Superintendents Message

Questions and answers with

Fraser Health Medical Health Officer, Dr. Ingrid Tyler

We've had a lot of questions from the public and we wanted you to hear directly from Fraser Health.

Dr. Tinney: Is school safe for my children? (0.13)

Dr. Tyler: Schools are a very safe environment as it relates to COVID. But we do need to remember that there is no environment currently that is completely free, or can be guaranteed to be free from COVID. COVID is in our communities, and it is in our province, and we are doing a really good job of learning to live with it. The schools, the school system and the health system have put in a lot of protections for students to limit the transmission of COVID in the school environment and to limit the importation of COVID into the school environment or exposures to COVID in the school environment. All of these precautions work together to keep people safe. None of them are 100%, perfect, but working with all of them together, we can create safe environments in schools. The precautions that are particularly important are: staying at home when you're sick with any new respiratory kind of symptoms; washing your hands a lot; and maintaining a reasonable distance from other people, whenever you can within the school and classroom setting.

Dr. Tinney: When my school issues a notification letter from Fraser Health, what does that mean? (1:54)

Dr. Tyler: The purpose of the notification letter is to let individuals know that public health is aware of the case in that school community. We have found that people will share their COVID results online or on social media, or with their friends and family, and word can spread quite quickly within a school that somebody who somebody knows has COVID and may have been at school. One of the reasons we send the notification letters is to let parents know that we know about this situation, and that we are following up. It's called an early notification letter because we send it early, we send it before our full investigation is complete. We send it to everybody because at that point in time we don't know who may or may not have been exposed by this individual who had been in the school. And as it states in the letter, as we work through our investigation, we will let the individuals who may have been exposed and may need to take further action, know what they need to do. I think it's important for people to know that public health does these investigations regularly. We have about 60 cases a day reported in Fraser Health, and each of those are followed up and investigated. For every investigation that we do, we may find 10 to 20 contacts who need to either isolate or monitor. Of course, it can vary widely depending on the situation, but I wanted to give people an idea of the numbers that are usually close contacts to a case, which includes their household contacts, possibly work contacts, close friends and occasionally community based exposures. The reason I'm providing a very rough estimate of numbers is because we send a notification letter to the entire school community which could be hundreds or sometimes even

thousands of people. And if we end up finding on average a relatively small number of close contacts that need to take action from that case, the odds are that if you get that letter, you will not get more follow up from public health because the odds are that you will not have been a close contact.

Dr. Tinney: Do you think our district should be doing something different to keep students safe? (4:52)

Dr. Tyler: I think that the measures that are being put into place by the Surrey school district and all school districts in Fraser health are appropriate and do a very good job of keeping students safe. The numbers of exposures we see in schools are going to reflect the population, and the numbers of cases we have in the community. So Surrey school district is the largest school district in Fraser health, it has the greatest general population, the largest child population and the greatest number of physical schools compared to any other school district within Fraser Health. So it makes perfect sense to me that compared to other school districts with fewer children fewer, schools and smaller population that we would see more cases and need to send more notification letters in the Surrey school district relative to others.

Dr. Tinney: Why are teachers exempt from mandatory PPE? (6:26)

Dr. Tyler: The BC guidance for schools outlines when PPE is required in the school setting. At a high level we recommend masking in situations where a distance of one to two meters cannot be kept as well as in some areas like hallways or transitioning between classrooms where some additional crowding may occur within the school setting. We do not require PPE mask wearing when a physical distance of two meters can be reliably kept, and in general, masks are not mandatory within the school or classroom setting when those guidelines or conditions can be met. Having said that, anybody is free to wear a mask should they choose to at any point during the school day. So even though masks are not mandatory, the guidelines are very permissive regarding mask wearing, and those who would choose to wear a mask are certainly able to do so.

Dr. Tinney: Why are PPE guidelines different for school settings compared to healthcare settings? (8:06)

Dr. Tyler: The reason is because in the school setting, staff are not providing direct care or health care to the students. There is more opportunity to maintain distance given the type of work that's being done in schools compared to healthcare settings. There is also a much lower risk of exposure to children in the school because we are already screening out those who may have symptoms, whereas in the healthcare setting, the opposite is true. And those who have symptoms and are more likely to therefore transmit COVID are specifically coming to seek care.

Dr. Tinney: If a student has to self- isolate, why don't his/her siblings have to self self-isolate as well? (9:09)

Dr. Tyler: I think it's really important to define who we asked to self isolate. The individuals who are self isolating may have been in contact with a COVID case and may have been exposed and we're concerned they could be incubating the disease, but they themselves have not been diagnosed with COVID and are not exhibiting any symptoms. It's also important for people to recognize that public health follows up with all the individuals that we are asking to self isolate on a regular basis. We check with them, whether they are developing symptoms, how they are feeling and let them know exactly what steps they need to be taking to be effective in their self isolation. Those who are asked to self isolate actually keep significant distance away from those in their home. A person who is isolating is not actually free to go about their regular business within the home and work closely with our nurses to come up with a plan on how they can effectively isolate within that home away from the others in their household. It is all these reasons put together, the fact that they are asymptomatic, they have not been diagnosed with the disease, they are effectively isolating under public health instruction within the home and they are being regularly followed up, that we feel very comfortable allowing the others in that household to go about their daily business be that work, school, or other activities.

Dr. Tinney: So is it fair to assume that if the person in the household was confirmed positive, and let's say a child, then do you believe their siblings would be asked to self isolate?

Dr. Tyler: Yes, that is true. If a person in the household is a confirmed positive case, then the entire household is asked to self isolate.

Dr. Tinney: Why don't we take student temperatures every morning before students come into a school? (11:51)

Dr. Tyler: There is very little evidence that taking a temperature is a good screening measure for respiratory illnesses such as flu, COVID, SARS, etc. This is a measure that's been tested quite extensively over the last couple of decades with the various respiratory outbreaks and global pandemics that we have had. And there has been very little evidence showing this to be an effective screening measure for respiratory illness, including COVID. There are two important points: people can be ill and simply fool the temperature taking system by taking a Tylenol or similar; getting good calibrated thermometers that are used appropriately by trained professionals for temperature taking also significantly inhibits the efficacy of temperatures as a screening device. In the course of an illness, one's temperature can fluctuate, so they could simply be in sort of a normal temperature period in their illness. So there are many reasons why this is not an effective screening tool for respiratory illness.

Dr. Tinney: When Fraser Health conducts contract tracing, are you reaching out to young children to find out who they were in contact with? Is this information reliable? (13:58)

Dr. Tyler: We often do multiple interviews in the context of contact tracing in the school setting. We will interview the child and we will often interview the parents, of course, this depends greatly on the age of the child. High school students, for example, are very good at knowing exactly what their schedule is and who they've been with and who they sit next to and had lunch with, etc. Parents are often a really

important source of information with the elementary school child in regards to helping us interview the child and finding out who they sit with their at their desk, who they may have had lunch with, who they may have played with and what are some of the classroom procedures look like. We do come across situations where, for various reasons, we're unable to get all the information we need from the students or their parents. In those cases we will follow up with the school or school district to either interview the teacher or the principal, to get more information about what is happening in those classrooms. In some cases, we may ask for the students schedule to be sure we understand where they have been in the school setting. We have found that when we do this additional follow up, we often get very corroborated messaging from the student, parents and the school, which increases our confidence in our interviewing.

Dr. Tinney: What is being done to address the practical reality that contract tracing can be a difficult task that is subject to recall bias and gaps? (16:20)

Dr. Tyler: Our contact tracing processes and investigations into cases and contacts occur over a number of days and can evolve over time. We start by interviewing the initial case. We interview in the school setting, we interview the parents, and we may interview household members. We get a lot of information from these interviews and most often this information is corroborated. If something it isn't corroborated and we think we need to move on to interview an additional person to find out what's happening, then we take that next step. And again, we make an assessment of how similar the information is and whether the individuals involved are corroborating the information that we get. This process of investigation is iterative as we interview more people we sometimes need to go back to individuals we've already interviewed to get them to let us know if perhaps they'd forgotten something or if they remember the situation in this similar way as an additional contact has. My point being that it is an iterative process in which we specifically corroborate the information. And we work in concentric circles. We start with the index case and then we move outward from the case in our interviews until we feel we've saturated the information that we are able to get and have a full story of the contacts of this individual. In some situations that does involve talking to the teacher of a classroom or the principal of a school. In some situations it does involve working with the district or school to follow up on members of classrooms, cohorts or school schedules, but that's not necessary in every case, depending on the information that the individual, their family and other close contacts are able to provide.

Dr. Tinney: When a student tests positive why doesn't Fraser Health ask adults that work with that student to ensure contract tracing is accurate? (19:17)

Dr. Tyler: It is important to recognize that underlying our contact tracing efforts is an understanding that certain precautions are being taken in the classroom and school setting aligned with the provincial guidelines. There is an understanding that there are some basic precautions in place and we will speak with a number of individuals to confirm that the precautions are in place. If we are concerned that this is not happening, we may expand our investigation. But in the vast majority of situations, we find that the appropriate precautions are happening in our classrooms, which is fantastic, that the precautions are there for a reason and the precautions are being appropriately implemented. When precautions are in

place, we don't need to interview and talk to as many people to complete our investigation of who may have had an unprotected close, prolonged, worrisome exposure to the COVID individual. So I would strongly encourage everybody to continue to use those precautions. They are preventative measures, they're effective and they're there for a reason. It's important to recognize that by the time we get around to our contact tracing the exposure has already happened. Often, it happened several days ago, between the time it takes to get a test and get the results of that test and notify public health. So your best protection is not to worry about an exposure that may have happened several days ago in the classroom, but to very diligently use the preventative measures that are in place to protect you from any exposure that could happen today or tomorrow or the next day.

Dr. Tinney: Why is a confirmed case in schools identified as an exposure but in healthcare it would already be an outbreak? Why the difference? (22:40)

Dr. Tyler: I assume that this is referring to our approach in long term care homes where a single case is called an outbreak and reported as such, and everyone in that home is put on droplet precautions and isolation measures following a single case of COVID exposure. The reason for the different approach is the very significant differences in the populations at risk. We know that in long term care homes the elderly population has probably many comorbidities and is at a much higher risk of negative outcomes of COVID compared to the school population, which is effectively healthy general population of children who are known to also have less transmission and less serious outcomes of COVID. So different measures, different precautions, different levels of control are being put into place because of the differences in the underlying population risk.

Dr. Tinney: So the response mirrors the level of risk?

Dr. Tyler: Exactly. When we call an outbreak, that implies a very significant public health response that does significantly limit individuals abilities to go about their daily activities. We do not do that lightly. We do not limit an individual's liberties by asking them to isolate or quarantine without knowing that there will be an important public health benefit. Because the populations in long term care homes are extraordinarily vulnerable, and we've had many deaths, if not the majority of our deaths in that setting, it's really important for us to call an outbreak immediately and put in very stringent measures immediately. This is not the situation that we are facing in schools where we have seen limited transmission, very limited illness, and certainly are dealing with a generally healthy population who are at significantly lower risk of contracting the illness and getting negative outcomes in the school setting.

Dr. Tinney: How do you actually determine an exposure date? Is it the day someone attends when they started showing symptoms or do you take into account other days that someone could have been contagious? (25:57)

Dr. Tyler: The process has been standardized across all contact tracing, across health authorities and provinces to go back to days from symptom onset. Part of this is because a person may know that they started feeling really sick on Friday and may not have recognized that perhaps they were sneezing a little

bit the day before or the day before that. We interview our cases in great detail to understand when they had their first COVID compatible symptom, and then we go back an additional two days just to make sure that we haven't missed anything. We consider those individuals for that symptom onset minus two days to be potentially exposed. We do know that being directly exposed to droplets from coughs or sneezes is a very significant exposure. That asymptomatic or pre symptomatic transmission that may occur in those two days leading to full symptom onset is less common, and we have less information about it. It's harder to study, but we know it's not nearly as much risk as direct contact with the infected particles from coughing and sneezing.

Dr. Tinney: If our household includes an individual who is immunocompromised or elderly, and our school has an exposure, should I keep my child at home? (28:14)

Dr. Tyler: The short answer is no. There is no added benefit to keeping that child at home, away from the school setting, to prevent potential transmission to the elderly grandparent or an immunocompromised individual in the home. It's important to recognize that when we send a notification letter it, by necessity, refers to an exposure that happened several days ago. The most important thing that you can continue to do, is to monitor yourself for signs and symptoms, and wash your hands very diligently coming into the house, leaving the house and during the school day. That's the best protection you can provide to your loved ones in the home. Keeping your child home from school proactively, like over the next several days, is not going to change any potential outcome from an exposure that happened five days ago. To date we have not seen any significant transmission in Fraser Health within the school setting. A notification letter does not mean that there is transmission in the school or that you as an individual receiving the letter has been specifically exposed or put at risk of COVID. The notification letter simply means that a case is being investigated within that school. It's important to remember that that notification letter is going out to hundreds, in some cases, thousands of people, and that the exposure is likely limited to 10 or 15 or 20 people, some of whom will not have even been in the school. So we are notifying you that public health is following up in your school community and that an investigation is ongoing. The purpose of the letter is not to increase concern that you may have been exposed and it certainly shouldn't lead you to keep your children home from school. The school is a very safe setting for kids in the context of COVID.

Dr. Tinney: In some cases the exposure dates occurred a few days ago. Why aren’t we notified sooner of an exposure? (31:44)

Dr. Tyler: The timeline of a COVID case goes something like this. An individual starts to feel unwell, they become worried about COVID and they go for testing. That test gets sent to the lab, the lab turns it around in 24 to 48 hours and that test results is posted to the patient and sent to public health. Public Health receives anywhere from 50 to 100 notifications of positive cases a day. We assign them to our case in contact management team. That team starts to phone these individuals to identify what they may have been up to over the last several days. Once we reach that individual, we get their information, we find out if they had been at school or had any connection with the school. If we find out yes, then we connect with the school district, who connects us with the principal, then the early notification process

is initiated. So at this point it's probably been anywhere from two to four days from when that individual was last in the school setting with their symptoms before they got tested, got the result and was contacted by Public Health. What does happen is that sometimes an individual who gets their positive result from the lab will immediately notify their friends, family or school community that they have tested positive. When that happens the school community usually reaches out to public health. We confirm that result and follow up with the individual and, again, school district and principal to initiate an early notification letter being sent.

Currently our testing positivity rate for COVID is under 2%, which means that very, very, very few of the symptoms that are being experienced by people in our communities are actually due to COVID. We only test symptomatic people. We run nearly 10,000 tests a day and about 2% of these turned out to be positive. There are two important reasons why it's impossible to notify a school community on the day that somebody starts experiencing symptoms. Number one is that those symptoms are more likely to be anything other than COVID, as opposed to COVID itself. And secondly, a person has to go get tested at the lab before we can confirm that these symptoms were actually COVID and begin the case and contact management and notification process.

Dr. Tinney: Can you clarify, if you were to issue an exposure notice, would the exposure notice date be two days prior to symptoms or would it be on the day of symptoms? (34:54)

Dr. Tyler: It could be both. We do need to recognize that we wouldn't include weekends for example, because that's not a day that the school would have been exposed and there are differences in individuals in terms of when they start to self isolate or get tested. Some people may not recognize the importance of their symptoms and get tested soon, other people may get tested after having been at home with symptoms for a few days already. The actual exposure to the school is what we report and notify people about. But in any individual case, this could look like a very wide variety of dates and exposure times because the individual situations can vary.

Dr. Tinney: I'm confused about which symptoms I should monitor for my child? There seems to be two different lists of symptoms. What symptoms should I be looking for? (38:05)

Dr. Tyler: That's a really good question. There are currently two symptom lists available. One was developed early on in COVID times based on the best information we had in terms of COVID affecting adults in the community. The more recent list in the daily health check is specific to schools and students and is listing a shorter number of symptoms to allow individuals to be a bit more considered and measured in their approach. The most important consideration for students and parents and staff is whether your symptoms are new and whether they are indicative of cold or flu like symptoms. We do not want to be preventing people who have chronic conditions from attending school or work. We know that COVID commonly presents with cold or flu like symptoms including cough, sneezing, and fever. There is a wide variety of individual symptoms that can present like COVID and every person is going to be different. Any population level checklist is going to try and cover off as many bases as possible. So it's really important to use the checklist along with knowing yourself, your children, your body, and your

level of concern in terms of making the determination as to whether you need to go get tested for COVID.

For more information about COVID-19 in schools, please visit www.FraserHealth.ca/COVID-19

Dr. Tyler: I like to remind staff and parents and students that there is a lot of information about COVID available at our Fraser Health website. If you could please visit Fraserhealth.ca/COVID-19 for more information, you will find additional FAQs and videos answering common questions and concerns related to COVID in our schools. In addition, the BC CDC website has a lot of information about the protection measures and preventative measures that are being put in place at schools across the province. So please visit bccdc.ca. for that information.

Thank you Jordan and others for giving me the opportunity to answer these questions and to speak directly but virtually, to some of the staff and parents who I know have had many concerns and questions about COVID in schools.

We want to thank Fraser Health in our partnership. We have met many, many times and we've had lots of work together. This is such an unusual time and I know every case is different, but we've appreciated the partnership and the complexity. So we thank you and your colleagues for all you're doing to keep our public and our community safe. And I'm sure we are far from over in our work together.