



April 5, 2021

Dear Whatcom County School Superintendents,

On January 19, 2021 I last wrote to you regarding the post-holiday surge in COVID-19 cases and the major changes to the Governor's and DOH requirements and recommendations for K-12 school operations and COVID-19 that had been issued prior to that surge. Community COVID-19 rates have markedly reduced since January and new guidance and requirements have recently been issued.

On March 19, 2021, CDC issued new guidelines allowing for at least 3 feet distancing between students in most classroom settings when mask use is implemented for staff and students and other layered prevention measures are in place. Three documents were updated that day: [Operating schools during COVID-19: CDC's Considerations](#), [Operational Strategy for K-12 Schools through Phased Prevention](#), and [Science Brief: Transmission of SARS-CoV-2 in K-12 schools](#). On March 25, DOH updated its [K-12 Schools 2020-2021 Guidance](#), incorporating the new CDC distancing guidelines and OSPI/DOH/L&I updated their school workplace safety guidelines [EMPLOYER HEALTH & SAFETY REQUIREMENTS FOR SCHOOL SCENARIOS](#) which noted that school staff continue to maintain 6 foot distancing requirements. On March 26 Governor Inslee issued [Proclamation 21-05.1, Children and Youth Mental Health Crisis](#), requiring all school districts to offer at least 30% of average weekly instructional hours as on-campus, in-person instruction for all K-12 students who wish to attend in-person, noting the negative impact of the lack of in-person instruction on the development and well-being of students and the evidence that schools can operate safely with implementation of COVID-19 prevention measures.

Whatcom County Health Department continues to support our local schools in implementing the CDC and DOH guidelines, including reduction of minimum student distancing from 6 feet to 3 feet in the settings and conditions specified by the CDC and DOH guidelines. We also continue to direct case and contact investigations using DOH guidelines with the cooperation and assistance of school staff and administration, and continue to provide community COVID-19 data to guide operational decisions.

CDC describes high community transmission as over 200 cases in 14 days per 100,000 people. As of 3/27/21 the Whatcom County COVID-19 14-day case rate was 117 per 100,000 people, down from a peak of 527 on 1/16/21 (see <https://www.whatcomcounty.us/3427/COVID-19-Data>). As we have noted since this fall when schools re-opened and as other evidence has shown, despite elevated community transmission rates, outbreaks have been relatively few and ongoing transmission within schools have been very limited.

Vaccination rates and supplies have been increasing, with 29% of Whatcom residents having initiated COVID-19 vaccination and 18% fully vaccinated as of 3/31/21. School staff have been eligible for vaccination for the past several weeks and as of 4/15/21, all over age 16 will be eligible. Vaccination not



only protects recipients from symptomatic disease, hospitalization, and death, but also from infection, thus reducing person-to-person transmission. Although the B.1.1.7 variant is becoming more dominant, is more transmissible, and can cause more severe disease, the current vaccines remain effective against it.

We hope that increasing vaccination rates and ongoing prevention measures taken by organizations, businesses, and individuals will keep community transmission rates down, but rates may instead increase as more transmissible variants circulate and people do not follow prevention measures. Keeping infection rates down will assure ongoing, safe operations of hybrid and in person instruction. If community infection rates become and remain high, 6 foot distancing may need to be reimposed with secondary school students. To avoid disruption of instruction from rapid cycling changes in operations, we will monitor infection rates and their trajectory and look for evidence of transmission within schools. We will consult with schools on operational changes if community rates have sustained elevation.

As I wrote in my last letter, when community transmission rates rise, “K-12 schools should be the last settings to close after all other mitigation measures have been employed, and the first to reopen when they can do so safely,” according to the CDC. Short of closing or rolling back operations, schools can remain flexible; enhance the grouping of students and cohorting measures described in the DOH K-12 Guidance and implement recommended control measures by staff and students. Cooperation with the health department by parents and staff in case and contact interviews is also critical to being able to maintain school operations.

In addition to excluding cases and their identified close contacts from school while potentially infectious, sometimes classrooms or schools may need to close temporarily to control an outbreak. When cases and outbreaks occur, public health works with schools to review and enhance mitigation/infection control measures to reduce the risk of new outbreaks.

Thanks for your partnership in keeping staff and students safe while providing the critical instruction and support our children need for their wellbeing, development, and success.

Sincerely,

A handwritten signature in black ink that reads "Greg Stern MD". The signature is written in a cursive, flowing style.

Greg Stern MD, Health Officer