August 6: Back-to-School Recommendations, Symptom Duration and Delayed Return to Normal

Today's issue features information from Tina Q. Tan, MD, FAAP, FIDSA, FPIDS, attending, Division of Infectious Diseases, and medical director, International Patient Services Program, Ann & Robert H. Lurie Children's Hospital of Chicago, about the medical science behind back-to-school recommendations. The issue also provides information from the Centers for Disease Control and Prevention (CDC) about symptom duration and risks factors for delayed return to normal.

BACK-TO-SCHOOL RECOMMENDATIONS

How and if schools can be safely reopened for in-person learning in the fall is at the top of everyone's minds. The CDC, the American Academy of Pediatrics (AAP), and the National Academies of Sciences, Engineering and Medicine are some of the organizations that support the reopening of schools for in-person learning provided that it can be done safely.

A person of any age can be infected with SARS-CoV-2, but children tend to have either mild symptoms or be asymptomatic when they are infected. However, asymptomatic children can still transmit the virus. The best available data indicate that children seem be at a lower risk for contracting COVID-19 compared to adults, and children under 10 years of age are less effective transmitters of SARS-CoV-2 and infrequently serve as the index case in COVID-19 family clusters and community outbreaks. However, children 10 years and older have similar risk for contracting COVID-19 and have similar transmission kinetics as adults, so they are as likely to transmit to others in the household or the community similar to what is seen in adults.

Scientific studies suggest that SARS-CoV-2 transmission among children in schools may be low, and international studies that have assessed SARS-CoV-2 spread in schools show low rates of transmission when community transmission is low. Based on current data, the rate of infection among younger school-age children, and transmission from students to teachers, has been low, especially if mitigation protocols are in place and precautions are followed.

Students of all ages benefit from in-person learning in ways that cannot be replicated through virtual learning. These benefits are greatest for young children and children with disabilities. The in-person school environment not only provides structured educational instruction but also supports the development of social and emotional skills, creates a safe environment for learning, addresses nutritional needs, and provides opportunities for physical activity and social interaction. Social interaction at school among children in grades pre-K through 12 is particularly

important for the development of language, communication, social, emotional and interpersonal skills.

School also plays a critical role in addressing racial and social inequity. Virtual learning as the only means of education increases the risk of exacerbating disparities in access to high-quality education across different communities and demographic groups. Opening schools for in-person learning also may provide benefits for working parents, as it provides reliable child care for school-age children and increases access to services offered through the school.

However, the benefits and risks of in-person education must be carefully balanced against the threat posed by COVID-19. The potential public health risk, the educational risks and other potential risks to the community all need to be carefully considered in a decision to open for in-person learning. Several major factors that need to be taken into consideration before schools consider reopening are:

1. The level of COVID-19 that is occurring in the community. This may differ from one school district to another, but if the level is high, it would not be a good idea for schools to reopen in that community at that time.
2. The development and implementation of mitigation protocols in the schools, such as physical distancing measures, the wearing of face coverings, good hand hygiene, frequent cleaning and disinfecting of frequently touched surfaces, symptom screening protocols, and protocols for what should happen if a student or teacher contracts COVID-19. All these measures should be in place prior to school reopening to protect students and teachers, and foster a safe school environment.

For more information, view **How Can We Safely Reopen Schools in the Fall?** from the National Parent Teacher Association featuring physicians from the Infectious Diseases Society of America as they discuss what is known about COVID-19 and its impact on children and youth.

SYMPTOM DURATION AND RISK FACTORS FOR DELAYED RETURN TO NORMAL

Relatively little is known about the clinical course of COVID-19 and return to baseline health for persons with milder, outpatient illness. In a multistate telephone survey of symptomatic adults who had a positive outpatient test result for SARS-CoV-2 infection, 35% had not returned to their usual state of health when interviewed 2-3 weeks after testing. Among persons aged 18 to 34 years with no chronic medical conditions, one in five had not returned to their usual state of health.

Among the 274 symptomatic outpatients, the median number of symptoms was seven of 17 listed in the interview tool (IQR = 5–10), with fatigue (71%), cough (61%) and headache (61%) those most commonly reported. Among respondents who reported fever and chills on the day of testing, these resolved in 97% and 96% of respondents, respectively. Symptoms least likely to have resolved included cough (not resolved in 43% [71 of 166]) and fatigue (not resolved in 35% [68 of 192]); among 90 who reported shortness of breath at the time of testing, this symptom had not resolved in 26 (29%). The median interval to symptom resolution among those who reported individual symptoms at the time of testing but not at the time of the interview ranged from 4 to 8 days from the test date, with the longest intervals reported for loss of smell (median = 8 days; IQR = 5–10.5 days) and loss of taste (median = 8 days; IQR = 4–10 days). Among respondents who reported returning to their usual state of health, 34% (59 of 175) still reported one or more of the 17 queried COVID-related symptoms at the time of the interview.

What are the implications for public health practice? COVID-19 can result in prolonged illness, even among young adults without underlying chronic medical conditions. Effective public health messaging targeting these groups is warranted. Preventative measures, including physical distancing, frequent handwashing, and the consistent and correct use of face coverings in public, should be strongly encouraged to slow the spread of SARS-CoV-2.

For more information about the study, please visit the full July 30 ***MMRW* Early Release Report** on the CDC website.

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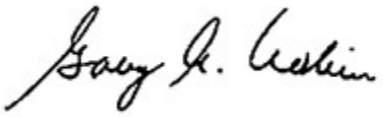
Thank you to all NM physicians and clinicians for your ongoing commitment, collaboration and leadership in providing exceptional *Patients First* care during this unprecedented time.



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