

Statement to Senate Education Committee on COVID-19 and school response

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Dear Committee members,

Thank you for allowing me the opportunity to be here with you today. My name is Benjamin Lee. I am speaking today in my capacity as a pediatrician and infectious diseases expert and as a representative of the Vermont Chapter of the American Academy of Pediatrics. I am not speaking on behalf of my employer (UVM), the Department of Health, or the Vermont Agency of Education, although I have served as a consultant to all of the above throughout the pandemic.

Time and time again, SARS-CoV-2 has upended our carefully laid plans. We now face this scenario again, in the midst of the most rapid and extensive surge of COVID-19 we have experienced to date, due to the Omicron variant. I would like to share with you my opinions and thoughts on several key issues related to school-based pandemic response including, notably, contact tracing and surveillance testing. I'd also like to state at the beginning that the number one priority is to keep all our children safely in school. For me, this is an absolute necessity and the starting point for any conversation. All that follows should be understood to be in service of that goal.

First: contact tracing. From the beginning of the pandemic, contact tracing was a cornerstone of Vermont's pandemic response. I would argue that Vermont performed contact tracing as well as or better than any other state in the country. However, as previously practiced, it is no longer an appropriate tool for the task at hand. To be successful, contact tracing first and foremost requires adequate staffing to undertake the hours of work necessary to identify and notify all close contacts. In schools, this task has been delegated primarily to school nurses, the true unsung heroes of the 2021-22 academic year. In conversations with school nurses from around the state, it is clear they are going above and beyond their call of duty, putting in countless thankless hours late into the night to perform this task, but unfortunately at the expense of their other vital necessary functions—all the work that they USED to do before COVID-19 that took up a full-time job. This all must be accomplished within a narrow window of time, in order to identify contacts BEFORE they've had opportunity to potentially be another source of onward transmission. The Omicron variant has been shown to have a shorter incubation time than previous variants. In other words, the time it takes between being exposed and infected and being contagious to others is now far shorter than before, perhaps as short as 1-2 days. Correspondingly, the window of time before which contact tracing can be of benefit is now shorter than at any other time in the pandemic.

With a COVID-19 surge as we are currently experiencing, continuing contact tracing as per routine is like trying to swim against a rip tide. There are too many cases for contact tracers to keep up, and they are being swept out to sea. To insist on continuing, or even redoubling efforts at this time would be like instructing a swimmer caught in a rip tide to simply swim faster against the current. It is futile and will only result in wasted energy, and ultimately, drowning from exhaustion. A change in direction is necessary.

Expanded access to testing, particularly rapid diagnostic testing, along with roadmaps for schools and families to guide them on strategic use of these tests, is an eminently reasonable alternative strategy. It will reduce burden on exhausted school systems, particularly administrators and nurses, while still allowing for identification of new cases and informing quarantine and isolation protocols. I anticipate

that in the coming year, increased use of testing, particularly rapid testing, will become a standard part of our daily lives. The school setting should be no exception, with strategies implemented in schools beginning to align more closely with strategies we will need to use throughout society. This will also allow for a greater semblance of normalcy to return to our school systems. Just as importantly, it will begin the process helping families transition to the next phase of COVID-19, which is COVID-19 as an endemic virus. This virus will be with us forever after. So whether it is in 2022, 2023, 2024, or beyond—this is a transition that we ultimately will all have to make.

Similarly, surveillance testing has little additional value at this time, and I would argue that it is not a responsible use of scarce resources. Surveillance testing involves testing a small percentage of asymptomatic people on a regular schedule to see if unknown cases can be caught early. In other words, it allows you to detect a small number of cases you might have otherwise missed. One can think of surveillance testing as a way of looking under every stone. In a time of low case counts and effective contact tracing, it had value, particularly with earlier variants with longer incubation times. However, we don't NEED surveillance testing to inform us that we now have a problem with COVID-19 transmission! We don't need to be spend energy looking under stones when there is a landslide in progress. It may provide reassurance to individual families who participate, but providing individual reassurance is not the intended public health use of surveillance testing, and currently is of lower priority.

Finally, we should remember that today, every single person in a K-12 setting has now had ample opportunity to get vaccinated. As with all previous variants, the risk for serious illness in a child with COVID-19 with Omicron continues to remain extremely low, and is even lower still in a vaccinated child. Therefore, it is appropriate that we recalibrate our approach in school settings, now that vaccination is readily available to all. I also think it's instructive for us to recognize that the Omicron surge by and large began over the winter holiday break, when schools were not in session. So clearly, school attendance is not necessary to drive Omicron transmission. Simply put, it is everywhere. Placing more restrictive measures on school systems only punishes the kids and the school system for events that are largely out of their control.

I want to conclude with the simple acknowledgement that Omicron is everywhere. No setting is completely safe from COVID-19. We must understand and recognize that we are entering a transition period where we must learn to adapt to living with COVID-19 as an endemic virus. Eventually, we will need to approach COVID-19 the same way we do influenza or RSV, more familiar viruses that also are a cause of very severe illness and death in children every winter, but for which we do not contact trace, impose mandatory testing requirements, or shut down schools. This discussion today is part of larger conversation about how to make that transition safely and rationally. It undoubtedly will be associated with trepidation and anxiety, but we can't let these feelings cloud our judgement in terms of what is reasonable, necessary, and appropriate to do. Vaccination and boosters (if eligible), wearing high-quality face masks, staying home when sick, and avoiding crowded indoor spaces still remain important public health tools during this Omicron surge. However, it now time to let contact tracing (as previously practiced) and surveillance testing go.

Thank you very much. I am happy to take any questions.