



## **Cook Children's Respectfully Requests that K-12 Schools Partner with Physicians While Opening Doors amidst the COVID-19 Pandemic**

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Throughout the 2020-2021 school year, school districts have adopted many different strategies to begin educating students. Most districts have given parents the choice between virtual and in-person learning.

As a whole, Cook Children's supports in-classroom education and has posted recommendations for the safe re-opening of schools.

"It seems reasonable, now that the summer surges have slowed, that districts consider opening their doors with the precautions expressed in these recommendations as well as those from the CDC and the TEA," said Marc Mazade, M.D., medical director of Infection Control and Prevention.

Dr. Mazade added that it's important that educators partner with physicians during this time, and follow physician advice about testing, rather than placing requirements on physicians to do testing on all children who aren't well. Even in some cases, schools have requested which type of testing should be used for the purposes of returning to school. Often these requests cannot or should not be accommodated as discussed below.

### **Current Landscape**

Of the roughly 1,265 school districts in Texas, most have committed to some on-campus schooling during the fall 2020. The schools who made this choice did so following requirements for testing of ill children for COVID-19, according to TEA guidance and exclusion of children with close contact with COVID-19 infected individuals.

Meanwhile, many colleges and universities have expressed a desire to perform routine, scheduled campus-wide testing of all students with some regularity, which could utilize tens of thousands of tests previously available to the public.



Nationwide, many semi-elective medical procedures that have been pushed back due to the demands on medical facilities and staffing are now necessitating more urgent surgical attention, most of which require pre-surgical testing for COVID-19. All of these contributing factors have increased demand for testing for COVID-19. It is expected that the supply of tests will periodically be inadequate to test everyone who would like testing.

To keep testing availability in place actually requires that no deficiencies in supply chains occur. This includes maintenance of an adequate supply of everything from:

- The SARS-2 CoV RNA primers
- Reagents to extract sample RNA
- Transport media for samples
- Collection swabs
- Components of the equipment to actually run the tests.

Shipping capacity is also being strained.

### **Information About Testing**

Tests requiring nasopharyngeal (NP) specimens, which are 99% sensitive, generate infectious aerosols due to the frequent cough induced when the long sampling swab irritates the nasal passages. Health care workers have been advised to wear goggles and N-95 masks to keep themselves safe when collecting NP samples. Collecting NP specimens stresses reserves of critical PPE that may be needed during a surge. Many offices are still waiting for the required mask-fit testing required for appropriate selection of N-95 masks. Most offices cannot run the slower, more accurate tests on-site and must have the samples sent out.

Collecting a nasal specimen (not as invasive or painful as a NP) requires only a medical mask and eye protection. This allows preservation of PPE and is safer for the health care workers. The tests we use in the Cook Children's Health Care System are 90% sensitive.

Some districts are reticent to allow students to return to school after a medical provider has seen the child and felt that testing was unnecessary. Others will not



accept a negative result from a test with a less than 95-99% accuracy. This is not a practical strategy.

False negative results (when a test is negative, but the patient has infection) are most likely to occur in patients who are not shedding much virus and are not likely to be very contagious. In the outpatient setting, where testing is often aimed at determining need for isolation, lower sensitivity of the rapid testing is acceptable.

Some educational authorities have adopted outdated guidance on the topic of testing for evidence of cure. It is now apparent that RNA from SARS-CoV-2 may be detected for a long period of time after an individual is no longer infectious. At this point, the CDC guidance for ending isolation is based on time and symptoms. In patients for whom fever has resolved for 24 hours and symptoms have improved, isolation can be discontinued when 10 days have passed from the onset of symptoms, or 20 days for those who were ill enough to require hospitalization.

After a child has had a direct exposure to COVID-19, it's inappropriate to request that a child be tested so quarantine can be stopped. Quarantine continues for 14 days from the end of the last contact with the person who has COVID-19 and should still be in isolation. A negative test on a child during the quarantine period does not end the required quarantine period even if an alternative diagnosis is made to explain any newly developed symptoms. However, if a child develops symptoms and a test is done that is positive, isolation may be extended.

### **The Importance of Masks**

Mounting evidence supports the wearing of masks. Masks are believed to be very effective in preventing transmission of disease and help protect both the person wearing the mask and those nearby.

**Wearing masks may be the most important thing we can do in the school system to prevent transmission and this should include everyone in the building, including the children.**



## **Going Forward**

Cook Children's will continue to provide assistance to schools in our community as new information becomes available. It's important to remember that new exposures are likely to happen during breaks in the semester and at holiday times. It is also vital, especially after these times, that the precautions discussed in the recommendations be revisited.