



JEFFERSON COUNTY DEPARTMENT OF HEALTH

1400 6th Avenue South | Birmingham, AL 35233 (205) 933-9110 | www.jcdh.org

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Mark E. Wilson, MD

Health Officer

July 27, 2020

To: School Superintendents and Heads of School in Jefferson County

Re: Guidance and Concerns for Reopening Schools in Jefferson County

I am responding to requests from many of you for local public health guidance on reopening plans for schools in the midst of the COVID-19 pandemic. As I have said many times, my desire is to offer you the best guidance I can in a way that is most helpful to you in making some very challenging decisions. I know from our conversations together that we all care deeply about the education, health and overall well-being of our children. All of us also care about the health and well-being of the children's families, teachers and school staff.

Jefferson County is experiencing widespread community transmission of the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), which causes COVID-19 disease. The numbers of new COVID-19 cases per day, the percentage of new cases among individuals tested, and the number of people hospitalized with the disease are putting a significant strain on the ability of the local health care and public health system to manage the pandemic. This includes recent limitations in testing capacity and increasing turnaround times for test results, both of which make effective contact tracing very challenging, if not impossible. This is unlikely to improve significantly in the next few weeks.

With the current level of viral spread and disease activity in the community, there is a considerable chance that cases of COVID-19 will occur among students and/or staff despite precautions in the schools, which could result in individual classes being quarantined. If classes are not stringently isolated from one another, whole schools may end up having to close.

While children are less likely to become severely ill or suffer major complications or death from COVID-19 than adults, there is concern that children will spread infection to adults who are more vulnerable, including teachers, other school staff, and household members. There is emerging evidence that younger children (under the age of 10 in one large South Korean study) do not spread SARS-CoV-2 as effectively as older persons, although the exact degree of risk is not known. There is also emerging evidence that older children will spread the disease as effectively as adults (in the same South Korean study).

Decisions about school reopening are extremely complex. The risk of disease spread in school settings is obviously an important concern for those directly involved as well as the community as a whole.

This risk has to be carefully weighed against the risks associated with children not being physically present in school. These risks vary among different schools and the populations they serve; they vary depending on underlying risk factors, including population health, socioeconomic factors, school size and class size, and school resources and limitations. Therefore, it is recognized that there may not be a one-size-fits-all approach to reopening. The American Academy of Pediatrics has emphasized the many benefits of having children present in the classroom, but they also issued a statement on July 10, 2020 that “schools in areas with high levels of COVID-19 community spread should not be compelled to reopen against the judgment of local experts. A one-size-fits-all approach is not appropriate for return to school decisions.” Likewise, the Centers for Disease Control and Prevention (CDC) recently emphasized the benefits of in-person instruction, but at the same time stated, "If there is substantial, uncontrolled transmission, schools should work closely with local health officials to make decisions on whether to maintain school operations," and "... if community transmission levels cannot be decreased, school closure is an important consideration. Plans for virtual learning should be in place in the event of a school closure."

As Jefferson County Health Officer, in consultation with an Advisory Group* of other public health leaders, local pediatricians, and infectious diseases experts, I make the following recommendations for all schools in Jefferson County, whether public or private, for children from pre-K through the 12th grade. These recommendations are not meant to contradict the Alabama State Department of Education “Roadmap to Reopening Schools” or guidance from the Alabama Department of Public Health, but rather to supplement them based on current conditions in Jefferson County. We expect to learn a lot more about the virus’s behavior among children and what happens with school openings locally, across the country and around the world over the next several weeks. This may lead to a revision of these recommendations.

1. Offer in-person instruction for Pre-K through grades 5 or 6 if and only if the following precautions can be followed:
 - a. Keep classes isolated from one another as much as possible from each other throughout the day, to avoid potential transmission of disease between classes. This should include interactions between students from different classes as well as teachers from different classes.
 - b. Maintain strict social distancing at all times throughout the day. This should be 6 feet whenever possible, but should be 3 feet at a minimum.
 - c. Require universal use of face coverings for teachers and students at all times, including while seated at desks, except while eating or drinking.
 - i. Face coverings must cover the nose and the mouth. Face coverings must also be worn on buses by students and drivers. Masks or other facial coverings can be factory-made, homemade, or improvised from household items such as scarves, bandanas, or t-shirts. For instructions on how to make a facial covering at home, see the CDC’s ["How to Make Cloth Face Coverings."](#)
 - ii. Face shields should not be considered a substitute for masks or cloth face coverings, but they may be added for extra protection in certain unavoidable close-contact situations. They may be used as a substitute face covering for children with special needs who simply cannot wear a mask or cloth face covering, such as children with autism spectrum disorder or staff working with hearing impaired. Face shields may also

need to be used as a substitute face covering while teaching reading in early childhood, where seeing the teacher's face for phonological cues can be helpful to the learner. Teachers may also need to use a face shield in order to be understood by students more generally, but they should try to maintain a 6-foot distance from students while doing this. Otherwise, teachers should wear masks or cloth face coverings as much as possible to minimize the possibility of disease spread.

- iii. Face coverings should be worn during outdoor activities where children are interacting. They may be removed only during physical activity where there is carefully supervised social distancing.
 - d. Prior to each school day, parents or guardians should screen all students, and teachers and staff should screen themselves, for symptoms of COVID-19, known exposure to COVID-19, and fever (temperature of 100.4° F or greater). Those who have any of these conditions should not report to school. On-site temperature checks would add an extra layer of protection, but it is recognized that this may be difficult to implement without creating bottlenecks in the daily intake of students, and it may consume too much instruction time. More detailed guidance on screening and on the care of students who develop symptoms while at school is provided by the Alabama State Department of Education "Roadmap to Reopening Schools" and the Alabama Department of Public Health.
 - e. Provide for frequent handwashing and/or use of hand sanitizer.
 - f. Follow other precautions as recommended by the Alabama State Department of Education "Roadmap to Reopening Schools," the Centers for Disease Control and Prevention, and the Alabama Department of Public Health.
2. Offer virtual instruction as an option for pre-K through grade 5 or 6 students. Consider encouraging virtual instruction for students and families who are able to use it effectively, as a means to reduce in-person class sizes.
 3. Strongly consider virtual instruction only (no in-person instruction) for middle and high school students throughout the first grading period (typically 9 weeks), except for those with special needs that warrant in-person instruction.
 - a. If schools decide to provide in-person instruction, then:
 - i. It is strongly recommended that schools use whatever means they can employ to decrease the numbers of students who come in contact with each other, such as a hybrid (A/B schedule) in-person and virtual instruction plan splitting the student body in half so neither half is in the physical school space together at the same time.
 - ii. Have a well-developed plan that can be fully implemented on day 1 of classes and followed completely at all times.
 - iii. Employ the same strict infection control measures as listed in #1 above, with the exception that students in this older group should maintain 6-foot social distancing more strictly, since they can project droplets farther than younger children.
 - b. A deadline will be set for the County Health Officer to make recommendations for the subsequent grading period. The County Health Officer will develop target COVID-19 benchmarks to guide those recommendations.

4. Other concerns and considerations:
 - a. Mental health and social needs of students should be considered, particularly for students who are receiving virtual instruction. Schools are encouraged to monitor or screen for mental health issues, and provide mental health and counseling support as needed. Consider creative ways to offer extracurricular activities in small groups that support social connection while maintaining supervised, strict disease control precautions.
 - b. Schools should collaborate with community partners to help assure other basic needs of children receiving virtual instruction are met, such as food security and housing.
 - c. To help assure academic success and safety of students using a virtual learning format, monitor student participation to identify those who are not participating or struggling with the virtual format. For those who are not succeeding, consider offering in-person assistance with strict disease control precautions.
 - d. Close contact sports pose an increased risk of spreading COVID-19. Consider cancelling these activities or postponing them until there is a significant decrease in viral spread in the community. Non-contact extracurricular sports and exercise should be encouraged, as long as appropriate disease control precautions for participants and spectators can be maintained, including locker room precautions and limiting shared rides to sporting events.

Mark E. Wilson, MD
Jefferson County Health Officer

*Advisory Group: The following physicians advised me in making the above recommendations. Note that there are some minor points on which individual advisors recommended even more strict measures, but otherwise there is unanimous endorsement with these recommendations. These advisors have also made a commitment to be available for advice and assistance to the Health Officer and schools throughout Jefferson County as we navigate the COVID-19 pandemic together going forward. I am grateful to them for their time and effort, and their service to our community.

Victoria Anderson, MD, FAAP
Greenvale Pediatrics-Brook Highland
Vice President, Jefferson County Pediatric Society

Shameza Boyd, MD, FAAP
Small Steps Pediatrics, East Birmingham

Khalilah L. Brown, MD
Child Health Medical Director & Laboratory Director
Jefferson County Department of Health

Christine Campbell, MD, MSPH
Assistant Professor of Pediatrics
University of Alabama at Birmingham

Tamera Coyne-Beasley, MD, MPH, FAAP, FSAHM
Division Director, UAB Adolescent Medicine
Vice Chair, Pediatrics for Community Engagement
Past President, Society for Adolescent Health and Medicine

Derrol Dawkins, MD
Metro Pediatrics, Birmingham

Brian Dudgeon, MD
Greenvale Pediatrics, Hoover
Past President, Jefferson County Pediatrics Society

Ellen F. Eaton, MD, MSPH
Assistant Professor of Medicine
Division of Infectious Diseases
University of Alabama at Birmingham

Liesel French, MD, FAAP
Birmingham Pediatric Associates
President, Jefferson County Pediatric Society

Sonya L. Heath, MD
Professor
Department of Medicine
Division of Infectious Diseases
University of Alabama at Birmingham

David B. Hicks, DO, MPH, FAAFP
Family Practice
Deputy Health Officer
Jefferson County Department of Health

David W. Kimberlin, MD, FAAP, FPIDS, FIDSA
Professor of Pediatrics
Sergio Stagno Endowed Chair in Pediatric Infectious Diseases
Co-Director, Division of Pediatric Infectious Diseases

University of Alabama at Birmingham

Jennifer E. McCain, MD, FAAP

Pediatrician - Mayfair Medical Group, Homewood

District 3 Representative for Alabama, American Academy of Pediatrics

Jefferson County Pediatric Society, COVID-19 Committee Chair

Peily Soong, MD, FAAP

Pediatrics East, Trussville, AL

Amanda Soong, MD, FAAP

Assistant Professor

University of Alabama at Birmingham

Department of Pediatrics

Division of Gastroenterology, Hepatology, and Nutrition

Ryan Walley, MD, FAAP

Redmont Pediatric Associates, Birmingham

Susan C. Walley, MD, CTTS, FAAP

Professor of Pediatrics

Division of Hospital Medicine

University of Alabama at Birmingham

Children's of Alabama

Wesley G. Willeford, MD

Infectious Diseases

Medical Director of Disease Control

Jefferson County Department of Health