

The Board of Education

Town of Brooklyn
119 Gorman Road
Brooklyn, CT 06234

Mae Lyons, Board Chair
Justin Phaiah, Secretary
Isaias Sostre

Melissa Perkins-Banas, Vice-Chair
Kayla Burgess

Mission: The Brooklyn Schools will foster a drive for learning within each student to reach his/her greatest potential. To achieve this mission, the school will continually improve its educational programs and services to meet this community's expectations for a quality education for all.

The Brooklyn Board of Education held their monthly meeting in the Brooklyn Middle School Auditorium and virtually on January 26, 2022 via Zoom. In attendance were Mrs. Lyons, Mrs. Perkins-Banas, Mr. Phaiah, Mrs. Burgess. Mr. Sostre was absent. Mrs. Buell, Superintendent, was also present.

Due to the COVID-19 Pandemic, the Brooklyn Board of Education will conduct a virtual meeting in accordance with Governor Lamont's Executive Order 7B.

To support public participation the documents will be posted on the
Town of Brooklyn Website as well as the Brooklyn Public
Schools Website.

You are encouraged to send questions or comments to buell@brooklynschools.org prior to the meeting.

1. Attendance, Establishment of a Quorum, Call to Order

Mrs. Lyons read the following Executive Order:

This is a reminder to members of the Board of Education and the Public:

Under Governor Lamont's Executive Order 13A, the Commissioner of Public Health created a list of venues where masks are required. It states, "All people, vaccinated or unvaccinated, need to wear a mask when they are inside a school building or childcare facility."

Mrs. Lyons started with roll call: Kayle Burgess, Justin Phaiah, Melissa Perkins-Banas, and herself were present.

Quorum established. Mrs. Lyons called the meeting to order at 7:02 p.m.

2. Public Comment

Mrs. Buell read the following email she received from Eric Anderson:

Dear Brooklyn Board of Ed and Superintendent Buell,

I am writing to you today as a concerned 16 year resident of Brooklyn with 4 children in the school system, my oldest graduating from WA this spring. I love this community. I served on the BOE just a few years ago. And I've volunteered mostly in coaching and youth activities in all my years here. Professionally, I have worked in indoor air quality for the past 20 years and that has provided me a level of training and expertise in this space.

Today, I would like to encourage your approval to remove the mask mandates in our schools at your first opportunity. I understand that the mask mandate may be lifted by the governor by mid-February and I would like to see our schools be one of the first to lift or modify our masking rules. Because the "internet" has no shortage of opinions around covid19, masks, transmission, quarantining etc, including the health effects covid19 illnesses actually has on our youth, I've attached a supportive plan and toolkit prepared by pediatric physicians and specialists that I believe may be helpful.

However, nearly 2 years in on this pandemic, we have learned that many types of masks used in schools are not an effective measure to reduce the spread of covid19. So, I ask you to please consider the following:

- *The United Kingdom and Australia (among others) have conducted efficacy studies and the results show there is little to no difference in schools that enforce mask mandates and those that do not.*
<https://fee.org/articles/bbc-uk-government-s-own-study-on-school-mask-mandates-failed-to-show-conclusive-results/>
- *The CDC cites only 1 known study about cloth vs medical mask efficacy, and it finds them ineffective against the spread of known viruses.*
<https://bmjopen.bmj.com/content/5/4/e006577>
- *Additionally, the CDC contradicts itself on the very nature of cloth masks vs "medical" masks stating cloth masks are inferior and "rates of infection are higher among those in cloth masks than in the medical masks and control groups." https://wwwnc.cdc.gov/eid/article/26/10/20-0948_article Mask wearing has become "political", but even traditionally left leaning network experts agree that cloth masks and masks other than n95 provide little to no protection; "Cloth masks are little more than facial decorations" – CNN Medical analyst Lynsay Marr*
- *The World Health Organization does not recommend masking for children under age 5, and conditional masking for ages 6-11 based on community criteria. They also warn not to wear mask while playing sports or physical activities.*
<https://www.who.int/news-room/questions-and-answers/item/q-a-children-and-masks-related-to-covid-19>
- *A covid19 virus is 0.1-0.3 microns in size. The average mold spore is 1-3 microns; 10x bigger. For years, OSHA has required workers who work in mold contaminated spaces to wear at least an n95 respirator or better to work in said environment. A virus at 1/10 the size is more transmissible.*

My goal was to provide some base information that masking is not an adequate measure to protect our students or staff. That many masks provide a false sense of security. You may also consider all the other contributing factors as to why eliminating masks in schools is the best step for our community. So, please consider lifting the

mandate on masking children in schools and encourage hand washing, staying home when sick, and home testing.

*Thank you
Eric Anderson*

The supportive plan and toolkit is attached at the end of the minutes.

3. Approval of Minutes

- a. December 15, 2021 BOE Regular Meeting Minutes
Motion to approve the Regular Meeting Minutes for December 15, 2022.
(Perkins-Banas/Phaiah)
No Discussion
Vote Count: 4, 0
Unanimous vote to approve

Mrs. Lyons would like to request that Agenda 9a be moved up to 3b for the Math Pilot Presentation.

Dr. Perkins-Banas made a motion to move agenda 9a up to 3b for the Math Pilot Presentation.
(Perkins-Banas/Burgess)
No Discussion
Vote Count: 4, 0
Unanimous vote to approve

b. Math Pilot Presentation by BMS

Mrs. Tamsin stated that she wanted to provide an update on the middle schools plan to pilot math programs this year and hopes to adopt a new math program for next year. She provided information on the three math programs they are interested in and mentioned at the last meeting, January 12, 2022. The math committee has been meeting and discussing the criteria they will be using as they pilot the programs and looking at materials as they arrive.

Illustrative Mathematics (K-8) (Non-Profit)

Pros:

- Compatible with Assistments
- Rich mathematical Tasks
- Curriculum is available online
- PD offered/CREC Support
- Assessments: Check for readiness, mid, and end
- Compatible with Open Up Resources
- Three Certified Partners: Kendall Hunt (online curriculum printed into book), Learnzillion (black and white printed book and digital platform). McGraw Hill (Color printed book and intervention resources - Aleks)

- K-12 Curriculum (L=5. 6-8)
- Lessons designed for 45 minutes grades 6-8 and 60 minutes K-5

Cons:

- No built in interventions
- Manipulatives purchased separately

CPM (6-8)

Pros:

- Homework: skills review built in
- CPM: Collaborative Problem based Mastery over time
- 8th Grade Intervention
- Extension of Bridges Mathematics

Cons:

- Not compatible with Assistments
- No built in intervention

Envisions (K-8)

Pros:

- K-8
- Consumables and online platform
- Savvas Realize: Video tutorials
- Combination of everyday problems and student choice projects
- Built-in Interventions: differentiation and enrichment
- Intervention kits
- My Savvas Training 24/7

Cons:

- Not compatible with Assistments
- Intervention Kit is an additional cost

Bridges Mathematics (K-5)

Pros:

- Builds number sense (number corner)
- Online component-looks very engaging
- Nice combinations of direct instruction and hands-on investigation
- Fluency Component
- Aligns with AVMR-subitizing, bundles, bead racks, etc.

Cons:

- Layout/directions/text not appealing
- Too many supplies and bulletin boards to manage
- Extra 20 minutes needed in schedule for Number Corner (80 minutes total)
- Online reviews say it requires A LOT of teacher time and material prep
- A lot of storage space needed for materials

- K-5

Mrs. Tamsin stated that they will meet again in two weeks to develop a plan on which units they will be piloting to replace the work they have not done yet in EngageNY. She stated that she will provide more information as they progress through the process.

Dr. Perkins-Banas asked Mrs. Tamsin about the Envisions program where she stated that there is an adaptable homework or modified homework, will it help with students that have modifications on an IEP? Mrs. Tamsin stated that the adaptable piece of the program is the computer adaptability where if a student gets a question wrong, it will modify the direction it will take the student on the assignment. It will individualize the instruction around the content being worked on.

4. Correspondence and Communication

- a. Thank you - Alumni Sportswear

Mrs. Buell stated she sent a thank you letter to Alumni Sportswear for their generous donation of sixteen (16) personalized long sleeve shirts for the Brooklyn Middle School Boys Basketball Team.

- b. Thank you letter from Project P.I.N. (People in Need)

Mrs. Buell stated the students and staff at Brooklyn Middle School received a thank you letter from Project P.I.N. thanking them for their generous food donation and for supporting Project P.I.N. Project P.I.N. stated that their donation will help ease the stress and worry that many families have about providing food for their families. Also, their donation will help families in Plainfield and surrounding communities.

- c. Thank You Letter - Sara Sutherland

Mrs. Buell stated she sent a thank you letter to Sara Sutherland for her generous donation of \$480.00 to Brooklyn Elementary School. Her donation will be used for the Brooklyn Elementary Activity Fund to assist students that need monetary support for activities.

- d. Thank You Letter - Beagary Charitable Trust

Mrs. Buell stated she sent a thank you letter to the Beagary Charitable Trust for their continued support of the Brooklyn Public Schools. Their donation will go towards the Student Enrichment Fund to benefit all Brooklyn Elementary and Middle School students that need financial assistance towards field trips and other enrichment programs.

e. Resignation Board of Finance - Jeffrey Otto

Mrs. Buell stated that she received a letter of resignation from Jeffrey Otto as the liaison for the Board of Education. Mrs. Buell stated Mr. Otto resigned from the Board of Finance last week and she reached out to him and congratulated him and wished him well.

f. Retirement - Linda Jung

Mrs. Buell stated that she received a letter of retirement from Linda Jung, Reading teacher at Brooklyn Elementary School, at the end of this school year. Mrs. Buell thanks her for many years and wishes her well.

g. Resignation - Lori Sullivan

Mrs. Buell stated that she received a letter of resignation from Lori Sullivan, Art teacher at the Brooklyn Middle School. Mrs. Buell wishes her well.

5. Administrative Reports

a. Brooklyn Enrollment

Mrs. Buell discussed the December enrollment report. She stated that there were no major changes in enrollment. The total enrollment is down by 3 students.

b. FY22 Financial Reports

Mrs. Buell shared the expenditure report. She stated that there are some negatives that she and the Business Manager are monitoring. Mrs. Buell stated that the insurance line is in the negative from changes in enrollment and salaries is in the negative due to changes and long-term substitutes. She stated that she is expecting to finish the year on budget. Mrs. Buell stated that she will continue to monitor spending.

c. Transfer Request

Mrs. Buell discussed the budget transfer request that reflects some of the expenditures in special education in the amount of \$41,110.00. She would like the Board to approve to move \$41,110.00 from two special education line items to two special education line items to offset the deficit.

Motion to approve the transfer of \$41,110.00 as detailed in the transfer request.
(Burgess/Phaiah)

No Discussion

Vote Count: 4, 0

Unanimous vote to approve

d. December Data Dashboard

Mrs. Buell discussed the Data Dashboard for December with the Board. She stated some of the screenings were not able to happen in December and stated that the screenings were finishing up this week.

Brooklyn Elementary School Data for the month of December:

- Assessment completed on time: NA
- At or above expectations: NA
- % of students in intervention Tier II: NA
- % of students in intervention Tier III: 213; 40.73%
- Observations reviewed: 6
- Instructional pacing on track: 88.33%
- Learning objectives: 100.00%

Brooklyn Middle School Data for the month of December:

- Assessment completed on time: 100.00%
- At or above expectations: Math - 20%; ELA - 59%
- % of students in intervention Tier II: 128; 36.9%
- Student intervention Tier III: 62; 19.00%
- observations reviewed: 8
- Instructional pacing on track: 75.00%
- Learning objectives: 75.00%

District Attendance for the month of December:

- BES student attendance: 539 ; 86.52%
- BES staff attendance: 88; full day - 94.92%; partial day - 96.19%
- BMS student attendance: 347 - 88.75%
- BMS staff attendance: 64; full day - 94.30%; partial day - 96.69%

e. Brooklyn's Best

BES

- Our early childhood staff is currently in the NAEYC assessor visit. They have done a tremendous job preparing for this.
- Our office staff has begun the process of enrolling preschool children for next year.
- Teachers are administering the winter universal screens and there has been excitement over the growth happening in the classrooms.
- The pacing and timing of mini lessons have been very strong across all grade levels.
- Mr. Osborn's 1st grade class celebrates together every time someone levels up on Lexia.

- We have had many new staff members pass their first module of TEAM. This is due to their hard work and the support of their mentors.

BMS

- Good Cookie December 2022:
Grade 5: King/DS: Aliviah Menor
Carson/Nault: Aiden Black
Grade 6: Brody LaVallee, Makenna Faucher
Grade 7: Reagan Scheck, Josh Couture
Grade 8: Tieman Curran, Emily Mumford
- Received two (2) grants from Wamart:
 - \$3,000 towards athletic uniforms
 - \$1,000 towards our Community Fitness Course
- Athletics:
 - Girls Basketball: The Girls Basketball team are in the finals
 - Boys Basketball currently 4-2
- We had a very successful Food Drive for Project P.I.N.

Central Office

Mrs. Buell read the following statement she wrote:

“A very special and sincere thank you to Mr. Jeff Otto. I want to wish Jeff the best in his retirement. I hope that he will enjoy many adventures with his wife as they travel. I am very grateful to Jeff for his dedication to the Town of Brooklyn. I have appreciated his questions and guidance as the Chairperson for the Board of Finance and the liaison to the Board of Education. His questions and comments have helped me to think about the district from a different perspective, one that I am grateful for. I am aware that he also stepped down from the QV dispatch after well over 40 years! He has been a staple in Brooklyn and his presence will be missed on the Boards!”

6. Board of Education Committee Reports

None to Report

7. Board Representatives to Other Committees

None to Report

8. Old Business

a. Draft 4: 2022-2023 Calendar

Mrs. Buell reviewed the Draft 4 2022-2023 calendar with the Board of Education. There was discussion of changing December 23, 2022 from a full day to an early release day and decided to keep it a full day of school.

Motion to approve the Draft 4 calendar for the 2022-2023 school year.
(Perkins-Banas/Phaiah)

No Discussion

Vote Count: 4, 0

Unanimous vote to approve

b. RFP's for Boiler Replacement

Mrs. Buell stated the Request for Proposals (RFP) have gone out for the multi fuel fired condensing boiler/burner replacement and oil fired boiler/burner replacement. She stated that they are hoping for multiple bids and the bids will close on February 28, 2022.

Mrs. Lyons stated she knows they have discussed oil and propane. She asked what a multi fuel fired boiler is? Mrs. Buell stated that a multi fuel fired condensing boiler allows you to use propane and if natural gas comes to the area, it would be an inexpensive switch to burn natural gas.

Mrs. Buell stated that she asked if the schools happen to get a multi fuel fired boiler and the HVAC system gets upgraded, would they be able to run some of the systems off of electricity where the electricity is generated by solar.

c. TiCoat Application begins on Friday, February 18, 2022

Mrs. Buell provided an update on the TiCoat application. The application will begin on February 18, 2022 at 3:45p.m. Brooklyn will be the first school to have this application. The product is safe to use in schools. All surfaces that can be touched will be treated and will be easier to clean without chemicals.

Mrs. Buell would like to have the PD day on February 22, 2022 be held remotely to allow time for the application process to be completed.

d. Town ARP Request - July 26, 2021

Mrs. Buell stated that she sent a letter to the town on behalf of the Board of Education asking for their consideration to upgrade the HVAC systems in both schools using ARP funds.

9. New Business

a. Math Pilot Presentation by BMS

Presented earlier under agenda 3b.

b. Discussion/interview for the BOE vacancy position

There are two community members, Rick Ives, and Samuel Bonfonte that are interested in filling a Board of Education vacancy position. The Board asked each candidate questions.

There were no other candidates that reached out stating interest. The vacancy had been posted on the website and reached out to both republican and democratic committees.

The Board is prepared to vote and a paper vote was taken, four votes were cast:

Melissa Perkins voted for Rick Ives
Justin Phaiah voted for Rick Ives
Kayla Burgess voted for Rick Ives
Mae Lyons voted for Rick Ives

Mrs. Lyons stated that Mr. Ives will need to be sworn in and the next Board of Education meeting is February 23, 2022.

c. Board Policies - 1st Reading

i. 6172.1(a): Gifted and Talented Students Program

Mrs. Buell stated that the policy is for the Board to review and they will discuss at the next meeting.

d. SwabTek Narcotics Test Kits (NTK)

Mrs. Buell stated that the schools received test kits from SERAC who supports our Local Prevention Council. They support the work we are doing to increase awareness around the risks of vaping and drugs/alcohol.

Mrs. Lyons asked if the test kit is to determine if a student brings something in? Mrs. Buell stated if a student brings something in, they can test the item to determine if the substance is a narcotic. The narcotic could be on a surface, in food or in liquids and would be detected when tested. Mrs. Buell stated that the Board approved a Narcan Policy last year and have it on hand in case it becomes necessary in school.

10. Public Comment

None

11. Adjournment

Motion to adjourn at 8:17 p.m.

(Perkins-Banas/Phaiah)

No Discussion

Vote Count: 4, 0

Unanimous vote to approve

Respectfully Submitted,

Donna L. DiBenedetto

Donna L. DiBenedetto

Board Clerk

Justin Phaiah, Board of Education Secretary

Date

Children, COVID, and the urgency of normal

An advocacy toolkit for parents, students, mentors, teachers, and administrators.

January 24th, 2022

“18 months ago it was irresponsible and wrong to say:

- Covid is similar to the flu
- Many people hospitalized or dying just have positive tests, are not sick from Covid
- It's most important to protect the vulnerable

Omicron is different. Now, that's basically correct.

Covid is adapting to us, we need to adapt.”

-Former CDC Director Tom Frieden

January 7, 2022



About the authors



Dr. Scott Balsitis started his career in virology as an Emerging Infectious Diseases Fellow at the CDC studying pandemic preparedness. He earned his PhD in Virology at the University of Wisconsin-Madison and completed a Fellowship at the University of California, Berkeley. He has 22 years of experience in virology research, including on vaccines and therapeutics against HIV, Hepatitis B, RSV, Influenza, COVID-19, and other viruses.



Dr. Monica Gandhi is an infectious disease physician, a professor of medicine at the University of California, San Francisco, and the director of the U.C.S.F. Center for AIDS Research. Her articles on COVID immunology and COVID policy have been featured in *The New York Times*, *The Wall Street Journal*, *The Washington Post*, *The Atlantic*, *Newsweek*, *Time*, and numerous other publications.



Dr. Jeanne Noble is Associate Professor of Emergency Medicine at the University of California, San Francisco, and Director of COVID Response for the UCSF Parnassus Emergency Department. She has written about COVID policy and the impacts on children for *The Washington Post*, *The Wall Street Journal*, *Time*, *The Los Angeles Times*, and *The San Francisco Chronicle*.



Dr. Lucy McBride is a Harvard- and Johns Hopkins-educated internal medicine physician, mental health advocate, and author of a popular COVID-19 newsletter. She has written and spoken extensively about the inseparability of mental and physical health during the pandemic, has articles featured in *The Washington Post* and *USA Today*, and is a regular contributor to *The Atlantic*.



Dr. Tracy Beth Hoeg is a PM&R physician affiliated with the University of California-Davis, and an epidemiologist studying COVID transmission in schools. She was senior author on one of the earliest studies on COVID in schools, recently testified before Congress on the impacts of COVID and COVID policies on children, and is currently leading a study on the effectiveness of school COVID mitigation policies.



Dr. Kwadwo Kyeremanteng is the department head of critical care at The Ottawa Hospital. He dedicates his time to care for the sickest of the sick patients in the intensive care unit (ICU). During the COVID-19 pandemic Dr. Kyeremanteng created ‘Solving Wellness,’ a virtual health & wellness platform for health care professionals. ‘Solving Wellness’ has been helping address health care burnout and providing health, fitness and self care for its members.

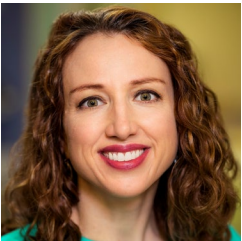
About the authors: Pediatrics



Dr. Jeff Vergales is a pediatrician and pediatric cardiologist at the University of Virginia. His national background in risk management in children placed him at the forefront of developing policy and leading multiple national and state initiatives in management of summer camps, schools and other child congregate care settings during the COVID-19 pandemic.



Dr. Kory Stotesbery is a pediatric psychiatrist at Thomas Jefferson University, Children's National Medical Center, and the Washington Baltimore Center for Psychoanalysis with experience in inpatient, outpatient, residential, and emergency care, with a particular interest in eating disorders.



Dr. Kristen Walsh is a Harvard University and University of Missouri-educated clinical academic pediatrician who has been the Early Childhood Champion for the state of NJ for the American Academy of Pediatrics since 2012.



Dr. Amy Beck is an Associate Professor of Pediatrics at the University of California, San Francisco School of Medicine, where she studies the impact of childhood obesity.



Dr. Nicole Johnson is an Assistant Professor of Pediatrics at Case Western Reserve University School of Medicine. She is trained in pediatric critical care and specializes in pediatric procedural sedation. She is passionate about restoring the patient-physician relationship, and the equitable delivery of safe, quality, low-cost medical care.



Dr. Tara Henderson is a pediatric oncology physician, a Professor of Pediatrics and Chief, Section of Pediatric Hematology, Oncology and Stem Cell Transplantation at the University of Chicago. She is health outcomes researcher and specializes in the diagnosis and medical treatment of patients and survivors of pediatric, adolescent and young adult cancers.



Dr. Eliza Holland is a pediatric hospitalist at the University of Virginia Children's Hospital. She has been supporting COVID response to enable in-person activities for students at summer camps in North Carolina and schools in Virginia.



Dr. Aparna Bole is an Associate Professor of Pediatrics at Case Western Reserve University. She is a general pediatrician whose interests include community health, environmental justice, and health equity.

About this toolkit

This toolkit is intended to help everyone who needs to make evidence-based decisions for pre-K and K-12 schools and extracurricular activities. It summarizes the most important data regarding COVID and children of all ages so you can be empowered.

It is intended for parents, students, mentors, teachers, administrators, and everyone invested in taking the best possible care of our children. Please share and discuss within your communities, and use it to help inform and focus discussions with your school.

The discussion is particularly focused toward highly vaccinated communities, because that is where schools are being most impacted by COVID policy changes right now. We highly encourage vaccination.

We urge everyone to have discussions with openness and mutual respect. The job of being a teacher, school administrator, parent, or student has been exceptionally difficult these last two years. Understand that if you're frayed, so is the person you're talking to. Compassion and accurate information will move us forward.

As scientists and physicians, our role is to **inform** you with accurate data, give it **context** you can understand, and provide **guidance** about confusing issues. Impacts from COVID and mental health vary among different communities, schools, families, and individual children. We humbly acknowledge this, and provide these data to support every community in making their **own decisions**.

Children, COVID, and schools

COVID poses very little threat of serious disease for students in highly vaccinated communities.

- COVID is a flu-like risk for unvaccinated children. Extraordinary measures in schools are not justified.
- Vaccinated children have almost no risk of severe disease. Omicron does not change this.
- Teachers remain well protected by vaccination, with boosters important in older age groups.

Protecting the mental, social, and emotional health of students is paramount.

- Children are experiencing unprecedented levels of anxiety, depression, and other mental health impacts.
- Child deaths from suicide vastly outnumber deaths from COVID and are increasing.

Focused protection strategies can protect the vulnerable without harming students' overall wellbeing.

Preserving in-person learning and de-escalating fear are the best responses to Omicron.

- Maintaining in-person learning is critical for protecting our students.
- Escalating COVID rules are harmful. Normalize the daily school experience as much as possible.

To protect our children, an urgent return to fully normal schooling is needed.

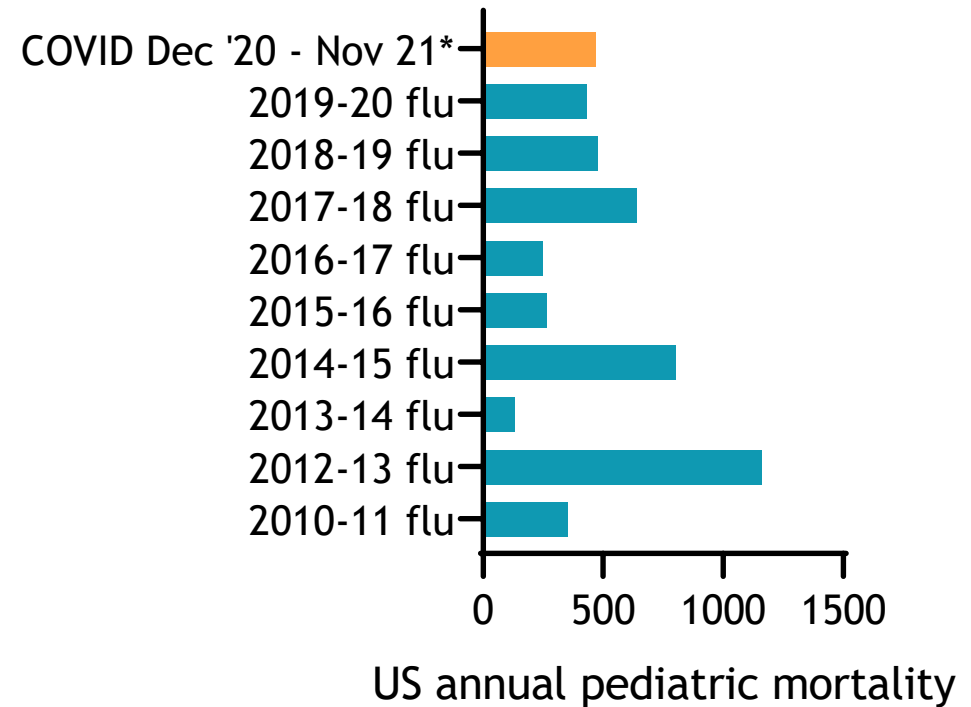
COVID is a flu-like risk to unvaccinated children

CDC data show that annual pediatric mortality from COVID is similar to that of the flu in unvaccinated children^{1,2}

- Summary of CDC data on 0-17 year olds:

Long COVID is not a major risk to children

- Studies consistently find that post-infection symptoms are similar in children who had COVID and children who had other, non-COVID infections.³



¹https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm

²<https://www.cdc.gov/flu/about/burden>

³<https://doi.org/10.1016/j.jinf.2021.11.011>

*Dec 2020- Nov 21 was the worst 12 months for pediatric COVID deaths in the United States.

COVID risk to vaccinated healthy children is extremely low

With severe disease risk from COVID already very low for healthy children, vaccines drive the risk to nearly zero.⁴

- Data from the Delta surge shows risk by age and vaccination status.
- Chart shows data from 930,000 total cases, including 411,000 cases in children.
- In vaccinated children, there were zero deaths and almost no hospitalizations.

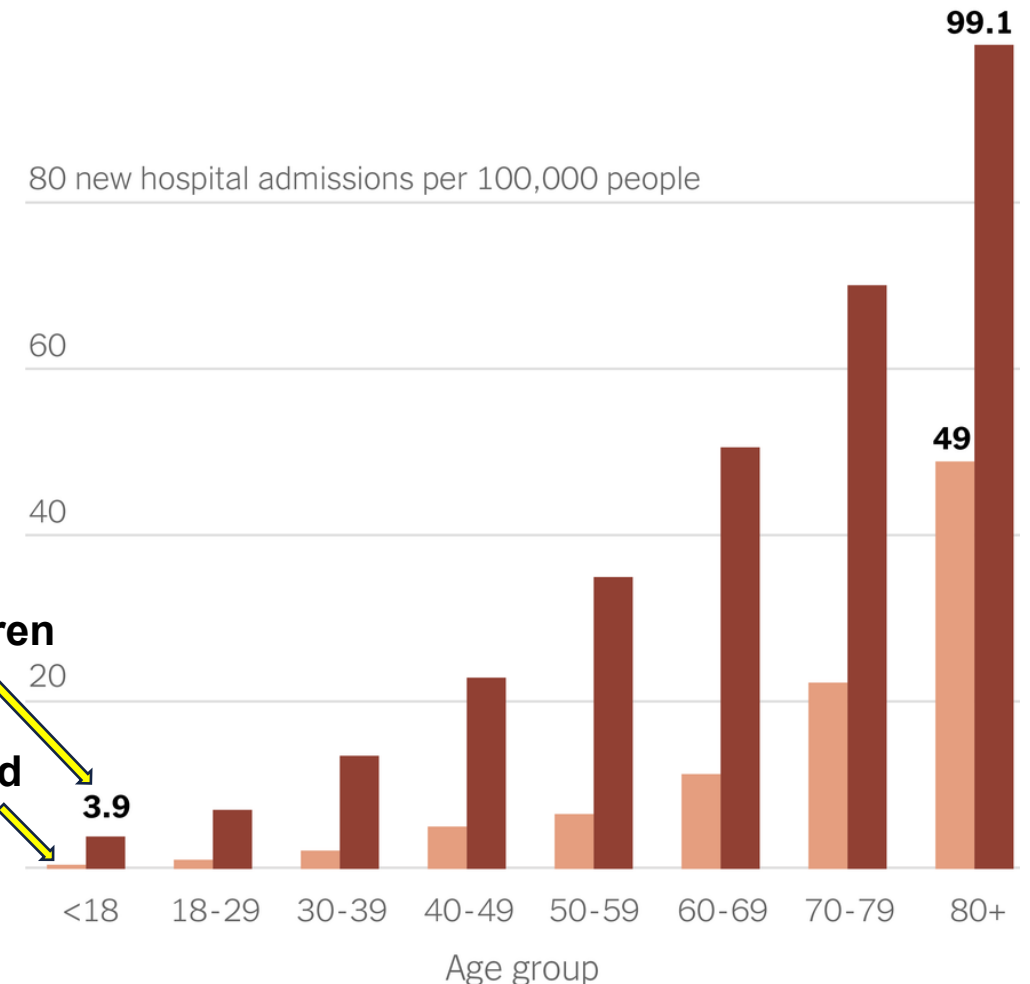
Covid hospital admission rates in England⁵

Totals between Sept. 6 and Oct. 3, 2021

■ Fully vaccinated ■ Not fully vaccinated

Flu-like risk level
in unvaccinated children

Vaccinated
children



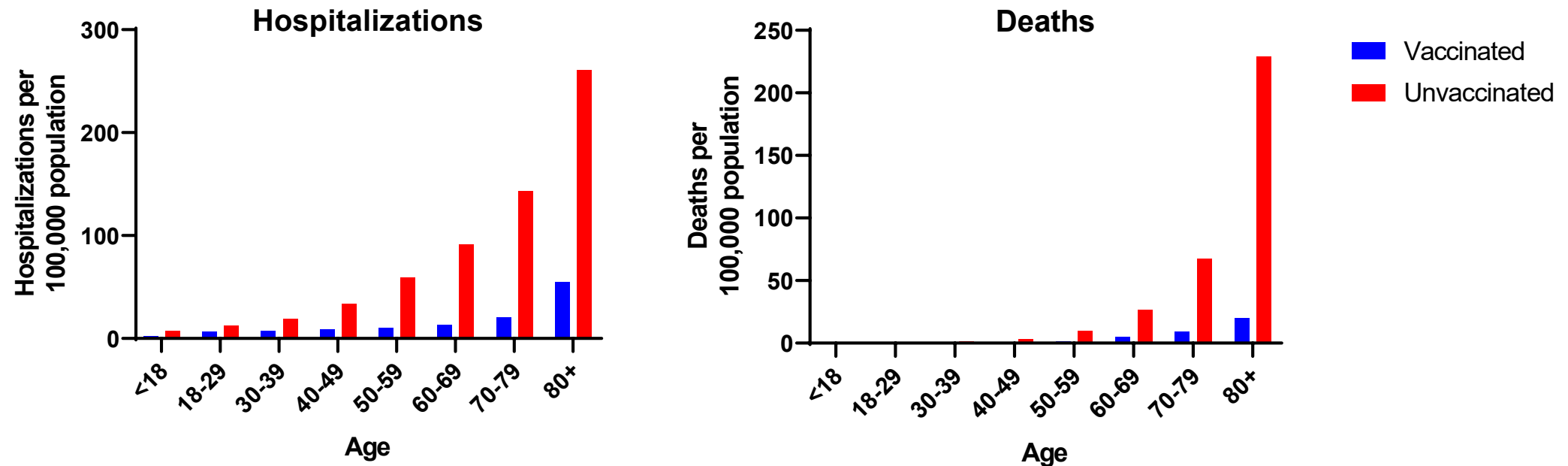
⁴https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029606/Vaccine-surveillance-report-week-43.pdf

⁵<https://www.nytimes.com/2021/10/12/briefing/covid-age-risk-infection-vaccine.html>

Vaccines remain highly effective against severe disease with Omicron

With Omicron, vaccines have lost most of their effectiveness against mild disease. Expect many cases. Efficacy vs. severe disease remains high, and Omicron is less pathogenic.⁶ Cases will be overwhelmingly mild.

The UK reported data by age and vaccination status in December, during massive Omicron spread:⁷



In vaccinated people under age 60, Omicron deaths are extremely rare or absent. Note that no UK children are boosted. The protection shown here is achieved with two doses.

⁶https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1044481/Technical-Briefing-31-Dec-2021-Omicron_severity_update.pdf

⁷https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1045329/Vaccine_surveillance_report_week_1_2022.pdf

Teachers, staff, and family members are well-protected by vaccination, with a booster dose important for older age groups

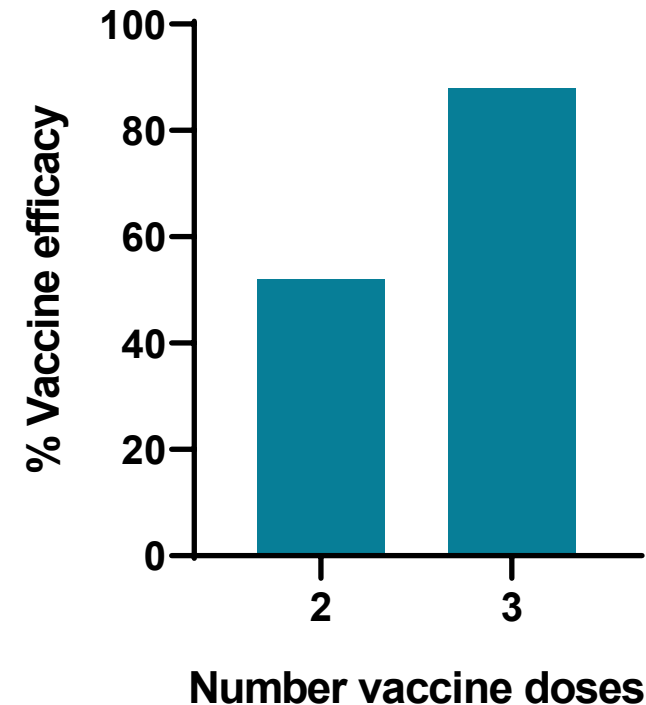
In the previous slide, we see some risk remaining in older age groups, where there is a substantial decline in 2-dose vaccine efficacy against severe Omicron.

In adults over age 65, a booster dose restores protection against hospitalization to pre-Omicron levels (90%).^{8,9}

The enhanced protection appears durable, remaining at 90% for at least 10 weeks, the longest monitoring to date.⁸

The UK has decided not to recommend additional boosters. Three doses does the job.

Vaccine effectiveness against hospitalization in people over age 65



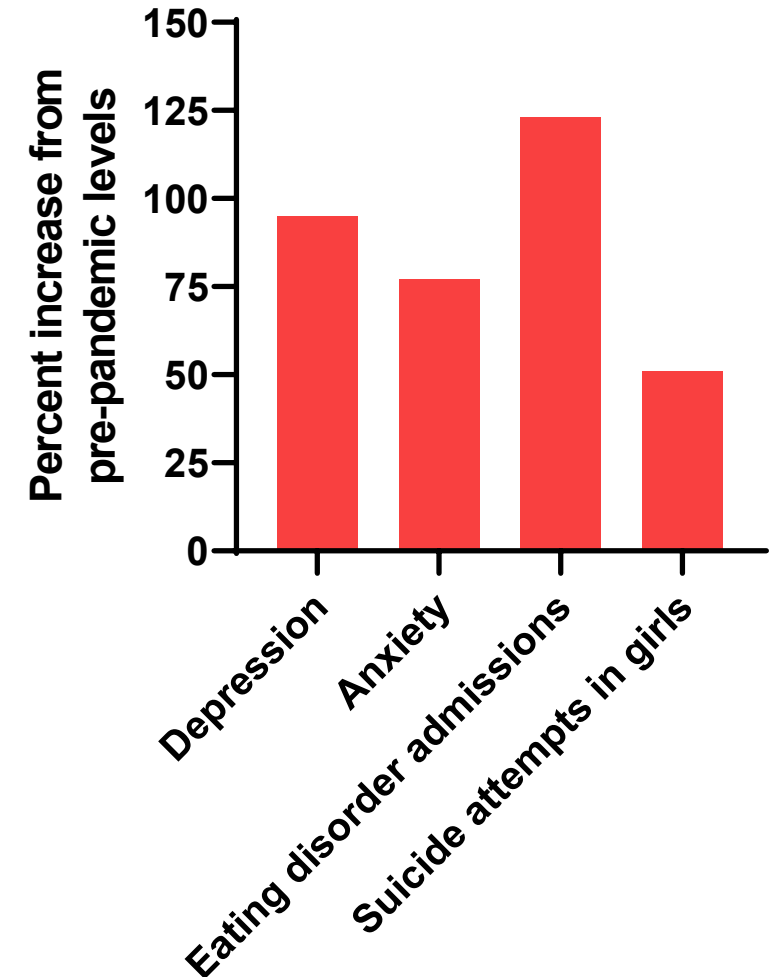
⁸<https://www.gov.uk/government/news/boosters-continue-to-provide-high-levels-of-protection-against-severe-disease-from-omicron-in-older-adults>

⁹<https://www.cdc.gov/mmwr/volumes/71/wr/pdfs/mm7104e3-H.pdf>

Protecting the mental, social, and emotional health of students should be our top priority

Indicators of student mental health distress are at all-time highs. Policies to improve and protect student mental health are urgently needed.

- Depressive and anxiety symptoms **doubled** during the pandemic.¹⁰
- **25%** of youth are experiencing depressive symptoms and **20%** of youth are experiencing anxiety symptoms.¹⁰
- A study of eating disorder hospitalizations found a **120% increase**.¹¹
- There were approximately **2400** child suicides in the US in 2020. Children were the only age group to show an increase in suicides from 2019-2020.¹²
- In early 2021, emergency department visits for suspected suicide attempts in the US increased **51%** in adolescent girls.¹³



¹⁰<https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

¹¹<https://publications.aap.org/pediatrics/article/148/4/e2021052201/179731/Medical-Admissions-Among-Adolescents-With-Eating>

¹²<https://www.cdc.gov/nchs/data/vsrr/VSRR016.pdf>

¹³<https://www.cdc.gov/mmwr/volumes/70/wr/mm7024e1.htm>

School closures are harmful

“The toll of school closures and social isolation on children’s mental health cannot be overstated and will require both immediate- and long-term investigation and action to fully assess and address the impact.”¹⁴

-Editorial from *Journal of the American Medical Association Pediatrics*, January 18, 2022

School closures were associated with:

- Negative mental health impacts for **both parents and students**¹⁵
- Considerable impacts across emotional, behavioural and restlessness/inattention problems¹⁶
- Marked rises in screen-time and social media use and reductions in physical activity¹⁶
- Increased obesity¹⁷
- Learning loss¹⁸

¹⁴<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2788076>

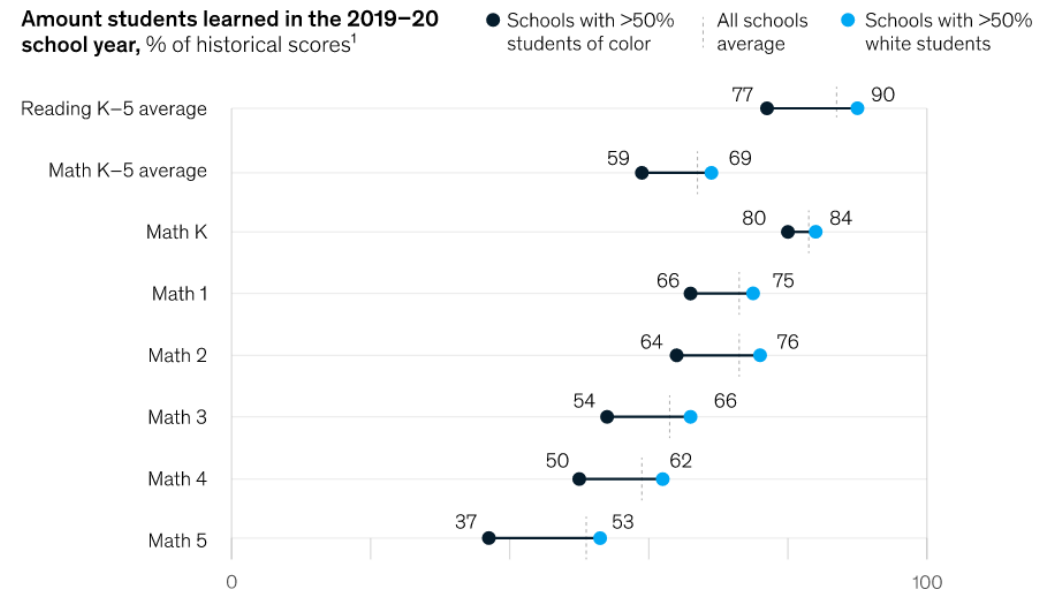
¹⁵<https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7011a1-H.pdf>

¹⁶<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2788069>

¹⁷<https://www.cdc.gov/mmwr/volumes/70/wr/mm7037a3.htm>

¹⁸<https://www.mckinsey.com/industries/public-and-social-sector/our-insights/covid-19-and-learning-loss-disparities-grow-and-students-need-help>

Most students are falling behind, but students of color are faring worse.



¹Percent of an “average” year of learning gained by students in 2019–20 school year, where 100% is equivalent to historical matched scores over previous 3 years.
Source: Curriculum Associates

Focused protection for the vulnerable

The vulnerable must not be forgotten. Even with vaccines available, some people will remain at risk of severe disease from COVID infections.

“Focused protection” methods protect the vulnerable without widespread disruption to society or harms to healthy children.

If you think you are at elevated risk, discuss with your doctor. It is common for members of the general public to incorrectly estimate their personal risk. If you are in a very high-risk category:

1. Get fully vaccinated and boosted. Boosters greatly reduce the risk for the most vulnerable.¹⁹
2. During periods of high transmission, limit your exposure by quarantining and avoiding indoor public spaces.
3. Use **well-fitted** N95 respirators. A properly-fitted N95 is highly effective at protecting the wearer, and does not rely on the behavior of others around you for protection.²⁰ **High-quality one-way masking is more effective at protecting the vulnerable than universal use of low-quality masks.**
4. Test right away if you develop respiratory symptoms, and seek early treatment if positive. Multiple effective treatments for all COVID variants now exist, and early treatment is highly effective at preventing severe outcomes of COVID-19.

Focused protection works. It’s how we have managed other respiratory viruses for high-risk individuals for our entire lives.

¹⁹<https://www.gov.uk/government/news/boosters-continue-to-provide-high-levels-of-protection-against-severe-disease-from-omicron-in-older-adults>

²⁰<https://www.cdc.gov/niosh/docs/2010-133/pdfs/2010-133.pdf>

Recommendations

Maintain in-person learning regardless of case counts. Students' overall health is best supported by keeping daycares, pre-schools, and schools open.

De-escalate fear around getting COVID.

- Talk openly with children and parents about how well the vaccines work and how safe we are.
- For healthy children, COVID is a flu-like risk if unvaccinated and almost no danger if vaccinated.
- Encourage children, parents, and staff to see mild COVID infections as inevitable and not alarming.
- Encourage a booster dose for parents, caregivers and school employees, especially if older or in higher-risk groups.

Apply focused protection measures to protect community members who remain at high risk.

Change the focus to supporting students' mental, emotional, and social health.

- Avoid escalating mask rules or other COVID policies. More restrictive policies increase fear & falsely convey that schools are unsafe. This increases harm to student mental health, which can have major detrimental effects.
- Do not treat vaccinated and unvaccinated children differently. Children are not a danger.
- Encourage extracurricular activities and social events without fear.
- Restore fully normal life and school for all children at the first opportunity.

Health is about more than the mere absence of COVID-19

It is time to appropriately balance risks to children's health

- Disruptions to normal living can never be harm-free
- Coronavirus is here to stay
- We cannot eliminate risk, but we *can* reduce it to levels we've always known how to live with

Reclaiming normal life for our kids is the best way to support and protect them

We Learned Our Lesson Last Year: Do Not Close Schools

Dec. 20, 2021

By Joseph G. Allen

Dr. Allen is an associate professor and director of the Healthy Buildings program at Harvard T.H. Chan School of Public Health. He is also the chair of the Lancet Covid-19 Commission Task Force on Safe Work, Safe School and Safe Travel.

We encourage you to read this article in the New York Times.²¹ Dr. Allen’s recommendations overlap completely with our own, and with those of many other infectious disease and public health experts.

“The risk of severe outcomes to kids from coronavirus infection is low, and the risks to kids from being out of school are high.”

“We should make masking in schools voluntary rather than mandatory. Masking was a necessary inconvenience early on and in short stints was fine. But to think that two years of masking has no impact on socialization, learning and anxiety is shortsighted. Kids are resilient but not endlessly resilient.”

“Schools should never close.”

²¹<https://www.nytimes.com/2021/12/20/opinion/omicron-schools-do-not-close.html>

Appendix: data on student masking

Student masking is the most visible and controversial part of ongoing school COVID mitigations. The most important thing to remember is that the risk of severe disease from COVID-19 for healthy children has always been low, and in vaccinated children COVID is much less dangerous than the flu.

Well-controlled real-world studies have not demonstrated any clear benefit of masking students.

To be informative, studies on school mask usage should evaluate **effectiveness in real-world use**, and **must include a well-matched unmasked control group**.

Several studies meeting this criteria are available, and the results are consistent.

Mask Use and Ventilation Improvements to Reduce COVID-19 Incidence in Elementary Schools — Georgia, November 16–December 11, 2020

Jenna Gettings, DVM^{1,2,3}; Michaila Czarnik, MPH^{1,4}; Elana Morris, MPH¹; Elizabeth Haller, MEd¹; Angela M. Thompson-Paul, PhD¹; Catherine Rasberry, PhD¹; Tatiana M. Lanzieri, MD¹; Jennifer Smith-Grant, MSPH¹; Tiffany Michelle Aholou, PhD¹; Ebony Thomas, MPH²; Cherie Drenzek, DVM²; Duncan MacKellar, DrPH¹

This CDC study found a 21% lower COVID incidence in schools that required mask use among students, but couldn't be sure the benefit was real. (In scientific terms, "not statistically significant.")²²



Evidence Summary

Coronavirus (COVID-19) and the use of face coverings in education settings

January 2022

This evaluation by the United Kingdom's Health Security Agency and Department for Education found an 11% reduction in student COVID cases with mask usage, but also couldn't be sure the benefit was real. (Not statistically significant.)²³

²²<https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7021e1-H.pdf>

²³https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1044767/Evidence_summary_-_face_coverings.pdf


Academic studies confirm the results of government studies on school mask efficacy.

COVID-19 Mitigation Practices and COVID-19 Rates in Schools: Report on Data from Florida, New York and Massachusetts

Emily Oster, Rebecca Jack, Clare Halloran, John Schoof, Diana McLeod

“We do not find any correlations with mask mandates.”²⁴

Reported COVID-19 Incidence in Wisconsin High School Athletes in Fall 2020

Phillip Sasser, MD, MS; Timothy McGuine, PhD, LAT; Kristin Haraldsdottir, PhD; Kevin Biese, MA, LAT; Leslie Goodavish, PA; Bethany Stevens; Andrew M. Watson, MD, MS. 

J Athl Train (2021)

“There were no significant associations between COVID-19 incidence and face mask use.”²⁵

Age-dependency of the Propagation Rate of Coronavirus Disease 2019 Inside School Bubble Groups in Catalonia, Spain

Sergio Alonso, PhD, Enric Alvarez-Lacalle, PhD,* Martí Català, MSc,*† Daniel López, PhD,* Iolanda Jordan, MD, PhD,‡§¶ Juan José García-García, MD, PhD,§¶¶ Antoni Soriano-Arandes, MD, PhD,** Uxue Lazcano, MSc,†† Pilar Sallés, MSc,‡‡ Marta Masats, MSc,‡‡ Julià Urrutia, MSc,‡‡ Anna Gatell, MD,§§ Ramon Capdevila, MD,¶¶ Pere Soler-Palacin, MD, PhD,** Quique Bassat, MD, PhD,¶¶¶¶¶ ***††† and Clara Prats, PhD*†*

In-school COVID transmission was the same in 4-5 year olds where masking was not used and in 6-7 year olds where masking was required.²⁶

²⁴<https://www.medrxiv.org/content/10.1101/2021.05.19.21257467v1.full>

²⁵<https://meridian.allenpress.com/jat/article/doi/10.4085/1062-6050-0185.21/466422/Reported-COVID-19-Incidence-in-Wisconsin-High>

²⁶https://journals.lww.com/pidj/Fulltext/2021/11000/Age_dependency_of_the_Propagation_Rate_of.2.aspx

Many studies on school masking don't have appropriate controls.

These and other commonly cited studies don't have appropriate control groups and can't tell us anything about whether student masking is effective.

Prevalence and risk factors for in-school transmission of SARS-CoV-2 in Massachusetts K-12 public schools, 2020-2021

Sandra B. Nelson, Caitlin M. Dugdale, Alyssa Bilinski, Duru Cosar, Nira R. Pollock, Andrea Ciaranello
doi: <https://doi.org/10.1101/2021.09.22.21263900>

“All reported classroom exposures were masked, so these results do not directly inform the impact of masking within classrooms.”²⁷

Association Between K–12 School Mask Policies and School-Associated COVID-19 Outbreaks — Maricopa and Pima Counties, Arizona, July–August 2021

Megan Jehn, PhD^{1,*}; J. Mac McCullough, PhD^{2,*}; Ariella P. Dale, PhD^{3,4}; Matthew Gue¹; Brian Eller⁵; Theresa Cullen, MD⁵; Sarah E. Scott, MD⁴

This study used a control group, but did not control for vaccination rates and had additional serious flaws.²⁸ *The Atlantic* published a thorough critique with the conclusion “You can't learn anything about the effects of school mask mandates from this study.”²⁹

Pediatric COVID-19 Cases in Counties With and Without School Mask Requirements — United States, July 1–September 4, 2021

Samantha E. Budzyn, MPH^{1,2}; Mark J. Panaggio, PhD³; Sharyn E. Parks, PhD¹; Marc Papazian⁴; Jake Magid, MEng⁴; Lisa C. Barrios, DrPH¹

In this study, the masked and unmasked schools were not compared for vaccination rates, and vaccination rates tend to be much higher in counties with mask requirements.³⁰ The authors state that regarding masks, “causation cannot be inferred.”³¹

²⁷<https://www.medrxiv.org/content/10.1101/2021.09.22.21263900v1>

²⁸<https://www.cdc.gov/mmwr/volumes/70/wr/mm7039e1.htm>

²⁹<https://www.theatlantic.com/science/archive/2021/12/mask-guidelines-cdc-walensky/621035/>

³⁰<https://www.sfgate.com/california-politics/article/California-mask-mandate-omicron-16701224.php>

³¹<https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7039e3-H.pdf>

Focused protection should be applied to vulnerable children too

A very small sub-set of children have medical conditions that affect their immune systems such that they are ineligible for vaccination or are unlikely to respond to vaccination.

These children and their family members should follow the guidance of their medical team to reduce risk and may need to continue masking with a **high-quality, carefully fitted respirators** to protect against COVID and other respiratory viruses.

Proper respirator fit is crucial to maximizing protection, and can be done effectively for those in need of targeted protection. In contrast, untrained respirator use commonly results in poor fit and ineffective filtration.³²

Focused protection for these children can offer better protection than universal child masking, which has little to no efficacy in well-controlled real-world studies.

No study has shown benefit from universal use of respirators in children, and the potential for harm is large.

³²<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0245688>

School masking summary

Student masking has no scientifically established benefit in real-world use.

- When an intervention's real-world benefits are too small to measure, we should feel comfortable ending its use.
- Potential harms from long-term masking are poorly understood, and reports on mask removal have noted social and emotional benefits for students.³³

Moving to mask-optional policies - and increasing school-based support and interventions for children - will be crucial for student mental health.

- The need for normalcy at school is urgent, but preparing for change may take time in many places. We recommend ending mandatory masking no later than Feb 15th.
- This will allow schools to communicate and prepare, for anxieties to fall as the Omicron peak subsides, and for additional families to get their children fully vaccinated if they so choose. Anyone who wants or needs to continue using a mask is free to do so.

³³<https://www.wbur.org/news/2021/11/12/hopkinton-high-school-mask-free-trial-policy>

All analyses and recommendations presented here represent the author's combined perspective, and do not represent the view of any of our employers or institutions.

You can download a copy of the toolkit here:



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