

We Asked 175 Pediatric Disease Experts if It Was Safe Enough to Open School

In many places, the debates over reopening are fraught. But in a survey, experts broadly agreed that elementary schools didn't need vaccines to open safely.



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Many of the common preconditions to opening schools — including vaccines for teachers or students, and low rates of infection in the community — are not necessary to safely teach children in person, a consensus of pediatric infectious disease experts said in a new survey.

Instead, the 175 experts — mostly pediatricians focused on public health — largely agreed that it was safe enough for schools to be open to elementary students for full-time and in-person instruction now. Some said that was true even in communities where Covid-19 infections were widespread, as long as basic safety measures were taken. Most important, they said, were universal masking, physical distancing, adequate ventilation and avoidance of large group activities.

The experts were surveyed by The New York Times in the last week. Depending on various metrics, between 48 percent and 72 percent say the extent of virus spread in a community is not an important indicator of whether schools should be open, even though many districts still rely on those metrics. Schools should close only when there are Covid-19 cases in the school itself, most said.

“There is no situation in which schools can't be open unless they have evidence of in-school transmission,” said Dr. David Rosen, an assistant professor of pediatric infectious diseases at Washington University in St. Louis.

The risks of being out of school were far greater, many of the experts said. “The mental health crisis caused by school closing will be a worse pandemic than Covid,” said Dr. Uzma Hasan, division chief of pediatric infectious diseases at RWJBarnabas Health in New Jersey.

For the most part, these responses match current federal guidance, which does not mention vaccines, and reflect significant scientific evidence that schools are not a major source of spread for children or adults. The Centers for Disease Control and Prevention is expected to release new recommendations Friday on how schools can safely operate, and the Biden administration has prioritized opening schools.

But the expert consensus in the survey is at odds with the position of certain policymakers, school administrators, parent groups and teachers' unions. Some in these groups have indicated that they do not want to return to school buildings even next fall, when it's likely that teachers will be able to be vaccinated, though not most students. Some districts have faced fierce resistance to reopening, particularly in large cities, where teachers have threatened to strike if they are called back to school buildings.



A return to in-person school this week in Chicago, where disagreement between elected officials and the teachers' union over reopening has been particularly intense. Taylor

And some experts concurred that open schools pose risks, particularly to the adults working there, and said that many parts of the country had not yet controlled the virus enough to safely open.

“Just because school opening isn’t causing higher levels of community transmission doesn’t mean that there isn’t individual risk to teachers and staff,” said Dr. Leana Wen, an emergency physician and a visiting professor of health policy at George Washington University. “If we had wanted schools to safely reopen, we should have worked hard as a society to keep transmission rates down and to invest resources in schools.”

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About half of the nation’s students are still learning from home, and while a majority of districts are offering at least some in-person learning and more are trying to reopen this spring, many are offering students just a few hours a day or a few days a week.

The mismatch between the experts’ preferred policies and the rules governing school opening in many districts reflects political considerations and union demands, but also changes in scientists’ understanding of the virus. Many school policies were developed months ago, before growing evidence that Covid-19 does not spread easily in schools that adopt basic safety precautions. The guidance could change again, they cautioned: Nearly all expressed some concern that new coronavirus variants could disrupt schools’ plans to be open this spring or fall.

More than two-thirds of the respondents said they had school-aged children, and half had children in school at least some of the time. Over all, they were more likely than not to support their own schools being open. About 85 percent of those in communities where schools were open full time said their district had made the right call, while just one-third of those in places where schools were still closed said that had been the right choice.

“School closure in spring 2020 was the right decision: We did not know much about Covid at that time and did not know what role kids may play in transmission,” said Dr. Mitul Kapadia, director of pediatric physical medicine at the University of California, San Francisco. “We do know now, and know schools can open safely. Fear is guiding decisions even against the guidance and recommendations from the medical and public health community.”

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The point of most agreement was requiring masks for everyone. All the respondents said it was important, and many said it was a simple solution that made the need for other preconditions to opening less essential.

“What works in health care, masks, will work in schools,” said Dr. Danielle Zerr, a professor and the division chief of pediatric infectious diseases at the University of Washington. “Kids are good at wearing masks!”

Half the panel said a complete return to school with no precautions — no masks, full classrooms and all activities restored — would require that all adults and children in the community have access to vaccination. (Vaccines haven’t been tested yet in children and most likely won’t be available until 2022.)

But not everyone agreed that younger children needed to be vaccinated to return to pre-pandemic school life. One-fifth said a full reopening without precautions could happen once adults in the community and high school students were vaccinated, and 12 percent said it could happen once vaccines were available to all adults in the community.

The experts also questioned another strategy used by many districts that are open or plan to open this spring: opening part time, for small and fixed cohorts of students who attend on alternating schedules to decrease class size and maximize distance between people. Only one-third said it was very important for schools to do this, though three-quarters said students should be six feet from one another some or all of the time. Three-quarters said schools should avoid crowds, like in hallways or cafeterias.

With universal masking, “school transmissions will remain close to zero and cohorts are unnecessary,” said Dr. Jeanne Ann Noble, an emergency medicine doctor and the director of Covid response at the University of California, San Francisco.

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Limiting time in school increased other risks, some said, like impeding children’s social development, disrupting family routines and increasing the chance of children’s exposure to a bigger group of people out of school.

The experts expressed deep concern about other risks to students of staying home, including depression, hunger, anxiety, isolation and learning loss.

“Children’s learning and emotional and, in some cases, physical health is being severely impacted by being out of school,” said Dr. Lisa Abuogi, a pediatric emergency medicine physician at the University of Colorado, expressing her personal view. “I spend part of my clinical time in the E.R., and the amount of mental distress we are seeing in children related to schools is off the charts.”

The survey respondents came from the membership lists of three groups: the Pediatric Infectious Diseases Society, the Decision Sciences for Child Health Collaborative and the American Academy of Pediatrics subspecialty group on epidemiology, public health and evidence. Some individual scientists also responded. Nearly all were physicians, and more than a quarter of them had degrees in epidemiology or public health as well. Most worked in academia and about a quarter in clinical settings, and most said their daily work was closely related to the pandemic.

Though their expertise is in children’s health, they cited evidence that with masks and other precautions, in-school transmission was very low, including from children to adults.

“I completely understand teachers’ and other school employees’ fear about returning to school, but there are now many well-conducted scientific studies showing that it is safe for schools to reopen with appropriate precautions, even without vaccination,” said Dr. Rebecca Same, an assistant professor in pediatric infectious disease at Washington University in St. Louis. “They are much more likely to get infected from the outside community and from family members than from school contacts.”

The survey asked experts about various strategies that schools are using to keep students and staff safe. The experts said many such measures would have some merit, but identified two as most important: mask wearing and distancing.

Other widely adopted measures — like frequent disinfection of buildings and surfaces, temperature checks or the use of plexiglass dividers — were viewed as less important. One-quarter said routine surveillance testing of students and staff was very important for schools to open.

“Masks are key,” Dr. Noble said. “Other interventions create a false sense of assurance.”

Many states have tied openings to measures of community spread in the school’s county, like test positivity rates, the rate of new infections or the rate of hospitalizations. But 80 percent of the experts said school districts should not base reopening decisions on infection data in the county at large; they should focus on virus cases inside the school.

Many districts have opened or are considering opening for younger students before older ones. Research has found that for children around adolescence, infection and spread become more similar to that of adults. The Biden administration has shaped its reopening plans around students in kindergarten through eighth grade.

Just over half of pediatric infectious disease experts said fifth grade should be the cutoff, if schools are partly opened. Just 17 percent said eighth grade should be. But despite high school students’ greater risk, many lamented the long-term effects of a year of extreme isolation on teenagers.

Although these experts specialized in children's physical health, many concluded that the risks to mental health, social skills and education outweighed the risks of the virus. Students' future opportunities, said Dr. Susan Lipton, chief of pediatric infectious diseases at Sinai Hospital of Baltimore, are "torpedoed without the best academics, interaction with inspiring teachers who become mentors, clubs, sports and other ways to shine."

"This is devastating a generation," she said.