

Vaccinated Staff at 'Exceedingly Low' Risk of Getting COVID-19 From Unvaccinated Students



Dr. Ashish K. Jha, dean of Brown University's School of Public Health.

Photo courtesy of Brown University

Coronavirus levels are easing in most places in the United States, and just over half the population has had at least one dose of a COVID-19 vaccine, the CDC says. But K-12 leaders still have many questions about how to reopen schools safely in the fall.

EdWeek asked Dr. Ashish K. Jha, the dean of Brown University's School of Public Health, to offer guidance on navigating the next stage of the pandemic. This interview has been edited for length and clarity.

Some districts and states are cutting way back on remote learning or eliminating it altogether. From a medical perspective, do you think they're on solid ground? Is that safe or advisable?

Yes, if they do the work that's necessary to make schools safe. Kids 12 and over can get vaccinated. All the adults in schools should be fully vaccinated. So we're really talking about the safety of kids under 12. At this point, I don't think there's any reason to worry excessively about the safety of adults who've all been vaccinated.

[In the] case of severely immunocompromised adults, say maybe going through chemotherapy or something, we should have accommodations for people like that.

Now that we have so much in the way of resources from the federal government and a very clear set of plans for how to create safe spaces, I absolutely think that schools can open up safely this fall and get kids back in, and do it in a way that people are not getting infected and spreading the virus within the school.

For school staff who have been vaccinated, how would you characterize the risk of being around unvaccinated kids?

Oh, exceedingly low. Again, we're not talking about staff who are severely immunocompromised. That's very, very different. But those are very small numbers of people. But if we take the severely immunocompromised people out of the conversation, for everybody else, the risk of getting infected from an unvaccinated person is very low. Especially if community transmission levels are reasonably low, which they should be this fall. And even if [vaccinated people] end up getting infected, the chances of getting very sick are exceedingly low.

This is why the CDC lifted the indoor mask mandate for vaccinated individuals. They knew that meant that vaccinated individuals were going to be finding themselves around unvaccinated people. From a safety point of view, it's very safe.

Thinking about the kids 12 and under who can't be vaccinated, how much risk do you think those kids face now as communities open up and things start to function more normally?

If you have mask-wearing, and you have really good ventilation in schools, and you have all the adults vaccinated, there's little to no risk to adults. And there should be really very little in the way of risks of spread between the kids.

I expect in most communities in the U.S., infection numbers will continue to come down. The key question for schools is, how do you make this space as safe as possible?

Schools have a lot of money [from federal stimulus funds] now, so you actually need to put in reasonably good ventilation systems. If infection levels in the community are at all high, asking kids under 12 to continue to wear masks is reasonable.

There's some disagreement among public health experts about if infection numbers in the community get very, very low, could you get rid of masks altogether for kids under 12.

Should any of the coronavirus variants that are circulating now change the safety measures school have been using?

The variants are a real problem. We can't ignore them. The good news so far is all of our vaccines look like they're holding up pretty well against the variants. So for vaccinated people, I don't think it's going to be a huge problem.

There are two variants that I am paying a lot of attention to. One is B.1.1.7, [which the [World Health Organization now refers to as](#)] "Alpha,"

and B.1.617.2, that's now referred to as "Delta." Both of them, by the time we get to the fall, are going to be dominant across the United States.

So it means that all of the infection-control stuff needs to be dealt with. It ups the game. You can't not put in infection-control efforts. You can't not do good ventilation. And if infection numbers in the community are at all high, you've got to have mask-wearing.

Even if most of a school's staff is vaccinated, you still need to keep all the safety measures going because of the variants?

Yeah. And let me be very clear: If you're talking about older kids, and the kids are vaccinated, and the staff are vaccinated, I would still focus on things like ventilation, but I would not necessarily require mask-wearing. I think mask-wearing among vaccinated people is probably not necessary. So I'm really thinking about masks for under 12.

But there's a big-picture question of whether schools are going to require that everybody be vaccinated. If everyone in the school is vaccinated, then it's potentially a different ball game. Then you may not need much in the way of mitigation efforts at all. But my sense is there are very few school districts, at least initially, who are going to mandate 100 percent vaccination for staff, students.

If they do, then largely you don't need much in the way of mitigation efforts and you can have a pretty normal fall.

In places that have mask mandates, what level of vaccination in children do you think we need to reach before people can stop wearing masks inside school?

Remember that herd immunity is really about the whole community. Most of us estimate that once you get above 80 percent of the population vaccinated, you really should be in a situation where you're going to have very little in the way of infection. And if we do get infectious outbreaks, they're going to peter out pretty quickly.

Kids under 12 represent about 10 to 15 percent of the population. So you're going to have to get pretty close to everybody else vaccinated if you expect something close to herd immunity without vaccinating kids under 12.

I think there's going to be some communities that are going to achieve that, but probably not a majority. When you hit kind of that herd immunity threshold, you largely don't need any mitigation efforts. But since I think that is unlikely in most communities by fall, until we can start vaccinating 5- to 11-year-olds, what you're looking at is some level of mitigation for that population.