August 22, 2021

Dear Fellow Community Members,

Thank you for taking the time to read this letter. We are a group of concerned local physicians who have children, grandchildren, and other family members within the school systems of the Fond du Lac region. Over the past 18 months, many of us have been on the front lines of COVID, and we have seen many individuals and families suffer from COVID related illness.

We write today to call upon you as leaders of our schools to take a firm stand and protect our children and also fight the spread of COVID by requiring universal masking regardless of vaccination status for students, faculty and staff when children return to in-person school this fall, as recommended by the American Academy of Pediatrics (AAP) (1). We agree with the AAP and CDC recommendations that in-person learning is best for intellectual and social development of children. However, in-person education will only be able to proceed if we can keep schools open and maintain a safe learning environment. Unfortunately, most of our local schools are not requiring universal masking for the upcoming school year. As polarizing as mask usage is, allowing each family to make their own decision about masking will not protect our students, staff and families. We write this letter in hopes to work towards a common goal of continued in-person education as safely as possible and with as limited of interruptions as possible. The past year has shown that it is possible to do this with universal mask wearing in place.

We are concerned about the possibility of children going back to school unmasked indoors, with the majority being unvaccinated, especially at the elementary age. We know that masking works to decrease spread of disease (2, 3, 4). We know the virus variants and number of COVID cases are increasing, particularly the delta variant (5). A recent study from July 2021 has shown that in groups of unvaccinated and vaccinated individuals where the delta variant spread after a mass congregation event, there were equivalent levels of virus in both populations (6). The study indicates vaccinated individuals are likely as contagious as unvaccinated individuals when they contract COVID. We know that vaccinated people can still become sick and spread disease. We know that our community has not received enough vaccinations to reach herd immunity. Many studies claiming mask ineffectiveness and/or negative psychological effects have been retracted (7, 8). The potential benefits of continuing to wear masks far outweigh the potential harms.

Opening schools without universal masking will likely lead to school closures (with the enormous burden on the educators, children and parents) and a rise in new infections. Masks are currently a simple, safe and effective tool in our arsenal to mitigate this possibility--it does not require increased space and planning by teachers, and can prevent teachers from having to scramble between virtual and in-person options if we can reduce outbreaks by wearing masks.

Additionally, we are unsure of what the long-term effects of COVID are in children. Initially, hospitalization and death were low in children with the original variant of COVID. Yet we still appreciated how severe multisystem inflammatory syndrome in children (MIS-C) can be (9). There is still no data on the much longer term effects of COVID on our children. For instance, with measles, despite

low hospitalization and death during active infection, there is a real and severe risk of brain swelling and death from subacute sclerosing panencephalitis (SSPE) 5-10 years after getting measles. We simply do not know what the long term effects of COVID will be on children and it is our duty to protect the members of the community with the greatest longevity. We also are concerned about children who become ill from an exposure at school bringing the virus home to loved ones who may be immunocompromised and at a much higher risk of death or complications from COVID infection.

There are already reports of the delta variant being both more infective and more severe in children compared to the original variant. We can learn from other countries that saw a large amount of outbreaks in primary and secondary schools after the delta variant started to spread (10). You may have heard of R0. This indicates how easily a virus can spread. For example, influenza has an R0 of 1, meaning one sick person is likely to get one other person sick. Initially COVID had an R0 of 1.5, but due to mutations it now has an R0 of 7-8, meaning that one person can transmit it to 7-8 others.

As physicians and scientists, we are well versed in technical literature evaluation and the scientific process. We also understand that the community is comprised of diverse backgrounds and education levels, where members are striving to make the best decisions for their own children. Over the past year, the scientific world has utilized their abilities to come to data driven conclusions to determine the most effective prevention and treatment protocols; overwhelming amount of peer-reviewed literature supports vaccination and masking.

What is the best decision for our children? As adults, we constantly make decisions for kids that are not popular, but because it is the right thing to do. We are entrusting you as leaders in education in our community to make the right decision regarding universal masking. In our professional opinion as your local medical experts, universal masking is what is necessary to give our students the best possible chance for health and a successful in person school year. In the end, we all share the mutual goal of keeping our children safe and in person for learning. Let us make this tough decision to achieve this goal instead of ignoring rising infection rates and hoping this will just go away without a concerted effort. We respectfully request that you require children, faculty and staff in the K-12 setting to wear masks indoors at school, following the consensus guidance of the AAP and CDC in order to limit the spread of COVID, and so that we may continue in-person education safely with the goal of minimizing quarantines and school closures.

Thank you for your time and consideration.

Sincerely, Crystal Kleiber Balderrama, MD Tadeo Diaz Balderrama, MD Brita McCullough, MD David T. Haubenschild, MD Bret Pasiuk, MD

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Original letter by Amy Fisco, MD. Modified with permission.

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