

Dear School Board of Education Members,

As a parent and member of this community, I urge you to follow the recommendations of both national and local public health and medical experts in deciding what preventive measures against COVID are enacted at the onset of the school year. To that end, I would like to read the following letter from the Long Island Chapter of the American Academy of Pediatrics, representing 1500 pediatricians across the region, including those in our district. I want you to know that I and many of my friends and neighbors agree with the position of the medical experts and fully support universal masking in the schools in our district.

The letter states:

NYS AAP–Chapter 2

INCORPORATED IN NEW YORK

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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Dear Members of the School Board of Education:

Pediatricians, both in our community and across the nation, join the overwhelming medical consensus that universal masking is essential until the impact of so many children returning to the close confines of school on COVID positivity rates is known. This opinion is echoed by the National Institutes of Health, which funds the preeminent science in the country, the Centers for Disease Control and Prevention, and every major medical specialty organization, including societies representing pediatric and adult specialists in infectious disease.

While thankfully, children represent only 0.03% of all COVID-related mortality, we have still lost 358 children to this novel disease. Further, the infection places an extremely high burden on children, with over 4.2 million cases in children detected nationwide since the pandemic began, and a recent acceleration in childhood cases, which nationally are ~94,000 per week.

As of this writing, the positivity rates in our region are quickly increasing, having reached 4.3-4.5% this week, 10-fold higher than they were 5 weeks ago and fueled primarily by the contagious "Delta" variant, which has been allowed to move primary through the unvaccinated population due to low community immunization rates, which vary from 12%-99% based on zip code, but average only 64% regionally.

Concurrent with the increase in cases, pediatricians in our area are seeing an upsurge of hospitalizations. Though ~2% of pediatric COVID infections result in hospitalization, we must be mindful that the number of pediatric beds in our area is limited. Right now, many beds are being used to make up for care children missed during the pandemic, such as for chemotherapy and repair of congenital cardiac lesions. Our local pediatric medical infrastructure cannot safely handle further increases in childhood COVID infections and the inevitable rise in hospitalizations that will follow. Further, up to 10% of children who contract COVID are at risk for the Multi-system Inflammatory Syndrome in Children, which can be life-threatening and whose full effects are as yet unknown.

Universal masking is a well-known tool to reduce community spread of infections such as COVID. Simply put, universal masks, while not perfect, work. Over 11 independent studies from across the United States, including 17 states, Washington DC and the city of Boston, have demonstrated masks reduce community spread up to 77%. Even more effective are COVID vaccines, which can be up to 93% effective in reducing infection and play a major role in reducing transmission. However, as children under 12 cannot be vaccinated, the only true evidenced-based means of protection our children, reducing the burden on the healthcare system and preventing a return to remote learning, is to begin the new school term with a universal mask mandate.

Continued monitoring of infection rates both in the community and in school, especially within the context of school activities and the approach of winter and a transition to indoor activities should motivate a re-evaluation of this policy. As with all science, continued investigation and observation of incoming data is crucial to guide policy that maintains the safety of children.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Lee", with a long, sweeping underline.

Robert Lee, DO, MS, FAAP
President, NYS AAP - Chapter 2