

BRIEF19

A daily review of covid-19 research and policy

RESEARCH BRIEFING

Closing primary and secondary schools probably won't decrease covid-19 cases.

As cities and states around the country face a burgeoning number of covid-19 cases, strategies for minimizing spread are once again under scrutiny, including the decisions on whether or not to close schools. While public health experts continue to urge strategies like social distancing, masking and soon, vaccination, the school question has been debated by many. Did closures in the Spring save lives? Or did they have minimal effect on the pandemic but a major one on the development of today's children.

Now, a large [study](#) from England reports findings suggesting that the opening of schools many not meaningfully increase SARS-CoV-2 transmission, as feared.

The study followed English pre-K, kindergarten, grade school, middle school and high schools that re-opened for the summer term (June 1 – July 17), which accounted for a median daily attendance of 928,000 students. There were 327 SARS-CoV-2 “events” across England during those six weeks linked to educational settings, of which 177 events (a total of 343 cases) could be verified. Of those 343 cases, 210 (154 staff, 56 students) were associated with outbreaks (defined as two or more cases in the same area within two days of each other). Outbreaks were most common in grade school. On average a student with SARS-CoV-2 infected one to two other people, students, or staff. The average staff member with SARS-CoV-2 infected between one and five other people, most of whom were staff.

The authors conclude that schools provide another venue for adults to transmit the disease among themselves but that opening schools do not appear to expose children to *more* risk than they otherwise might experience (say, if schools remain closed). After a careful search, we at *Brief 19* could not find a study quantifying the transmission rate in venues, such as bars or restaurants to provide a comparison.

This study also demonstrated that there is some risk of student-to-teacher transmission, despite physical distancing measures. It is interesting that transmission among staff was higher even though staff were instructed to cloister themselves with a group of students in an “educational bubble” for the duration of the term.

The study had some drawbacks. First, it did not address the dynamics of transmission in colleges or dorm-like environments. Furthermore, schools in regions with the highest prevalence of covid-19 did not re-open. Additionally, there was no universal testing, as students and staff were only tested if they became symptomatic or had known exposure. Because of some of these factors, the study may underestimate transmission.

Ultimately, given the lack of evidence showing school opening increases transmission to children, the social and educational benefits of opening schools should be strongly considered. Closing schools may disrupt children's education and social maturation, as well as interfere with parents' ability to work. This study contributes to our understanding that groups of adults are high-risk for transmitting SARS-CoV-2 to each other, whether at the supermarket, bar or teacher's lounge.

—Michael Chary, MD PhD

POLICY BRIEFING

Emergency physician dismissed for sounding the alarm on hospital capacity.

Early in the pandemic, we couldn't help but notice the horrifying death rates among older people with covid-19. As time went on, and case counts grew, enough young people got sick that the deaths started to add up. It took many more cases for the numbers of young adults to be noticeable—the rates of severe illness among younger adults are far lower—but it eventually occurred. No one physician in the United States has documented this more unwaveringly than Dr. Cleavon Gilman. Dr. Gilman was told not to return to work at Yuma Regional Medical Center in Arizona late last month in a story [made public](#) yesterday. Why? Because Dr. Gilman tweeted [his concerns](#) about capacity in his hospital and others in the region. There were no intensive care beds left in Yuma, and even the other hospitals in the state were too full to accept transfers via ambulance or medical flight. Gilman wanted everyone to know that covid-19 was so out of control in the region, that the hospitals couldn't keep up. Now, the hospital has determined that he can't come to work, simply for spreading the truth.

Healthcare workers speaking out on these issues is more important than most people realize. Information on hospital capacity is sometimes available to the public, but not always. And with the Centers for Disease Control and Prevention being shut out of that reporting since the summer, less information has been available as of late. Meanwhile, it's difficult for the public to understand just how bad things are in hospitals because healthcare providers are not allowed to post pictures or videos online of hospital conditions, owing to privacy concerns for patients. This means that all-too-often, the public can't see what is happening inside of our hospital facilities. If they did, maybe it would hit home as to how serious this disease is and how “on the edge” the entire healthcare system is now. In a world in which HIPAA laws protect patients, but cloister the public from the hard truths, whistleblowers like Dr. Gilman are extraordinarily important. They give voice to thousands of doctors, nurses, and other healthcare professionals who do not feel free to speak on these issues. Telling the truth should not be a risky decision. Healthcare workers educate the public without violating patient privacy should be celebrated and supported.

Dr. Gilman's employer is not the hospital but rather a hospital staffing company called Envision. Gilman says that Envision has been supportive and that they company itself has not terminated his employment. But finding another placement won't exactly be easy. Gilman moved to Arizona from New York with his family a few months ago. That move made Gilman one of a select few physicians to serve in successive covid-19 surges in different regions during the pandemic. He's also a veteran of the Iraq War, which he says pales in comparison to what he has endured in 2020 in the United States. Dr. Gilman, and others like him, belong on the frontline. *AZcentral.com*

—Jeremy Samuel Faust, MD MS

Update: early this morning Yuma Regional Medical Center [released a statement on twitter saying](#) that there had been a misunderstanding and the Dr. Gilman is scheduled to work this weekend. In response, Gilman [tweeted](#) “Oh really...this is news to me🤔”

Kimi Chernoby, MD, JD, Policy Section Founder, Joshua Niforatos, MD Research Section Editor, Frederick Milgrim, MD, Editor-at-Large, Barb Cunningham, Copy-editor, Anna Fang, Week-in-Review. Megan Davis, social media. Kane Elfman PhD, Publishing and Design. Jeremy Samuel Faust MD MS, Editor-in-Chief. <http://www.brief19.com/> Twitter: [@brief_19](#) submissions@brief19.com. Brief19 is a daily executive summary of covid-19-related medical research, news, and public policy. It was founded and created by frontline emergency medicine physicians with expertise in medical research critique, health and public policy.