

# NYS AAP–Chapter 2

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American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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Dear Superintendent:

Amidst the backdrop of an acceleration in COVID-19 cases nationally and the increasing predominance of the highly contagious Delta variant, the American Academy of Pediatrics (AAP) released interim recommendations for school opening in mid-July, with the hopes of providing schools time to adequately prepare children and families for school reopening (1). As part of a larger approach to school safety from COVID-19, the AAP recommends universal masking of all children in addition to strong encouragement for all eligible students, faculty and staff to obtain safe and effective COVID-19 vaccination. Though the national approach is based on experts in pediatrics, public health and infectious diseases – the guidance notes the importance of school districts to closely communicate with local pediatricians and experts to better tailor local recommendations to best meet the needs of children in our area.

Across Long Island, cases of COVID-19 have been escalating. As of this writing, the percent positivity rate in Nassau County is 4.3%, with a 7-day rolling average of 3.1%, which is ~10-fold higher than rate only a month ago when the percent positivity and 7-day rolling average were just 0.3%. Suffolk County's COVID-19 positivity rate is also currently 4.5%, with a 7-day positivity rate of 3.3%. Again, merely a month ago, there percentages were 0.4% (2). Meanwhile, the Centers for Disease Control and Prevention (CDC) report that 83% of cases are caused by the Delta variant, which is documented to be more contagious than previous strains of the virus (3, 4). Nationally, only 40% of 16-17 year olds are vaccinated, with only 28% of 12-15 years fully vaccinated, making school transmission probable (5). Statewide, only 57.3% of the population is fully immunized against COVID-19 (6). Locally, it is estimated 62% of Nassau County's population and 57.8% of Suffolk's population is fully vaccinated, making community spread likely. This is also occurring when cases of COVID-19 in children are increasing, having quadrupled nationally in the past month (6). Children now represent 14.3% of all COVID-19 cases (7).

Based on a review of local and national COVID-19 disease data, discussions with several local school board members and internal discussions with local pediatric infectious disease specialists, NYS AAP – Chapter 2, representing over 1500 regional pediatricians strongly believes the following guidance is additionally necessary to national standards in order to ensure local schools are as safe as possible from COVID-19.

- We again strongly emphasize the importance of universal masking for all school children above the age of 2 years irrespective of vaccination status until such time as local disease positivity rates are substantially reduced or the percentage of vaccinated school age children and adults increases dramatically.
- We reiterate our strong recommendation that all eligible students receive COVID-19 vaccination and urge those hesitant about vaccination to discuss concerns with their own pediatric healthcare provider.

- Schools should keep detailed records of the vaccination status of eligible children attending in-person school in a manner consistent with record keeping required for vaccines that are mandated for school attendance. This data will aid local health departments greatly in conducting contact tracing in the event of a positive case in a school. Further, since current guidelines indicated vaccinated contacts of a positive COVID-19 case do not need to self-isolate, documentation in school should be maintained to prevent parents from potentially misrepresenting their child's immunization status.
- Since large differences exist in community vaccination rates across Long Island and the surrounding areas, school should require COVID-19 vaccine for all eligible students engaged in sponsored activities, which require inter-school district interaction, such as school sports. All such children who are ineligible for vaccination or defer receipt should be screen weekly for COVID-19 using a test utilizing polymerase chain reaction (PCR)-based technology (either alone or combined COVID-19 test that also include tests for other viruses). Antigen tests alone are not adequate. This recommendation is expected to become even more crucial over the next several months as inter-school activities move exclusive indoors in winter.
- We recommend all districts follow the example of the federal, state and city governments, as well as multiple healthcare organizations and other large employers in mandating timely COVID-19 immunization of all educational and administrative staff or requiring documentation of COVID-19 negativity with weekly PCR-testing. If not by the onset of the school year, then we recommend this policy be in place immediately after potential Food and Drug Administration licensure of one or more COVID-19 vaccine preparations.

After witnessing first-hand the dramatic increase of mental health issues caused by social isolation and virtual school in our roles as both parents and physicians, the AAP placed prime importance on the necessity that districts convene in-person school. Nearly 46% of parents report the mental health of their teenage child has worsened during the pandemic (8). Emphasis on in-person education requires COVID-19 restrictions and mitigation measures be expansive, particularly at the onset of the school year. It is noteworthy that since the onset of the pandemic, communities have never had as many children together indoors for as long a period of time as will occur this fall. Hence, it is critical measure begin conservatively and be re-evaluated periodically, particularly after the school year begins.

As local experts in the health of children, we remain available as a resource to support all school districts across Long Island. Please do not hesitate to contact us should you have questions about these recommendations.

Thank you,

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