

14 SEP 2020

From: Steven P. LaRosa, M.D

To: Hamilton and Wenham Boards of Health

Re: 4 SEP2020 recommendation to go to all remote learning at schools in Hamilton and Wenham:
ADDENDUM

Dear all,

I am an 8-year resident of South Hamilton with 2 children currently enrolled at the Winthrop Elementary School. My credentials to comment on the Boards' recommendation to go to fully remote learning during the COVID-19 pandemic are the following:

- 1) I hold an active and unrestricted medical license in the state of Massachusetts
- 2) I hold active Board Certifications from the American Board of Internal Medicine in both Internal Medicine and Infectious Disease
- 3) I have > 20 years' experience as a practicing Infectious Disease physician including 7+ years in the community. I also have experience in the diagnosis of COVID-19 during the current pandemic.
- 4) I have been an active clinical researcher in Infectious Disease with expertise in data interpretation and statistics resulting in the publication of 40 papers in the peer-reviewed medical literature

I have a few questions and comments regarding the Boards decision recently to go to full-time remote learning.

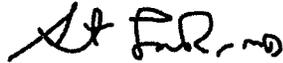
- 1) The DESE metrics for remote learning are >8 cases/ 100, 000 population using a 14-day moving average.
 - a. The HW Boards of Health lowered this threshold to 6/100,000 and decreased the moving average to 7 days. I would like to know the scientific data driving the decisions.
 - b. Additionally, the DESE guidance makes the following point : "Multiple weeks of data is necessary to understand trends: Districts should look at multiple reports to inform any changes to their learning model for the start of the school year or to make any changes during the year." It appears that that a hasty decision was made based on one week's data that included a cluster of positive tests at Gordon College.
 - c. The HW Boards also decided to split up the towns of Hamilton and Wenham which lowers the denominators used and thus magnifies the effect of new cases
 - d. The decrease in new case cut-off, decreasing the days for the moving average are all techniques that magnify the effect of new cases and make it much more likely to result in remote learning. From a statistical standpoint this smack of a system that was rigged to result in a predetermined desired outcome.
 - e. The HW Boards of Health included the results of mandatory testing being done at Gordon College. These cases represent a cluster in a defined setting or hotspot and should not represent the general risk to the Hamilton Wenham population.

- 2) The Harvard Global Health Institute (https://globalepidemics.org/wp-content/uploads/2020/06/key_metrics_and_indicators_v4.pdf) uses a 7-day average of new cases/ 100,000 in determining the local risk of COVID-19
 - a. 1 to < 10 cases/ 100,000 population places a location in the yellow zone
 - b. The 7-day moving average/ 100,000 cases in Essex County is 5.8 cases/ 100,000 placing it in the yellow zone.
 - c. The following guidance is provided regarding location for learning by the Harvard Global Health Institute for locales in the yellow zone : "Grades preK-8 (and special education services): In person if conditions for pandemic resilient teaching and learning spaces can be achieved at scale."
- 3) As the number of new cases in a community may underestimate the actual risk of disease, a more useful metric is the percentage of COVID-19 tests that are positive.
 - a. A test positivity rate > or =3 is considered high
 - b. For Hamilton, the most recent test positivity rate is low at 0.88%, For Wenham it is low at 0.33% and for all of Essex County it is low at 1.88%
- 4) COVID -19 is a disease of hotspots including large mass gatherings without social distancing, parties, workplaces, bars, and in-restaurant dining, as well as long term care facilities. A cluster of cases within a certain locale such as a college does not adequately reflect community risk
- 5) The percentage of cases being driven by children < 10 is exceedingly small with the overall percentage of cases coming from the age group of 0-19 being 17%. Additionally, children less than 10 years of age are much less apt to transmit COVID-19 to adults.
- 6) A major question that parents, teachers, students and the HW community at large have is how likely is it that somebody shows up at one of our schools with COVID-19?
 - a. Both the New York Times (<https://www.nytimes.com/interactive/2020/07/31/us/coronavirus-school-reopening-risk.html>) and Univ. of Texas COVID-19 Modeling Consortium (https://sites.cns.utexas.edu/sites/default/files/cid/files/covid-19_school_introduction_risks.pdf?m=1595468503) have developed a mathematical model for assessing this question
 - b. Using Essex County, MA data in this model a school of 100 would be expected to have 0 cases and a school of 500 would be expected to have 1
 - c. The enrollment at Winthrop School is 332, Buker is 257 and Cutler is 278.
 - d. All schools planned to have the hybrid learners divided into 2 pods making the likelihood of someone showing up with COVID-19 closer to 0 than 1.
- 7) The experience in return to school in the UK and Denmark and ongoing in person schooling in Sweden revealed very few cases and school outbreaks
- 8) An August 6th report from the European Center for Disease Control and Prevention (<https://www.ecdc.europa.eu/en/publications-data/children-and-school-settings-covid-19-transmission>) states : "However, what evidence does exist suggests that transmission within schools has been uncommon, and therefore, if appropriate physical distancing, hygiene, and other measures are applied, schools are unlikely to be more effective propagating environments than occupational or leisure facilities with similar densities of people."
- 9) The Massachusetts Medical Society issued the following statement (<http://www.massmed.org/News/MMS-Positions-on-Health-Care-Issues/Massachusetts->

Medical-Society-on-returning-to-school/#.X19rBWhKiUk): "Acknowledging that much about this coming fall remains unknown, we support the safe and equitable return of as many students, teachers, and support staff as possible to in-person school settings".

In summary, I am of the opinion that the change from the DESE metrics by the HW Boards of Health that resulted in the recommendation for "remote learning only" is not substantiated by evidence to support it. Furthermore, there exist additional guidances, data and modeling techniques that support the re-institution of in- person learning within at least a hybrid model with appropriate safeguards including limited class size, physical distancing, mask wearing and good hand hygiene immediately.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "St LaRosa, MD". The signature is written in a cursive, somewhat stylized font.

Steven P. LaRosa, M.D.