

November 15, 2021

Dear Superintendents and School Board Members:

Thank you for all you do for the children of Minnesota. We know that the past 19 months have been enormously challenging for our schools, our families and our children. We are grateful for your leadership and resiliency during these trying times and want to support you in making this a successful school year.

We are writing today to express our concern with high cases of COVID 19 in Minnesota school children. While children are generally less impacted by COVID 19 than adults, they are still at risk for severe disease, hospitalization, and death. About 1 in every 100 children with COVID 19 ends up in the hospital. Further, some children experience ongoing symptoms for a prolonged period after acute infection, even if that infection has been mild (long COVID). Since school started this fall, we have seen an alarming rise in childhood cases and a subsequent rise in hospitalized children and children admitted into intensive care, and sadly, one student has died. Additionally, eight Minnesota school staff have become infected and died of COVID since school began this fall.

Minnesota's students benefit from in-person learning and enabling in-person instruction as safely as possible for the 2021-2022 school year for all students is a priority. However, without effective disease mitigation strategies in place, children and school staff are being put at undue risk. As Minnesota's Commissioner of Health, and as the president of the Minnesota Chapter of the American Academy of Pediatrics (AAP), we urge you to make sure all schools follow the updated, current Centers for Disease Control and Prevention (CDC) guidance for COVID-19 prevention in pre-K-12 schools. We must take this pandemic seriously and prioritize our children's health and education. We need to ensure that all of Minnesota's children have access to safer, in-person education. The CDC and MDH recommends the use of multi-layered mitigation strategies. These layered strategies include:

1. **Promoting Vaccination.** Vaccination is the leading public health prevention strategy to end the COVID-19 pandemic. Vaccination limits the spread of SARS-CoV-2 and markedly decreases severe illness from COVID-19. Anyone eligible for vaccine - teachers, staff, parents, and children five (5) years and older should be vaccinated.
2. **Universal Masking.** All schools are urged to adopt a policy requiring universal masking for students, faculty and staff, and guests. The CDC, the American Academy of Pediatrics and MDH all recommend universal masking in all K-12 schools. The vaccine protects well against severe disease including hospitalization and death. When looking closely at infection and transmission, although vaccinated people are five-times less likely to get infected than unvaccinated people, infections and transmission can occur. More information on the science behind masking, correct mask usage, and exceptions to universal mask wearing are found on both the CDC and MDH websites.
3. **Physical Distancing.** Schools should maintain at least 3 feet of physical distance between students within classrooms whenever possible. When it is not possible to maintain 3 feet of distance between students, it is especially important to layer other prevention strategies, and consider cohorting. Six feet of distance should occur between adults and between adults and students.
4. **Staying home when sick.** Staying home when sick with COVID-19 is essential to keep COVID-19 infections out of schools and prevent spread to others. Schools should adopt a policy requiring students, teachers, and staff to stay home if they have COVID-19 symptoms or test

positive for SARS-CoV2. Anyone with symptoms should be tested and stay home until their test results are known. If someone has COVID-19, they should stay home for at least 10 days after symptom onset (or a positive test if they are asymptomatic) with improvement of symptoms and are fever free without the use of fever-reducing medications for at least 24 hours before returning. For more information, see the MDH decision tree at <https://www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf>.

5. **Screening Testing.** Schools should implement a program for voluntary screening testing of unvaccinated students, teachers and staff. In addition, regular, frequent testing of students participating in sports and other high risk extracurricular activities, can help decrease potential spread of SARS CoV-2.
6. **Contact Tracing and Quarantine.** Schools should develop a plan to support contact tracing and enforce quarantine recommendations by local and state health officials. The Delta variant has a higher attack rate than the original strain of the virus. This means that more people who are exposed to an infectious person with the Delta variant are likely to get infected than people who were exposed to someone with the original strain of SARS CoV-2. "Timely contact tracing can interrupt the ongoing transmission of a disease and reduce the spread of infection, catching and controlling new outbreaks before they are able to grow.
7. **Ventilation.** Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of virus particles in the air. Ventilation improvements that bring fresh outdoor air into a building alongside [other preventive strategies](#), help keep virus particles from concentrating inside.
8. **Notification of Cases.** School boards and other school leaders are reminded of the required reporting to MDH of any known COVID-19 cases under Minnesota Rules section 4605.7070. A link to the Case Report Form is at <https://www.health.state.mn.us/diseases/coronavirus/schools/plan.html>. Failure to promptly report cases could result in a monetary penalty or other enforcement action.
9. **Additional layers of prevention.** Schools should teach and implement appropriate handwashing and respiratory etiquette and ensure frequent cleaning and disinfection of surfaces at schools.

More detailed guidance can be found on [MDH's website](#). We share your commitment to enable in-person learning and to support the health and well-being of your school community. We know it can be challenging to implement these measures. However, the adoption of these multilayered strategies will give our children the best chance for a safer in-person school year with fewer interruptions. Your leadership and partnership are vital and we thank you for all that you are doing to help protect Minnesotans.

Sincerely,



Jan K. Malcolm
Commissioner, MDH



Sheldon Berkowitz, MD
President, MN Chapter AAP

Frequently Asked Questions: COVID-19 and Schools

UPDATED 11/4/2021

What can schools do to support safe, in-person learning?

In July 2021, the State of Minnesota rolled out an updated guidance document, [Best Practice Recommendations for COVID-19 Prevention in Schools for the 2021-22 School Year \(PDF\)](#), that emphasized layered prevention strategies. This means using multiple prevention strategies consistently to reduce COVID-19 spread. Among the recommendations:

- All people eligible for COVID-19 vaccination should get vaccinated.
- All students, teachers, staff, and visitors in school buildings should wear masks indoors regardless of vaccination status.
- Schools should maintain at least 3 feet of distance between students within classrooms whenever possible.
- Students, teachers, and staff should stay home if they have signs of any infectious illness and should contact their health care provider for testing and care.
- Students, teachers, and staff who have been fully vaccinated do not need to stay home even if they have had recent close contact with a confirmed case, so long as they remain asymptomatic and do not test positive. Follow CDC testing guidance for anyone exposed to a confirmed case.
- People not fully vaccinated and returning to in-person school, sports, or extracurricular activities (and their families) should get tested regularly for COVID-19 as advised by CDC.
- Schools should continue to maintain rapid and thorough contact tracing in combination with isolation and quarantine, make or maintain ventilation improvements, promote handwashing and covering coughs, and conduct routine cleaning and disinfection. These layers of prevention help reduce the potential for spread in the school setting.

While there is no longer a state requirement that schools follow this guidance, these measures are important and represent the most current science-based best practices for safe in-person learning. The recommendations are designed to support local school boards and school leaders as they make policy decisions and help maximize the chances for in-person learning.

The Minnesota Chapter of the American Academy of Pediatrics, representing 1,000 pediatricians across the state, supports these recommendations and recognizes the importance of in-person learning for our state's students.

What's the bottom line on masks as a prevention tool?

The American Academy of Pediatrics has a helpful mask myth-busters [website](#) that addresses potential questions parents might have around masks for children. In addition, for more information on masks check out the recent [CDC science brief](#) on the topic.

The bottom line is that masking reduces transmission of COVID-19. Your mask protects you and those around you. One person wearing a mask indoors is good protection. A classroom or school full of people wearing masks is better protection. Masking is an excellent complementary measure in addition to vaccinations, and universal indoor masking is particularly valuable in settings that include people who are not vaccinated.

If COVID-19 is generally less severe in young, healthy people, why does it matter if they get vaccinated?

Earlier this year the American Academy of Pediatrics issued a document titled [COVID-19 Guidance for Safe Schools](#), in which the organization and its members called for all eligible people to receive the COVID-19 vaccine.

While it is generally true that severe cases of COVID-19 are more likely in older people and those with underlying health conditions, that is not always the case. From July 1 – Oct. 26, there were more than 45,200 pediatric cases of COVID-19 and more than 300 child hospitalizations related to COVID-19 in Minnesota. For much of this autumn, pediatric ICU beds have been filled near capacity by children sick with COVID-19 or other illnesses. We can't predict which child will have severe illness, so prevention through vaccination is the best protection.

It is also important to remember that COVID-19 can also have long-term consequences. More than 100 Minnesota children have been diagnosed with multisystem inflammatory syndrome (MIS-C), a rare but serious inflammatory condition associated with COVID-19.

While a previous case of COVID-19 may provide some protection, recent analysis of data from 187 hospitals in the United States found that unvaccinated people with prior COVID-19 infections were 5.5 times more likely than fully vaccinated people to develop COVID-19.

Fortunately, Minnesota children age 5 and up are now able to get vaccinated and benefit from that vital layer of protection against COVID-19. Getting your child vaccinated gives you reassurance that your child is well-protected from the worst impacts of COVID-19. Getting your child vaccinated also protects other family members, friends, and neighbors.

Are the vaccines safe?

The American Academy of Pediatrics has developed [The Science Behind COVID-19 Vaccines: Parent FAQs](#). To summarize, tens of thousands of volunteers participated in clinical trials and those trials showed that the COVID-19 vaccines are remarkably safe and effective.

More than 11 million kids – nearly half of all children in the U.S. between ages 12 and 17 – have been fully vaccinated. Most side effects were mild and short-lived. In fact, common, mild reactions were **less** common in the 5- to 11-year-olds in the clinical trial compared 16- to 25-

year-olds. More serious effects such as a severe allergic reaction have been extremely rare (see [Safety of COVID-19 Vaccines](#)).

When assessing potential risks, it is very important to keep in mind that there are potentially serious risks associated with COVID-19 infection. About 25% of COVID pediatric deaths have occurred in healthy children. Common underlying conditions that many kids have, like asthma and obesity, can put kids at an even greater risk of severe illness. And while many young people who test positive for COVID-19 have mild symptoms, some experience symptoms more than a month after they've been infected. Several post-COVID conditions have been identified in kids, including recurring symptoms referred to as “long COVID.” COVID-19 vaccines are the best way to protect against COVID-19 and long COVID. More details can be found on the [AAP website](#).

What should people do if they are exposed to a COVID-19 case?

If you are fully vaccinated and have been exposed to someone with COVID-19:

- You do NOT need to quarantine after contact with someone who had COVID-19 unless you have symptoms.
- It's best to get tested 5-7 days after exposure, even if you don't have symptoms.
- Mask indoors in public for 14 days after exposure or until your test result is negative.

If you are not vaccinated and have been exposed to someone with COVID-19:

- Stay home 14 days after your last contact with a person who has COVID-19. A shortened quarantine period is possible in some cases. See [Close Contacts and Tracing: COVID-19](#).
- Watch for fever (100.4°F), cough, shortness of breath, or other symptoms of COVID-19.
- If possible, stay away from people you live with, especially people at higher risk.
- If you have symptoms, immediately self-isolate and [get tested](#).

Winter in Minnesota means cold-and-flu season. What should people do if they have symptoms of a respiratory illness?

People with COVID-19 report a wide range of symptoms, from mild to severe. Some COVID-19 symptoms overlap with those of other infections such as the common cold and influenza. Symptoms may appear 2-14 days after exposure to the virus, and they may include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Headaches, muscle or body aches
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea, vomiting or diarrhea

FAQ: COVID-19 AND SCHOOLS

If you or a family member develop any of these symptoms, the best way to know if it is COVID-19 is to get tested. Until you have the test result, stay home and avoid close contact with others including those in your own household. If you test positive, follow CDC guidelines for [isolation](#).