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HEALTH OFFICER UPDATE

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The trends for the COVID19 measures are mixed.

- Maryland: The numbers have been trending in the right direction the past few weeks with a slow improvement. We still have not gotten as low as we were in June after the first wave in April and May, but we have been on a steady decline after the July surge.
- Eastern Shore: For the first time these counties have been considered the hotspots of the state with the three Lower Shore Counties, Dorchester, and Caroline being the highest. The good news is over the past four to five days, the new cases have decreased in all the Eastern Shore counties.
- As of September 27, 2020, the US with 4% of the world population has experienced 20% of the world cases and 21% of the deaths. The numbers of deaths for the world passed the million mark and the US passed the 200,000 mark.
- 37 states increased in cases the last two weeks.
- Whereas, in July and August the age groups between 10 to 19 years and 20 to 29 years were significantly increased, the percentage of daily cases in these age groups have decreased over the past week. However, the percentage of daily cases in people 60 and over has increased over the past week from 13% to 18.7%. This latter group is the one that we try to protect because they tend to have more severe disease and a higher death rate.

So while, Maryland is looking pretty stable, the trends for other states are not as good. All predictions include a third wave in November due to cold weather and more inside activities, and we will also have to deal with the influenza season. For the second time as numbers have gone down, the push has increased to reopen more businesses and remove limitations for operations and gatherings. With this comes an increase in COVID -19 cases due to community spread of the virus. That cycle will continue without a change in behaviors, an effective vaccine that is widely accepted, an effective treatment, or a greater percentage of the population gaining immunity. Immunity is acquired when an individual is infected with the virus and develops antibodies that protects her from future infections with the same virus.

Several projects are testing for antibodies to get an impression of how many have already had the virus either with or without symptoms. Only 9% of a national sample of people on dialysis have shown antibodies to COVID-19 and only 3% of people donating blood to the Red Cross. Neither of these are good representative samples of the general population, but other antibody testing projects are underway and hopefully will provide more answers. For a truly infectious disease like measles you need herd immunity of 95% or higher. For this coronavirus (not as infectious as measles but more than influenza), some virologists are predicting we might need 60 to 70 % of a community immune to the virus in order to have herd immunity (a level of immunity among a population that is high enough to prevent a particular virus from spreading among the population even if some people are not immune.)

The major issue of concern in September has been how to get children back into classrooms safely. And “safely” is the operative word. This topic always causes disagreement among the public so the local school superintendents and Boards of Education can’t win regardless of their decisions. So here are the points to consider:

- There are major disadvantages to virtual learning for a large group of children who can least afford to fall behind.
- There are major problems with parents getting back to work without childcare which has also been hit hard by this pandemic.
- We know children have a much less severe illness with COVID-19, but there are rare cases of severe disease and death.
- We know children can transmit the virus even though they may have less severe disease. They can spread it to others at home or in the community.
- It has been shown that if a school has smaller classes with social distancing, masks, attention to hand hygiene and disinfection of surfaces, that transmission of this virus within schools can be very low. However, if these things are ignored along with parents sending children to school when they don’t feel well, you can have rapid spread of the virus within schools.
- Common sense alone tells us that if we start up school sports in the *usual* manner without social distancing or masks, this can increase cases in the classroom setting.
- If we can keep the case rate per 100,000 below 10, it will be a lot easier to return and keep our children in schools; 10 to 15/100,000 is worrisome, but over 15/100,000 makes public health officers stop to really consider if the community spread is too great to have schools open. If a lot of cases are due to an outbreak in a nursing home or other place of congregate living, the risk is less for students.

Therefore, it appears logical (to me and maybe not others) that if you start schools with small cohort groups, plan carefully for social distancing and cleaning, wear masks at all times indoors, have a good ventilation system, have small cohort groups that are phased back into classrooms, are quick to identify potential cases and isolate and quarantine students appropriately, there is a good chance of getting children back into classrooms *safely* as we wait on a vaccine, a cure, or

herd immunity. This doesn't mean you will never have a case diagnosed in school because students will be infected in the home or community. This means that you won't have a lot of spread in the classroom.

But when we begin talking about moving forward with a carefully planned and safe approach, there is always pressure to move faster than what is considered "safe" by infectious disease experts. If you need to maintain a six-foot distance, you can't get more than approximately 14 students in an average classroom. Private schools have much smaller class size and are less challenged to get all children back in classrooms at one time. If you lower your standards significantly on social distancing, the safety factor decreases for our children.

Sometimes it is best not to be the first and fastest to do something when that action cannot be justified with the facts and knowledge that have been produced by science and research. No one is saying that we don't want to reopen; we just want to reopen safely even if we have to do things differently for a while.