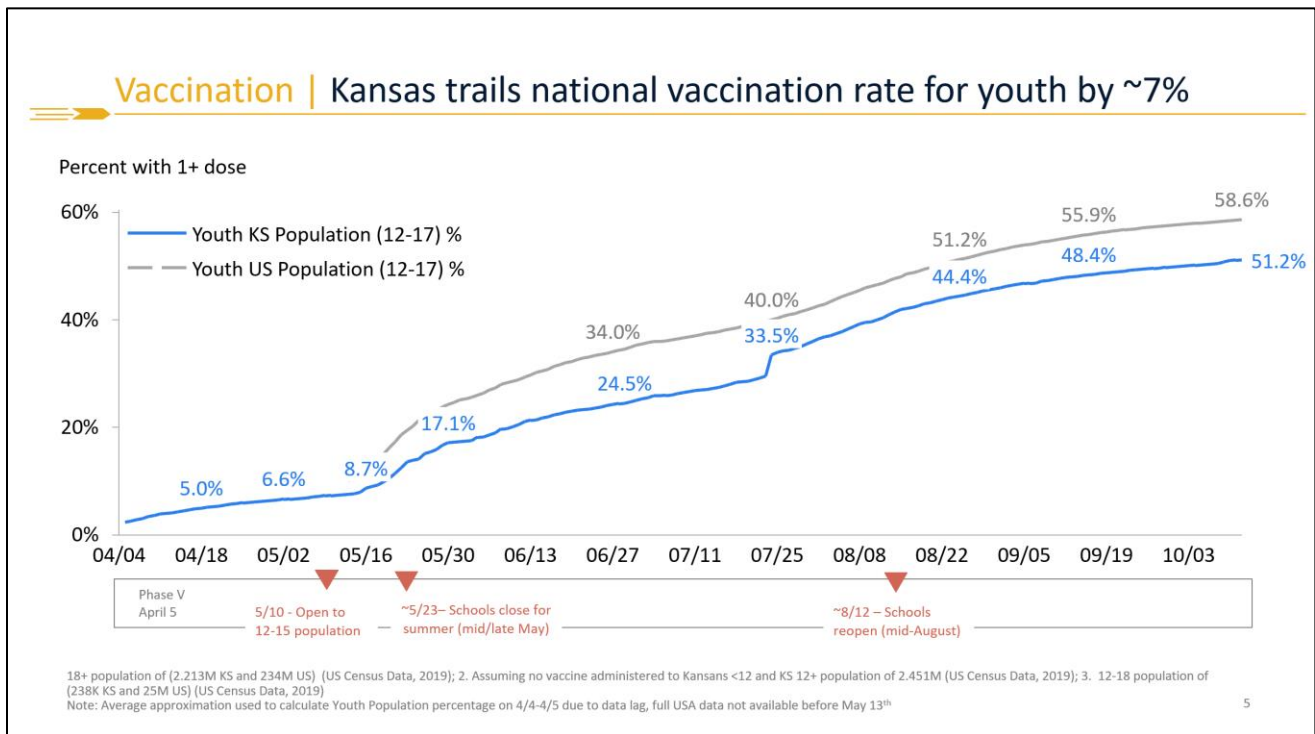


SAFER CLASSROOMS WORKGROUP
Weekly Report
October 13th, 2021

Dr. Jennifer Bacani-McKenney and Dr. Stephanie Kuhlmann, co-chairs of the Governor’s Safer Classrooms Workgroup, led the Workgroup discussion on increased masking and testing reporting rates from schools, the psychosocial impact of COVID-19 on adolescents, the important role played by primary care physicians and pediatricians, support for vaccination clinics in light of the impending emergency use authorization of Pfizer-BioNTech for five-to-eleven-year-olds, monoclonal antibody treatments, and preliminary data on disparities in vaccination rates across groups.



COVID-19 school metrics summary

The Workgroup reviewed the latest data pertaining to Kansas schoolchildren and discussed the importance of using the three key public health tools to keep school safely open:

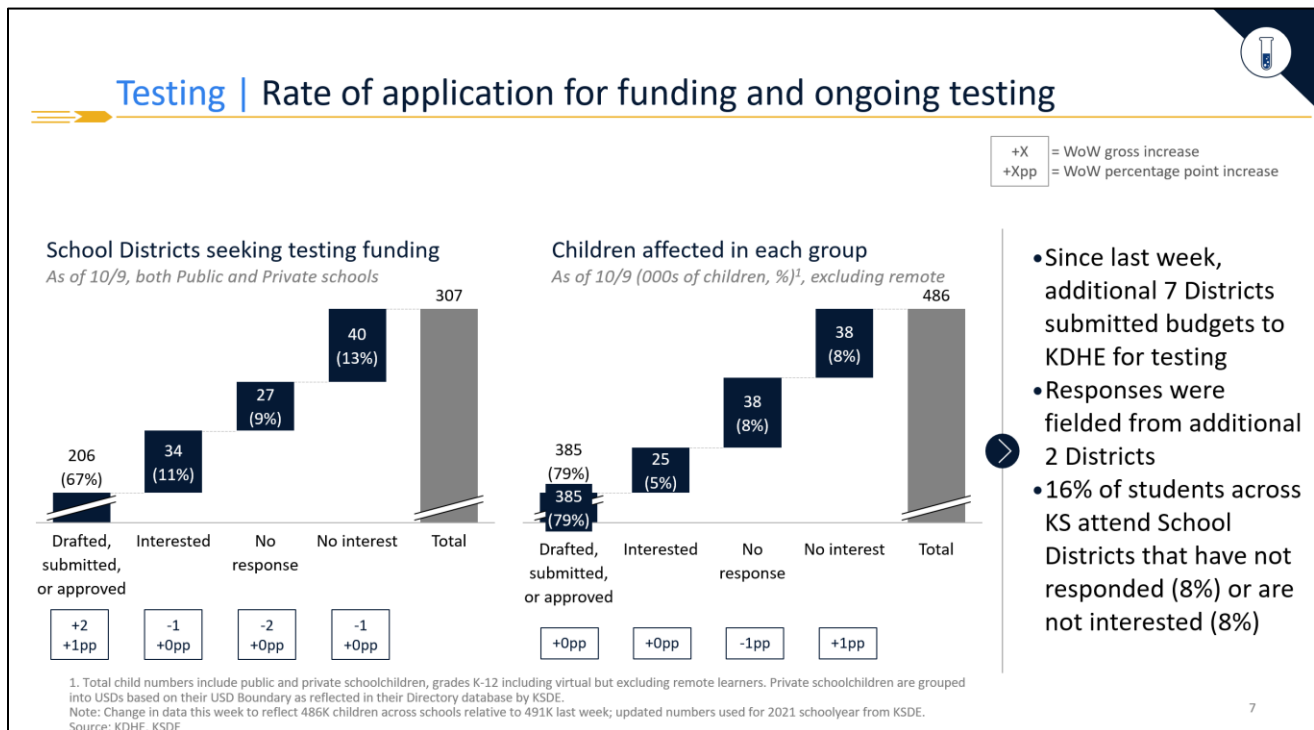
- Vaccination:** Kansas eligible youth vaccination rate (~51%) continues to trail the national eligible youth vaccination rate (~59%) by 7-8 percentage points. The FDA will meet on October 26 as an advisory committee on the extension of emergency use authorization of the Pfizer-BioNTech COVID-19 vaccine to 5-to-11-year-olds.
- Testing:** Since last week, 7 additional School Districts submitted budgets for testing, and 2 more School Districts responded to the initial outreach on testing support. 79% of Kansan students attend school in Districts that have drafted, submitted, or been approved for testing budgets. At this time, 16% of Kansan students attend school where no response has been received or where the District has expressed no interest in testing funding for students. As of this week, 134 School Districts are reporting testing results

to KDHE, an increase of 13 Districts week-over-week; 570 positive tests were reported across 82 School Districts.

- Masking:** 2 additional School Districts responded to KDHE’s masking survey this week, bringing the total number of School Districts / private schools responding to KDHE’s outreach on the topic to 251. Currently, 47% of Districts are implementing a policy of encouraging but not requiring masks (24% of Kansan students); 15% of School Districts have a mask requirement for all students (56% of students); 15% of School Districts have no mask policy (6% of students). 18% of Districts have not yet responded to the survey (7% of students).

There were 84 active outbreaks in KS schools as of this week; this compares to 79 active outbreaks last week. Looking at outbreak-related cases per 100,000 students, School Districts with mask requirements had 76 outbreak cases per 100,000 as of last week; School Districts with masks encouraged or no mask policies had roughly 3x the number of outbreak cases per 100,000 students, at 246 cases.

Why this matters and what this means: Each week, more School Districts are sharing testing metrics, applying for testing funding from KDHE, and providing insight into their masking policies. The Workgroup members and KDHE project specialists will continue to connect with School Districts to promote the collection of robust data and support schools that might need assistance setting up programs or implementing policies to keep kids safe and in-school. The [KDHE K-12 COVID-19 Dashboard](#) remains publicly available and is updated on Mondays, Wednesdays, and Fridays to provide up-to-date information on the state of COVID-19 in schools across Kansas.



View from Schools

Seven more School Districts applied for testing funding this week and two more School Districts responded to outreach offering testing funding support; two more School Districts also responded to the survey on mask policies. Recent publications have highlighted the psychosocial impacts of COVID-19 on adolescents and adults

alike, underscoring the importance of school testing programs to preserve days spent in-school and maximize the potential for a more normal 2021-2022 schoolyear for children. In parallel, the [American Academy of Pediatrics published data](#) unveiling that ~140,000 children across the United States lost a parent or caregiver to COVID-19 between April 2020 and June 2021.

Topics discussed:

- In their September issue, the [Journal of the American Academy of Pediatrics](#) published a report documenting the increase in depressive symptoms and positive suicide risk among adolescents during the COVID-19 pandemic. Workgroup members discussed that the mental health challenges among Kansan adolescents have translated into shorter fuses among schoolchildren, increased bullying, and heightened suicidal ideation.
- The Workgroup noted that increased demand for psychological support has stretched the Kansan school system's resources, exacerbating a pre-existing shortage in children's mental health services. This has been coupled with a shortage of beds in psychiatric support facilities for children, causing kids to be kept in hospital rather than in specialized facilities receiving the mental healthcare they need.
- Last week, the [CDC's Morbidity and Mortality Weekly Report](#) included results from a study of national and state trends in anxiety and depression severity during the pandemic among adults, revealing that young adults have been particularly hard-hit by COVID-19.
- The Workgroup discussed the high stress level of school staff members, who are working hard to support schoolchildren but may also be struggling with their own mental health. The Workgroup encouraged any School Districts that do not have an employee assistance program to enroll as soon as possible to support their staff; other efforts are underway to encourage the use of programs supplied through employers where they already exist.

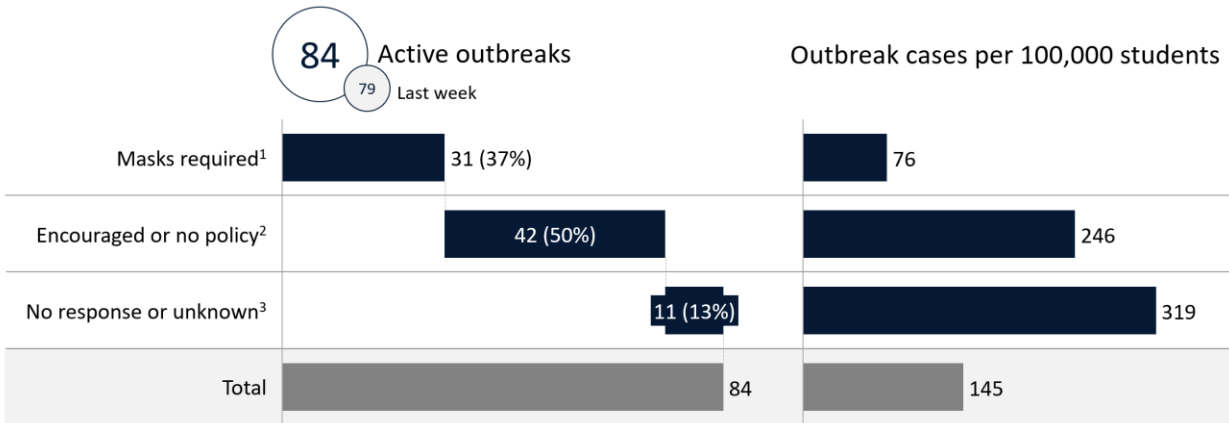
Why this matters and what this means:

- The Workgroup reiterated the importance of a robust testing program and enforced masking policies to keep kids in-school and interacting with their peers, to help mitigate the impact of the pandemic and the residual effects of the isolation of the 2020-2021 schoolyear on kids.
- Testing and masking policies must be coupled with strong messaging to reduce any stress induced by these policies among schoolkids, especially among those who have confirmed positive cases.
- Dr. Randy Watson shared that social, emotional, and mental health support are a priority for Kansan school leadership this year, alongside strong educational outcomes.
- Next week, the Workgroup will bring a shortlist of resources for supporting children struggling with mental health, to be leveraged by members and listeners.
- Dr. Marci Nielsen and Kevin Riemann will connect on maximizing school staff access to mental healthcare, which is also a priority for Governor Laura Kelly's administration.

Outcomes | Number of outbreaks vary by masking policy

Outbreak metrics by School District policy

As of 10/9



1. Includes "Mask required for all students" and "Mask required for most, but not all students", 2. Includes "Masks are encouraged but not required for students" and "No mask policy at this time for students", 3. Includes "No mask policy at this time for students" and results for private schools where policy is unknown (this week, private schools represent 9 outbreaks)
Source: KDHE

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View from Health care providers

Dr. Marci Nielsen shared actions being taken by KDHE to support child vaccination, which remains a focal point particularly given the possible impending emergency use authorization of the Pfizer-BioNTech vaccine for five-to-eleven-year-olds.

Topics discussed:

- The Workgroup discussed the important role primary care physicians and pediatricians continue to play in supporting Kansans through the decision to get vaccinated.
- Dr. Jen Brull shared her experience on talking patients through her view on the safety and efficacy of the vaccine; the Workgroup acknowledged that these conversations are time- and energy-intensive but are a critical factor in reaching unvaccinated Kansans.
- Community excitement and discussion around the vaccine helps families get comfortable with the prospect of getting vaccinated; the Workgroup discussed that these community conversations are had less frequently in more sparsely populated areas.
- The Workgroup discussed that there is history and other factors behind some groups' hesitancy to get vaccinated, and understanding these reservations is a key step in reaching communities that have lower vaccination rates.
- Dr. Joan Duwve shared a primer on [monoclonal antibodies](#), which are being used as an intervention to keep those fighting COVID-19 from developing severe disease and is being distributed to States at the federal level. This treatment is available free-of-cost to those in need, though some providers may charge an administration fee for providing monoclonal antibody treatment, which is administered through infusion.

Why this matters and what this means:

- Primary care physicians and pediatricians remain an essential part of efforts to make the vaccine available to and understood by all Kansans; physicians on the Workgroup will continue to share their experiences to provide ideas and support to other Kansan physicians having similar conversations with their patients.
- School Districts are also encouraged to partner with local health departments to supply vaccines for staff, students, and parents, and to leverage the information and resources provided through the [Immunize Kansas Coalition](#) to support Kansans in making informed decisions.
- KDHE also remains available to support school-based vaccination efforts, particularly as emergency use authorization is extended to five-to-eleven-year-olds.
- The Workgroup will continue to share information on available treatments as they are approved.

Updates from last week:

The [K-12 COVID-19 Dashboard](#) remains available online. The Dashboard shows COVID-19 cases and vaccination rate by School District during the last 14 days among five-to-seven-year-olds. Based on feedback from the Workgroup, Dr. Farah Ahmed's team will work on sharing data on hospitalization rates among school-age children in Kansas.

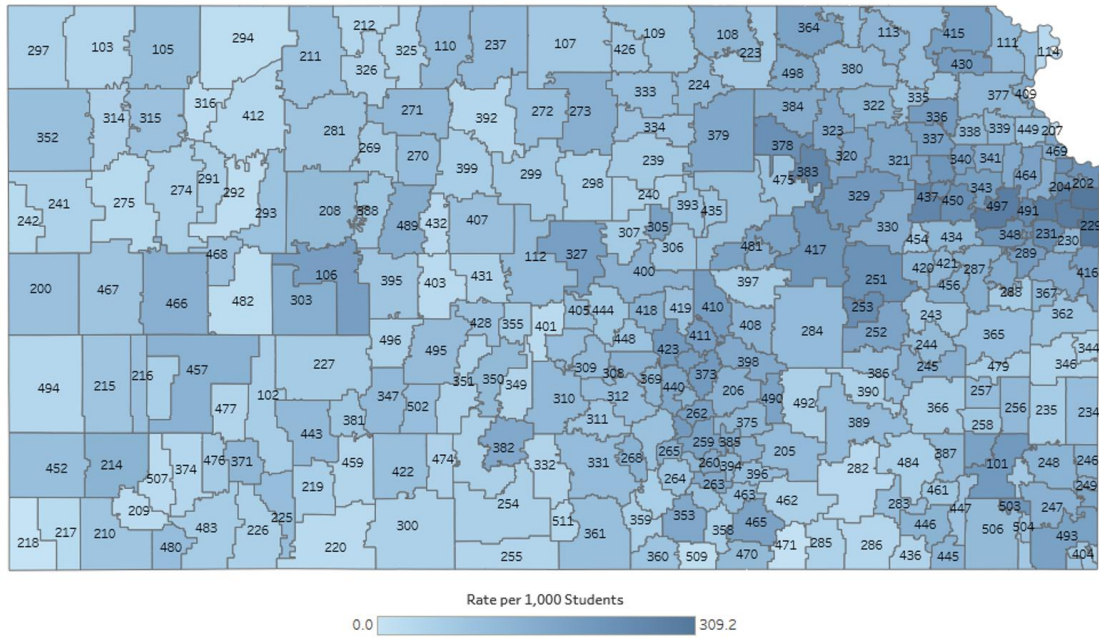
Topics discussed:

- The Workgroup will continue to bring ideas of incremental data that would be informative to include in the K-12 COVID-19 Dashboard.
- Dr. Marci Nielsen shared that preliminary data collected suggests that vaccination rate varies by race, class, ethnicity, gender, political affiliation, urban / rural, among other factors.
- The Workgroup discussed that access and perceived cost of the vaccine do not emerge as prohibitive factors in early survey results. Concern around possible side effects remains a top reason unvaccinated Kansans are hesitant to get vaccinated.

Why this matters and what this means:

- The Workgroup discussed the usefulness of the K-12 COVID-19 Dashboard in maintaining transparency on the status of COVID-19 among schoolchildren in each area of the state.
- The Workgroup will monitor and review data on vaccination rate across groups to inform efforts to reach Kansans of all different backgrounds with varied concerns about the COVID-19 vaccine.
- There remains significant disparity across Counties in the twelve-to-seventeen-year-old vaccination rate. The Workgroup members will use available data to strategize on how to better reach five-to-eleven-year-olds when emergency use authorization for the Pfizer-BioNTech vaccine is granted for that age group.
- School Districts and Local Health Departments are encouraged to share key learnings and effective strategies in planning for the rollout of the vaccine to five-to-eleven-year-olds and prepare to support the increase in demand likely upon emergency use authorization.

Cumulative COVID-19 Vaccination Rates Among School-Aged Children (ages 5-17) by School District
 Number within each map boundary represents the USD number



The Safer Classrooms Workgroup will meet next on October 20, 2021. The meeting will be livestreamed on the Governor's YouTube channel.