



Pembroke Corporate Center III  
4452 Corporation Lane  
Virginia Beach, VA 23462  
Phone: 757.518.2700  
Fax: 757.518.2640

January 12, 2021

Dear Dr. Spence and Mrs. Rye,

Thank you for the invitation to speak on January 12, 2021 before the School Board for Virginia Beach City Public Schools. As you may be aware, due to several other speaking commitments during this timeframe, my time will be limited. In the interest of time, I have prepared my remarks and am sharing them with you in advance. Please feel free to share these comments with other Board members. I would request that they not be distributed beyond the Board and key school leadership until I have had the opportunity to speak.

As background to my comments, I would like to update the Board and public on COVID-19 disease activity in our region and City. The City of Virginia Beach is experiencing substantial levels of community transmission with a surge throughout most of the Eastern Region and much of the state of Virginia. This activity continues to be associated with apparent lack of adherence to prevention strategies, particularly with increased socialization in general and family gatherings during the holidays.

In-person learning began for VBCPS on September 29<sup>th</sup>. For the month of September, cases for the city had only numbered 869 with 6.4% (56) of those cases in persons less than 18 years of age. For the month of October, cases numbered 1364 with the under 18 year olds being 7.4 % (101). On November 17, in-person instruction reverted to virtual. For the month of November, cases had increased to 3118 with 8.5 % (266) in under 18 year olds and for December the total was 5,933 cases and 10.4% (619) in the under 18 year old group. The impact of exposure from cases among students and staff during surge will be significant, regardless of where infection is acquired.

As I have stated once before during this pandemic during our surge in July 2020, we are moving in the wrong direction. Our current momentum has exceeded trends in July and continues to rise with each day challenging to eclipse prior records. The 7-day average at the peak of the summer surge (July 28, 2020) was 146 cases. As of January 10<sup>th</sup>, the 7-day average is 375 cases, a 157% increase. That said, we are now in a position to see relief in the distant horizon with highly effective and safe vaccines. Our challenge as a community is in having the patience and perseverance in our mitigation efforts to suppress transmission rates and blunt the impact of this pandemic until we can reach sufficient vaccination levels of the population to achieve effective herd immunity in our community.

Throughout Virginia and in Hampton Roads, African American and Hispanic populations have been disproportionately affected by disease rates and by adverse outcomes of COVID-19 including hospitalizations and deaths. Not only are minority populations experiencing higher rates of chronic diseases that place them at greater risk for complications from COVID-19, they are also disproportionately represented in essential public-facing occupations that inherently require greater risk of exposure to COVID-19. Over-represented among low-income families, they also incur higher rates of social needs that impact health or social determinants, such as lack of access to basic healthcare, nutrition, and transportation. Minority students represent 52.1% of VBCPS school population. Many VBCPS families, particularly minority children also face challenges of household members in high-risk categories – multigenerational families, grandparents as caregivers, crowded households. These families are faced with the difficult choice of deciding between understanding the risk of returning their children to school vs. the challenges of ensuring parity of access to virtual education.

Towards the end of the in-school session in VBCPS, as community transmission levels began to rise, the Public Health Department's Epidemiological team was seeing increasing numbers of COVID-19 cases in schools with the greater proportion in higher grade levels, middle and high school. While there was limited evidence of in-school transmission, a retrospective review of data, including the school dashboard revealed multiple cases in a given setting for a short period, that may have not been reported in a way to permit our Epi team to pick up on patterns and potential clusters. The increasing number of cases and time-sensitive nature of contact tracing required was beginning to stress public health and student health services' capacity to effectively respond. Even now, though school is not in session, we are conducting contact investigations related to exposures associated with sports try-outs and practice. The continued rise in community transmission raises further concern regarding public health capacity and student health services capacity to effectively assess and manage infectious disease concerns in schools.

**Regarding the children of Virginia Beach, the Virginia Beach Department of Public Health (VBDPH) and the Virginia Department of Health (VDH) place great value in the education of our children and the importance of in-person learning in an environment that is safe for children, staff and families. The decision surrounding a return to in-person learning for students is a challenging one.** We appreciate the tremendous sense of commitment and responsibility of all – the Superintendent, School Board, parents, school staff, students, advisors, and the public. We recognize the need to balance learning, physical, emotional and mental health, and safety for children, staff and families. Our input is offered with respect for the perspective of these various roles, which each contribute to the overall mission.

Public health serves in an advisory role to the VBCPS regarding matters of public health concern or, in this case, major public health threat. Final decisions rest with VBCPS. However, it is a role that we take seriously and with a great sense of responsibility. I would also add respect and humility for what is known and unknown in this uncharted territory we find ourselves navigating. While we know much more than was known at the beginning of this pandemic, the full risk and impact under current levels of substantial community transmission and surge are not known and bear recognition and careful consideration.

Data increasingly suggests that school re-openings are unlikely to contribute significantly to community transmission when rates of community transmission are low and schools have infection prevention measures in place. However, there appears to be a correlation between increased community transmission and incidence of cases and outbreaks in schools. While we must remain vigilant regarding the prevention and spread of SARS CoV-2, we need to balance this important objective with the important goal of ensuing in-person educational instruction to the children of Virginia.

It is in this context that I am advising VBCPS of my recommendations, which have not changed substantially since my appearance before the VBCPS School Board on December 15, 2020. What has changed is that there has been a marked increase in substantial transmission of COVID-19 in the community. It is recommended that the timing for in-person instruction be postponed until community transmission levels have decreased below substantial or at least stabilized.

When in-person classes resume, or if VBCPS makes the decision to resume in-person learning in the current environment of a surge in cases of COVID-19, the following was recommended. In discussion with Superintendent Spence, while these requests have not been completely met, his proposed compromise is reasonably in line with recommendations.

- As noted, it is preferred/recommended that in-person learning resume when community transmission has decreased below substantial or at least has stabilized and begins to show a significant downward trend.
- When in-person instruction resumes, allow a 3-4 week period (minimum two weeks) before transitioning to the next phase of opening to permit adequate time for the impact of each stage to evolve and to be assessed by student health services and public health officials. Four weeks, counting from the end of the first week, would be equivalent to two incubation periods for COVID-19. VBCPS's current proposal provides the minimum two weeks or one incubation period.

- We had some concern with the consolidation of larger groups into single phases of transition. All elementary school students are proposed to transition at once, along with 6<sup>th</sup> and 9<sup>th</sup> graders and there is no pause to assess impact between this group and the first priority group of learning disabled and English learner students. We agree with instruction of students with disabilities and English learners being first priority. Also, it is noted that elementary school children are deemed as lower transmission risk and the initial introduction of one grade each for middle and high schools is in relatively low numbers (reported 150 to 200 students/building). Transmission risk does increase with age; adolescent transmission is on par with that of adults.
- We agree with the strong focus on mitigation strategies and with the Superintendent's plan to start compliance review teams to visit schools for spot checks and to respond to complaints. Public health has requested and been given permission to also conduct periodic visits as our resources permit.
- VBCPS has indicated that it no longer use its indicators developed by its advisory committee for decision-making regarding school re-opening and closures. However, VDH recommends that schools use CDC indicators to assess school transmission and risk, along with other factors such adherence to mitigation strategies, consideration of school impact and local impact to inform decision-making regarding re-opening.
- We recommend close monitoring of internal measures reflective of potential school impact, such as case and outbreak data; school and staff absenteeism; and staff capacity, including student health services, support staff and teachers; and the impact of absenteeism and shifts in proportions of in-school and virtual learners on the ability to achieve parity in optimum student/teacher ratio.
- However, case investigation and contact tracing remain a major means of reducing potential transmission. The ability to carry out this function effectively is dependent upon capacity of schools and public health. In the current surge environment, with simultaneous utilization of any available reserve staff for outbreak response in high-risk/high mortality settings such as long-term care and with the expansion of vaccination efforts, capacity for these activities by public health is significantly strained. Proposed augmentation of school resources in this area do not relieve public health of its role and needed interventions if a full investigation of cases and contacts is to occur. **VBCPS should be aware that current resources will not permit optimum performance for case investigation and contact tracing in schools, if in-person learning is resumed at this time.**
- Lastly, I have been asked to comment on the potential impact of vaccination of school staff on timing for safe in-person learning. The State of Virginia has chosen to include teachers and direct staff into the 1b priority group of essential workers for vaccination. Clinical trials demonstrating significant effectiveness for the individual require two doses of vaccine administered 21 and 28 days apart for Pfizer and Moderna vaccines respectively; therefore, individual protection should not be assumed until adequate time for an immune response after the second dose. Also, vaccination status will not eliminate the need for other mitigation strategies including quarantine of exposed individuals necessary for disease control. Our focus as a state is on achieving vaccination in a significant portion of the population to achieve herd immunity.

Thank you for the opportunity to partner with VBCPS in support of the children of Virginia Beach. Once a decision is made, we will work to support that mission to the extent possible.

Sincerely,



Demetria M. Lindsay, MD

Public Health Director

Virginia Beach Department of Public Health