

24 May 2021

BRIEF19

A daily review of covid-19 research and policy

RESEARCH BRIEFING

Masks mandates and improved ventilation systems decreased infections in schools.

Plexiglass barriers? Not so much.

While the covid-19 pandemic has affected children the least of any age group, there have still been around 300 deaths among US residents ages 0-17, out of around 4 million documented cases amongst a population of 73 million. Even though the real number of cases might be double, triple, or even quadruple that figure owing to asymptomatic or mild infections that went unreported, that still means that over 1,000 kids could die of covid-19 if we don't eventually vaccinate them every one of them.

At the moment, it appears that schools will be re-opening in most places this fall. Assuming that not all children are vaccinated by then—either because of age restrictions or parental choice—schools will have to decide which mitigation measures to keep in place. A [new study](#) of schools in Georgia appearing in the US Centers for Disease Control and Prevention's journal *Morbidity and Mortality Weekly Report* compared schools that had mask mandates, better ventilation, and a number of other strategies in place to decrease SARS-CoV-2 spread this past school year to ones that did not attempt these measures.

The results are fascinating and informative. In schools where teachers were required to wear masks, fewer cases were documented. The same was true in schools where both teachers and students were required to mask. Interestingly, infections in schools with mask mandates for students alone were numerically lower but not statistically. That said, mask wearing was optional in all places, and it's likely that students were masking voluntarily. Schools that made improvements in ventilation also fared better.

But as interesting as the "positive findings" were the negative ones. In this study, schools keeping desks 6 feet apart or using barriers (like plexiglass) did not have lower rates of infection. In addition, hybrid models (a combination of at-home and in-person learning) was not associated with statistically significant decreases in infections, though the absolute numbers were a bit lower.

The factor most associated with higher rates of school infection? The overall covid-19 prevalence in the county. As many of us said repeatedly, the best way to limit school spread, was to limit spread in the community.

—Jeremy Samuel Faust MD, MS

POLICY BRIEFING

Some vaccine sites have closed, complicating the march towards the end of the pandemic.

A consistent message of the Biden administration's vaccination efforts has focused on wide availability of doses, with [funding](#) through the American Rescue Plan supporting these efforts. Initially this consisted of large covid-19 vaccination centers to consolidate resources, but as doses became more available the focus shifted to getting the people to the sites. Recognizing the physical and economic limitations many individuals who wanted to be vaccinated faced, partnerships were forged with Uber and Lyft for free [rides](#) to and from sites, and small businesses were financially [encouraged](#) to promote vaccination.

Despite all of these mechanisms, many vaccination centers across the country have begun [closing](#), due to lack of demand and slowing inoculation rates, which has had experts worried about the country's ability to reach herd immunity.

Now, across the country, public health officials and volunteers are taking their efforts on the road. One of the core components of the national vaccination plan focused on [mobile](#) clinics able to travel to the underserved and remote communities. With the initial priority on rapid, maximum vaccination, details on their use have been scant. Now, with a mature distribution network and a dispersed clientele, these clinics-on-wheels are proving to be a mainstay of continued vaccination efforts nationwide, especially as vaccine-deserts begin to accumulate.
Various.

—*Brief19 Policy Team*

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