healthy-start-school-health-rev-20200617.pdf>