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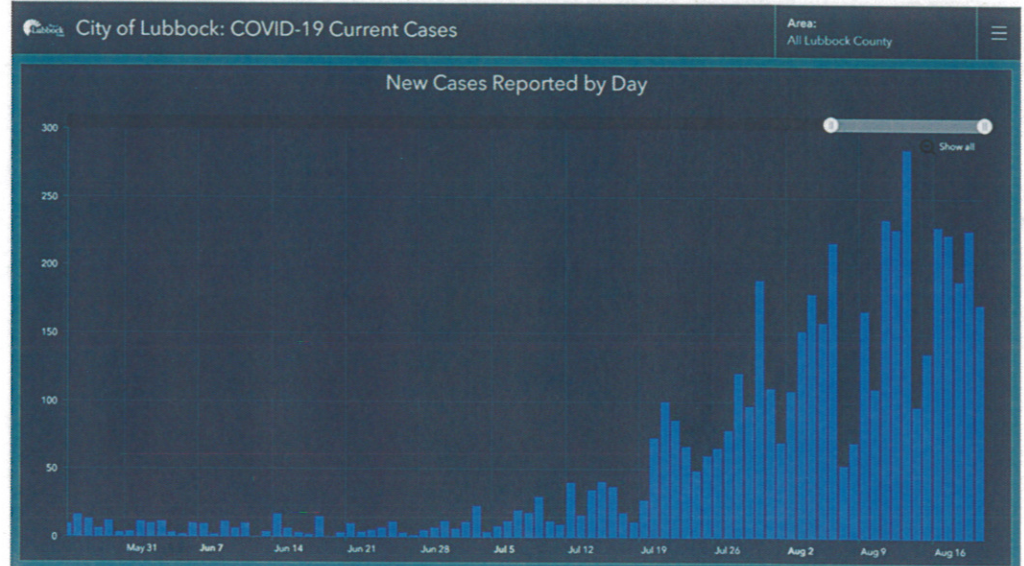
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To the Leadership at the Lubbock Independent School District:

We, physicians of the Lubbock County Medical Society are directly connected to the Lubbock ISD and the schools either as concerned parents or as physicians who care for the children we share.

We are writing to you to express our concerns about the Delta Variant of COVID-19 and to recommend that our school district implement safety protocols beyond those that have been in place this summer to address this exigent threat. The rapid increases in COVID-19 cases hospitalizations and deaths locally and throughout the US in recent weeks are alarming and require an appropriate response. We are seeing rising COVID-19 cases in our practices.

COVID-19 DASHBOARD





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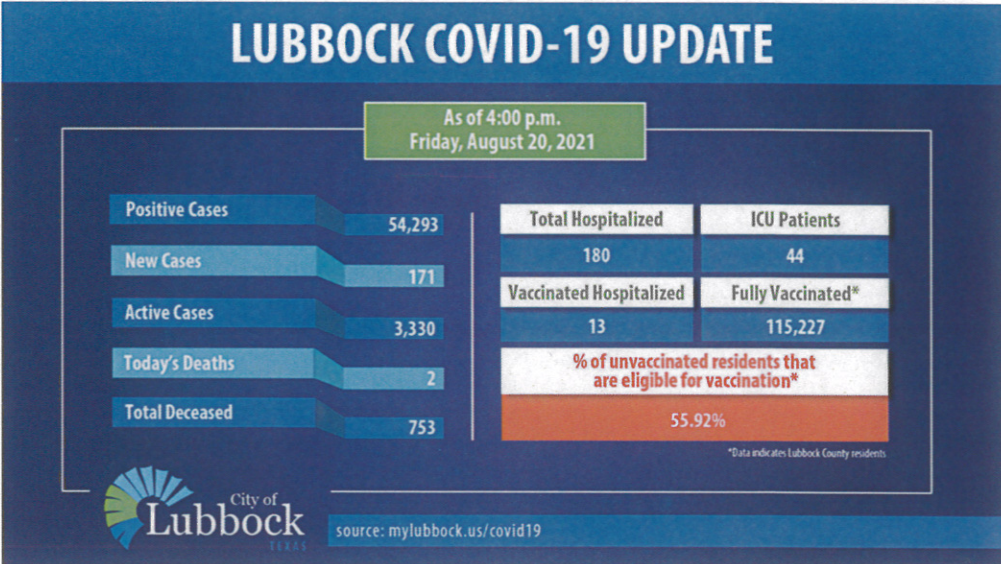
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Epidemiologist Jessica Tullar Caroom, PhD, MPH (spouse of LCMS member, Dr. Cyrus Caroom) provided the following information at the most recent LCMS Board Meeting. (The full presentation is attached.)

As you can see from the information below, Lubbock has a high potential for COVID-19 cases overwhelming our two children’s hospitals Pediatric Intensive Care Units (PICU). UMC has fifteen (15) ICU beds for children and Covenant Children’s Hospital has twenty (20), for a total of thirty-five (35).

Conservative estimates of cases shows that Lubbock ISD will have fifty (50) cases of COVID-19 that will require hospitalization after thirty days with seventeen (17) of these cases requiring PICU care. After sixty days LISD will have one hundred twenty-six (126) cases requiring hospitalization with forty-two (42) of these requiring PICU care.

By itself the cases from LISD may overwhelm our available PICU beds!

In a “normal” situation the physicians at our children’s hospitals would be able to transfer these patients to other children’s hospitals in Texas. However as of Friday, 20 August 2021, Lubbock was accepting transfers from these hospitals, because they were full. This indicates that the transfer option may not be available.



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Adding in the potential cases from the other two school districts, Cooper and Frenship, Lubbock will see thirteen (13) cases needing hospitalization from Cooper ISD with four (4) needing PICU care at thirty days, and thirty-three (33) cases needing hospitalization with eleven (11) needing PICU care at sixty days. Frenship ISD will likely contribute twenty (20) cases requiring hospitalization at thirty days, with six (6) needing PICU care, and at sixty days forty-nine (49) cases needing hospitalization with sixteen (16) needing PICU care.

That is a total of 208 children needing hospitalization and 69 needing PICU care in sixty days!

Pediatric Hospital Demand with No Mitigation Efforts

	Cases needing hospitalization after 30 days (1% of cases)	Cases needing ICU (33% of hospitalization)	Cases needing hospitalization after 60 days (1% of Cases)	Cases needing ICU (33% of hospitalization)
Lubbock ISD	50	17	126	42
Lubbock Cooper ISD	13	4	33	11
Frenship ISD	20	6	49	16
Total:	83	28	208	69

What can we do to mitigate this potential disaster? We can strongly encourage universal masking in the schools, regardless of vaccination status, which is recommended by the American Academy of Pediatrics and the CDC. This could reduce the spread of COVID-19 by half.



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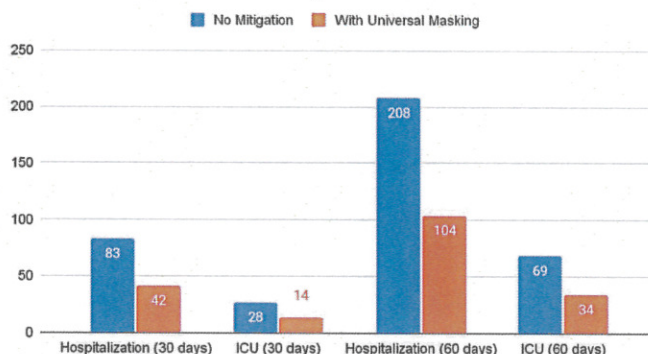
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What Would Universal Masking Do?*



Note: Covid is a demand on the medical system not just for ICU care but also potentially long term. 4.4% of children report symptoms a month later.
[https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(21\)00198-X/fulltext?fbclid=IwAR1XCimPxC932js1A-py4evArETFni42A-WFs2G1e7LZ6LOJqLoH6IW0s](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00198-X/fulltext?fbclid=IwAR1XCimPxC932js1A-py4evArETFni42A-WFs2G1e7LZ6LOJqLoH6IW0s)

We can minimize contact for each student to the greatest degree possible and encourage and support all opportunities for eligible children to receive the COVID-19 vaccination.

We can also follow the advice of Marc Mazade, MD, Medical Director of Infection Control and Prevention at Cook Children’s Medical Center. Please find below the **Cook Children’s Healthcare System 10-point Guide for Safely Reopening Schools**. This document also stresses key recommendations to mitigate the spread of this infectious new variant of the COVID-19 virus with the start of the school year.

Cook Children’s 10-Point Guide for Safely Reopening Schools

1. Make sure all children are up to date on the routine childhood vaccinations needed for school entry. Access to medical offices, fear of leaving home and of waiting room exposures, and closed schedules of weary medical providers taking long-awaited vacations could result in a drop in vaccination rates against measles, mumps, rubella, pertussis, and the bacteria causing meningitis. A slight drop in vaccine coverage for measles, pertussis, and mumps translates quickly to a loss of herd immunity and outbreaks of serious, vaccine-preventable illnesses.



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2. Revisit the latest masking decisions in light of the recent surge in COVID-19 cases. The American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC) advocate for masking in schools, especially in areas with moderate to high transmission of COVID-19. Follow guidance from your local health department which will be in line with the current state of the pandemic and regional community health recommendations. We have learned during the pandemic that most children, 2 years of age and older, can wear a mask.

3. Encourage COVID-19 vaccination of all eligible children and adults. COVID-19 efficiently spreads from adults and teenagers to younger children, not often the reverse. The key to keeping schools open during the COVID-19 pandemic is getting unimmunized parents and all eligible family members vaccinated.

4. Arrange for mobile COVID-19 vaccination units to be present during orientation and events such as 'meet-the-teacher' nights. Gains in U.S. vaccine acceptance are likely to come amidst the group of people who don't have a solid reason to avoid vaccination. Surveys reveal that most of these people were hoping that the pandemic was wrapping up and that they would not have to take a risk by taking an "untested" vaccine. They are reasonable people who describe themselves as cautious, slow adopters of things that are new. Most are not necessarily opposed to vaccination philosophically. They were just hoping to wait out the pandemic while relying on social distancing, masking, and herd immunity to keep them from having to getting a vaccine. With the loosening of restrictions and the surge in cases due to the Delta variant, many are now ready to stop holding out.

5. Continue to utilize strategies promoting social distancing in the classroom (by using partitions, separating desks, and cohorting of student groups), during passing periods (by keeping them short to discourage standing around in small groups and conversing), and during mealtimes (by moving meals outside in the fresh air, limiting line length for meal service, and by observing social distancing).

6. Re-enforce good hand-hygiene practices and cleaning of shared workstation areas with demonstrations that highlight effective hand hygiene and disinfection techniques.



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7. Quarantine unvaccinated children and school staff members exposed to COVID-19 per CDC guidance. Vaccinated exposed persons may still get sick with COVID-19 and could be contagious, though their risk of hospitalization and severe disease is extremely low. Quarantine exposed, vaccinated persons if they develop symptoms of COVID-19 until testing results are available.

8. Provide interactive and technologically sound, distance-learning alternatives for immunocompromised students who should not be in the classroom during the pandemic.

9. Encourage precautions for bus riders like masking and opening windows to promote adequate ventilation and reduce the transmission of COVID-19 while traveling to and from school.

10. Above all, send recurring reminders to parents not to send ill children to daycare and to school. Many parents are returning to the workplace for the first time in over a year. They may be experiencing pressures to be physically present, rather than staying home with an ill child. Memories are short when pressures are high. However, we are still in the midst of a global COVID-19 pandemic that has already claimed the lives of more than 600,000 people in the U.S.

We appreciate your time and look forward to further conversation on this very important topic.

With respect,

Sandra Dickerson, M.D.
President 2021
Lubbock County Medical Society