

Public Schools of Brookline - Expert Advisory Panel #4 (Public Health, Safety, and Operations)

Panel Statement on Benchmarks for School Re-Opening and Closing

Final -- Adopted by Unanimous Vote on August 14, 2020

Our panel is composed of Brookline parents with expertise in public health who are assisting the Brookline School Committee with the difficult process of re-opening the Public Schools of Brookline. Below is a brief, non-technical summary of the discussions the panel has had since June 12, 2020 on the subject of diagnostic testing. For more technical information, minutes, and recordings of the meetings, please refer to the [school website](#).

Advisory Panel 4 Members

Dr. Elena Savoia, Deputy Director, Emergency Preparedness Program, Harvard School of Public Health (co-chair)

Mr. David Gacioch, Partner, McDermott Will & Emery LLP (co-chair)

Ms. Lan Dennie, RN, BS, CMAC, Occupational Health Nurse, Fenway Health

Dr. Benjamin Linas, Infectious Diseases Physician, Boston Medical Center

Dr. Nira Pollock, Associate Medical Director, Infectious Diseases Diagnostic Laboratory, Boston Children's Hospital; Assoc Professor of Pathology, Harvard Medical School

Mr. Boris L. Perlovsky, Director, Innovation Strategy. Cambridge Innovation Center

Dr. Serena Rajabiun, Assistant Professor of Public Health, University of Massachusetts, Lowell

Dr. Vishakha Sabharwal, Pediatric Infectious Diseases, Boston Medical Center

Dr. Benjamin Sommers, Professor of Health Policy & Economics, Professor of Medicine, Harvard T.H. Chan School of Public Health / Brigham & Women's Hospital

Dr. Lakshman Swamy, Pulmonary/Critical Care physician and Medical Director at MassHealth Payment & Care Delivery Innovation

Dr. Jenny Tam, Senior Staff Scientist, Wyss Institute, Harvard University

Brookline benchmarks for reopening in-person schooling should include: 2-week positive testing rates statewide and in Brookline, and 2-week average daily case rates statewide and in Brookline. No single measure can be used to define COVID risk in Brookline and surrounding communities where many students, teachers, and staff work, travel to and from, and reside. For example, confirmed case rates alone may underestimate the spread of the infection if testing is not widespread. Positive test rates alone do not capture overall spread of disease or the severity of the disease in the community. Hospitalizations and death rates may not indicate rising disease burden until several weeks after an increase in cases has begun. Rolling averages over 1-2 weeks are preferable to single-day estimates to take into account statistical variation when producing rapidly changing guidelines. Benchmark measures can be useful for transparency and community understanding of risk, but they are not a substitute for a careful analysis of the overall situation, including case rates, trends in rates over time, severity of cases, and the ability of PSB and the Brookline community to implement mitigation measures.

In this context, we recommend that indoor educational activities can resume at PSB as long as at least three of the following four benchmarks are met:

- A) *Positive test rate in Massachusetts is less than 5.0% over the prior two weeks.* This threshold and criterion has been a [consistent recommendation](#) by the [American Federation of Teachers](#) (AFT), as well as the [World Health Organization](#) (WHO), and we endorse this proposal.
- B) *Positive test rate in Brookline is less than 5.0% over the prior two weeks,* again based on the recommendation of the American Federation of Teachers and the WHO. While statewide conditions are critical to interpreting the broader context of the pandemic, we also want to be sure that local conditions indicate similar low levels of infection. The state of Massachusetts regularly updates positive test [rates by town](#), making this a feasible and transparent measure.
- C) *14-day average daily new cases less than 10.0 per 100,000 individuals in Massachusetts,* consistent with [recommendations](#) from a [consortium](#) led by the Harvard Global Health Institute, and based on [state case rates](#) and the current estimated population of 6.9 million residents. 10.0 is slightly above the threshold for hybrid instruction suggested by the state of [Massachusetts](#) (8 per 100,000), since we are also recommending the use of additional measures – the state and local positive test rates – as proposed by the AFT. Our recommended threshold is also substantially below that proposed in [Cambridge](#), MA (25 per 100,000).
- D) *14-day average daily new cases less than 10.0 per 100,000 individuals in Brookline,* based on the state’s published rates by town cited above. (Calculations in Brookline are based on an estimated population of 59,000 residents).

It is possible that at some point during the school year after reopening, the epidemiology of the virus will change. If *more than one* of these criteria should subsequently fail to hold, we recommend an in-depth analysis of the school system’s capability to enhance its mitigation strategies (for instance, moving older students to remote learning, or reducing indoor hours for younger students) and a consideration of halting indoor educational activities until at least 3 of the 4 measures are back in compliance – using a minimum of 7 full calendar days of remote learning to allow time for a correct interpretation of infection trends. One measure alone would not automatically trigger an immediate closure, consistent with [plans](#) in other localities, until corroborating evidence emerges from a second criterion, to prevent short-term natural fluctuations from being overly disruptive to schooling plans. During any period of closure triggered by these thresholds, outdoor activities with other recommended safeguards in place could be allowed to continue, as long as permitted by local and state authorities.