

Snohomish County Health District Guidance and Talking Points—November 5, 2020

The following, in its entirety, was written by Dr. Spitters of the Snohomish County Health District and provided to school district partners on November 5:

Risk assessment and values vary widely across the population of interested parties, with some wanting much more in-person learning and others much less. As the local health officer, my role is to help local school leaders apply the guidance provided by the Washington State Department of Health (DOH) and its subject matter experts to Snohomish County.

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/FallGuidanceK-12.pdf>
<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/DecisionTree-K12schools.pdf>

All pathways forward carry some risk and uncertainty in the context of the COVID-19 pandemic. The absence of a zero-risk pathway, the novelty of the situation, and the uncertainty in the evidence base are implicit factors affecting all of our respective roles in this. These processes are also influenced by varying risk tolerance, values, and other elements that vary from community to community. The Health District's role is to provide school districts' leadership with what we know about the COVID-19 risks and the means to mitigate them. It is then in the school leadership's domain to take that guidance and incorporate it into their decision making and operations with respect to the students' education.

Our guidance to schools focuses on elements that are well in accord with the DOH's existing framework for K-12 learning:

- Focus in-person learning on those special needs and elementary school students least likely to be able to learn remotely.
- Implement rigorous programs of daily symptom screening, face coverings, distancing, hand hygiene, environmental disinfection, and optimizing ventilation (to exhaust indoor air and entrain outdoor air as much as feasible).
- Ensure follow-up testing of students and staff identified as suspected cases through daily screening.
- Follow through with contact investigations and quarantines of cases and contacts, respectively, in the school community.
- Follow DOH and OSPI guidelines, including those for when to close a classroom or school.
- Defer plans for in-person learning among older students (i.e., middle and high school).
- Maintain frequent communication and close collaboration with school leadership.
- Reassess if school-based transmission exceeds control capacity, schools appear to be catalyzing community transmission, or if a hospital surge threatens acute care capacity in the county.

Thus far, the community-wide increase in COVID-19 transmission has not been linked to transmission in schools but rather has been driven by transmission in private social gatherings where masks are not being worn and in some workplaces with social distancing or other prevention deficits. While sporadic cases and clusters of cases have been and will continue to be detected in school settings (both with and without in-person

learning), mitigation and control efforts have been successful. Large school-based outbreaks have not occurred locally or statewide thus far.

As shared by DOH in the briefing, school-based outbreaks (≥ 2 linked cases) have been reported in just 32 instances with 110 secondary cases statewide—a very small proportion of the community-wide transmission that is occurring (verbal report, WA DOH, 2020 Nov 05). These findings are consistent with findings from a recently released [Institute for Disease Modeling study](#) suggesting that the package of mitigation efforts set forth above will be highly effective in limiting school-based transmission and its impact on community transmission.

The public health community's interpretation of the COVID-19 literature is that the preponderance of empiric data suggests that while transmission from elementary school-aged children may occur, it is substantially lower in relative magnitude compared to older children and adults. Our current thinking is that schools conducting cohorted, hybrid, in-person learning with the above prevention measures in place are deemed unlikely to experience uncontrolled transmission nor are they likely to exacerbate community based transmission.

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