

CUYAHOGA COUNTY
BOARD OF HEALTH
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Review of Recommendations to Begin Fall School Activities Remotely

August 5, 2020

On Thursday, July 30, our agency released COVID-19 recommendations for K-12 schools in our health jurisdiction for the upcoming school year. This included schools located in Cuyahoga County, except for those in the City of Cleveland.

In this guidance, released with the support of our Board of Health members, we recommend that schools begin the 2020-21 school year operating remotely and that schools discontinue sports and other extracurricular activities during the remote learning period.

We clearly recognize that education and extracurricular activities are a very important to a child's mental and physical health. We also understand the importance of resuming in-person activities when it is safe to do so.

Since the release of the recommendations, we have received hundreds of emails and phone calls from the school community, many more than we can respond to individually. We appreciate the input that has been shared during what continues to be a very difficult and unprecedented time for all of us.

Please know that we have read each of these messages to better understand how our recommendations impact individuals and families amid this global pandemic. We have been moved by the many heartfelt statements and circumstances described in those messages and we respect and appreciate all the opinions that have been shared.

In response to your important feedback, we wanted to share this statement with the community to explain our position.

Background and Relevant Data

As of the writing of this letter, over 12,881 cases of COVID-19 have been reported in Cuyahoga County with 16.7% of these cases (2,159 people) requiring hospitalization. This is by far the highest number of hospitalizations in the state. Of the total cases, 3.7% (482 people) have died, all within the last 5 months.

By comparison, we had an elevated rate of influenza (flu) in our community during the 2019-2020 season and saw less than 50 fatalities in 6 months. SARS CoV-2, the coronavirus that causes COVID-19 disease, spreads easily and people without symptoms can unknowingly transmit the virus to others.

Between mid-June and mid-July of this year, our average number of daily COVID-19 cases more than tripled in Cuyahoga County. We have had 2,100 cases reported in the last two weeks, equaling almost 20% of our total cases since the beginning of the pandemic.

Almost 90% of these cases were in non-congregate community settings, where transmission occurred in bars, restaurants, weddings, funerals, gatherings in homes, on vacations, in childcare settings and among sporting events tied to “return to play” activities.

We know that people move throughout our region and beyond, with exposures often happening outside of the immediate community where a COVID-19 case may reside. This demonstrates the interconnectedness of Northeast Ohio to the rest of the state and country.

This past month, we saw our hospitalizations and intensive care unit bed utilization continue to rise. We also saw positivity rates rise among those tested for COVID-19. We have learned that surges can happen quickly and compound the risk of community spread, leading to further surges on hospital resources.

The central challenge in our community response to the COVID-19 pandemic has always been, first and foremost, to save lives. So far, our community has lost 477 Greater Clevelanders, ranging in age from 33-103. These are friends, family members, neighbors, and co-workers who have died from this contagion, with the end of the COVID-19 pandemic still nowhere in sight. Tragically, the death toll will continue to rise.

The only way to blunt the pace of these deaths is to adopt a strong communitywide focus on prevention.

The data clearly indicate that the current level of community transmission of COVID-19 continues to be high. All of our actions, including those of individual students, staff and their families, coupled with the ability for schools to provide a safe learning environment using protective strategies, will have a major impact on the viability and safety of school and extracurricular activities, including athletics.

Transmission that may occur in these settings also has the potential to spread elsewhere in the general community, causing future surges in new cases of COVID-19.

Since the beginning of March, like so many of our health care partners, our education community, and many others, our staff has been working long hours, seven days a week, in response to the COVID-19 pandemic. I’m very proud of the incredible commitment to community service that our employees have demonstrated and continue to model in this response.

In this spirit, I appreciate all those who are trying to make the best decisions for their families and in their workplaces.

Lack of Community Capacity to Test Children

Additionally, a key element of the response to the pandemic and specifically to outbreak settings such as schools is testing. At the present time, there are major limitations in testing availability in our community, particularly with regard to testing children. We have been

advised by numerous lab and governmental partners that this is a national problem and is unlikely to change in the coming weeks and months.

This limited testing availability also creates unique challenges in guiding decisions on isolation and quarantine. This means that our team will have to defer to monitoring symptoms when managing suspected cases and outbreaks.

The Impact of COVID-19 on Children

Since this is a new disease, data about the spread of COVID-19 among children continues to expand as more countries conduct scientific studies about transmission risk. At our news briefing last week, we mentioned a new, well-designed study of 65,000 people in South Korea which indicates that while younger children under age ten may spread COVID-19 at half the rate of adults, older kids age 10-19 can spread COVID-19 at similar rates to adults. We will continue to monitor the evidence daily, including any new data and reports of outbreaks in a school setting.

We are also aware that our peers in Columbus and Franklin County, as well as Dayton and Montgomery County, have made similar protective recommendations. Several large public health school districts, including the Cleveland Municipal School District, have made similar decisions to delay the start of the school year and begin virtually.

We Respect the Decisions of Individual School Districts

As school districts review the recommendations and their individual plans, we recognize and respect their responsibility to make the decisions that best meet the needs of their respective school communities.

To be clear, this is not a Board of Health Order; these are recommendations designed to provide evidence-based guidance.

These recommendations were developed in response to requests from many school administrators for public health guidance.

We understand that school districts may exercise their discretion and choose a different path.

Our agency is committed to work with all of our local schools as they implement their final plans. We recognize that most students learn more effectively in the classroom. There are times when a student's educational needs necessitate that services are delivered in person. These may include special needs education, extracurricular activities or other school services.

In order to maximize each child's learning, schools are permitted, per state guidance on mass gatherings, to have small groups of students report to school to receive such services during distance learning. Groups should be no larger than ten, including an instructor.

Concerning National Trends

White House Coronavirus Task Force Coordinator Dr. Deborah Birx and the Centers for Disease Control and Prevention Director Dr. Robert Redfield are urging people to follow public health guidance as reports of new cases of COVID-19 climb in the US.

Due to concerns about rising positivity rates among those tested for COVID-19 in Cuyahoga County, we were recently asked to participate with other Midwestern counties on a White House call with Dr. Birx to discuss these concerning trends.

On Sunday, August 2, Dr. Birx warned the country that we have entered a “new phase” of the pandemic, stating:

“If you have a high case load and active community spread, just like we are asking people not to go to bars, not to have household parties, not to create large spreading events, we are asking people to distance learn at this moment so we can get this pandemic under control.”

We face these significant challenges as influenza season is just around the corner. We anticipate that COVID-19 and flu will circulate in our community at the same time.

Future Recommendations

As always, we’re committed to offering guidance to all of our school districts and other partners during the pandemic response. We will also continue to support schools by providing surveillance, outbreak investigation and contact tracing for any outbreaks that are detected in the school environment.

As we move forward and consider any future modifications to these recommendations, the factors under review by our agency will include, but are not limited to:

- **Positivity Rates – A sustained decline in COVID-19 testing positivity rates below 5%.**
- **New Case Reports – A sustained decline in new cases over a one-month period.**
- **State Public Health Advisory System – A risk rating of Orange/2 or below over multiple weeks, which must clearly indicate sustained improvement in the metrics as they relate specifically to our health jurisdiction.**
- **COVID-19 testing capacity for children – There is currently little to no testing available for those under the age of 18, which dramatically complicates our outbreak response in the school setting. The lack of testing limits our response to a symptom-based investigation response.**

I remain hopeful that we can limit the scope and magnitude of this unprecedented pandemic. This will depend on whether or not our community embraces the prevention guidance.

Guidance includes broad use of masks, staying home when you're sick, maintaining social distancing, cleaning and disinfecting commonly-touched surfaces, and regular hand hygiene. The personal choices that we make every day can make all the difference.

Sincerely,

A handwritten signature in black ink, appearing to read 'T. Allan', written in a cursive style.

Terry Allan, MPH
Health Commissioner