As local pediatricians, in unity with the American Academy of Pediatrics and CDC, we write today to share our strong recommendation for in-person schooling. In the current climate of fear and uncertainty we want to provide you with up to date, reliable information based on accumulating global and national data. Please remember that things can change quickly as new data becomes available and we must be flexible to adjust our advice and behavior based on credible evidence.

Thus far, the data continues to support that children are not the primary spreaders of COVID-19. Kids are handling this virus exceedingly well. They tend to have mild viral illness (like a cold) or be asymptomatic if they do become infected. Younger children, especially, are much more likely to get the novel coronavirus from a close contact adult than they are to give it to them. Asymptomatic spread from children appears to be infrequent, and with rare exception, data to date shows that schools open this spring around the world did not experience any significant transmission.

Throughout the course of the pandemic, many day camps and daycares have remained open and safely caring for children. To date, there have been no significant outbreaks associated with these centers including the roughly 40,000 children aged 0-14 years in YMCA daycares and 10,000 kids in childcare in New York City at the height of their crisis. Current preliminary data from St. Louis daycares and day camps echo this excellent safety record. We have learned from these centers that by following protocols of symptom screening, staying home when sick, masking, physical distancing when able, and hand-washing/sanitizing frequently we can continue in-person education safely for both students and staff. Although we cannot eliminate risk, with these proven mitigation strategies, we can greatly reduce it.

Eliminating students from the classroom does not eliminate their risk of acquiring COVID19 from our community. When students are not in school parents must either cut back on work or find a responsible party to care for them. Some families are sending their students to daycares while others are piecing together childcare throughout the week. Either way, this is compromising the education of our young people and often nullifying the safety of ‘staying at home.’ At school, through cohorting and masking, we can control to a great extent the exposures the students have. Outside of school, students mingle without masks in uncontrolled settings, putting them at increased risk relative to in-person school and resulting in a rise in community numbers. There will be risk of infection during a pandemic, but it is important to consider that community activities and gatherings external to school are likely a greater source of transmission than in-classroom learning under the oversight of responsible adults.

Remote learning represents immediate practical complications like poor Wi-Fi connectivity, difficulty engaging students who are uncomfortable communicating via Zoom, and spreading caregivers thin as they juggle their students and their own work responsibilities. The consequences of remote learning will be far-reaching and may last for years to come. Already we are seeing a significant increase in child abuse cases in our pediatric emergency rooms and treating more depression in our offices. Beyond the educational shortcomings of remote learning, children are missing out on critical services such as speech and physical therapy, assessment of learning disabilities, social skills development and counseling services, school breakfasts and lunches, and opportunities to identify and address abuse and food insecurity.
The education industry is sadly the only industry in our country that remains largely shut down. As we enter a time of increased community transmission, we are not closing down other businesses, but tightening restrictions and modifying our operations to maintain the safest environment possible. Like so many other essential businesses, the schools have been creative and intentional about their planning to keep their staff and students safe. Following state and national guidelines, they have spaced desks, re-defined eating spaces, devised protocols for masking and common space utilization, and implemented enhanced hygiene and cleaning practices. If regional data and trends permit businesses to be open, schools should also remain open.

How can you help? Measures being put into place to keep staff and students safe will be amplified if our community transmission rates drop. Therefore, it is critically important that everyone be thoughtful and follow the appropriate distancing and infection control guidelines: masking, physical distancing, hand washing, staying home if you are sick or have been exposed to someone who is. For example, keep your circle of contacts small and avoid hosting or attending larger gatherings. Doing so is the best way to get our students and staff safely back to school and keep them there.

School is the essential business of childhood. Teachers are essential workers. In-person school is the most important act we can take to protect the health, safety, and social-emotional well-being of our children. Please join us in working together for the benefit of the youngest members of our society.

Thank you,

Staci R Young, MD
Laura Hill, MD
Elizabeth Satterly, MD
Liza Harrison, MD
Jason G. Newland, MD MEd
Stephanie Lorts, MD
Alison Cosa, MSN, FNP-C
David A. Rosen, MD PhD
Rachel Orscheln, MD
Jamil Rana, MD
Jarod Skouby, MD
Kathie Wuellner, MD
Katie Plax MD
Joseph R. Hageman, MD
Kristin Stahl, MD
David B Herman MD
Mark Mcgranahan, MD
Lori Eberhart, MD
Jean Wagner, MD
Jill Johnston MD
Jennifer Krick, MD
Debra Feldott-Johnson, MD
Joseph Hageman, MD
Lizbeth Didriksen MD
Randy Sterkel, MD
Kristine Groppel, MD
Christina Ruby-Ziegler, MD
Alison Oswald, MD
David Sonderman, MD
Kristen Theobald-Hazel, DO
Alicia Idler, MD
Karin Clauss, MD
Jeremy Moll, MD
Alison Nash, MD
Lora Collier, MD
David Hartenbach, MD
Karla Keaney, MD