August 6, 2020

TO: Public K-12 Superintendents – Ferry, Pend Oreille, Stevens Counties
   Private School Administrators – Ferry, Pend Oreille, Stevens Counties

SUBJECT: Public Health Officer Recommendation for Educational Modality – Fall 2020

In conjunction with school district administrators within Ferry, Pend Oreille, and Stevens Counties, Northeast Tri County Health District (NETCHD) has been working to coordinate COVID-19 prevention/response activities since February 2020. We are appreciative of the complexities of providing educational opportunities to youth throughout northeastern Washington through this pandemic.

Considering the forthcoming fall 2020 school term and understanding of your need to plan for the start of the year, it is my strong recommendation that you plan for distance learning at the start of the school year. With this recommendation, it is also anticipated that some exceptions will be necessary to allow for in-person learning among small cohorts of high-need children with proper health and safety measures firmly established.

This recommendation is based on:

1. Current levels of COVID-19 activities that are occurring in each county. As of August 3, 2020, the rate of disease burden in each county stands at:
   - Ferry County: 180 cases/100,000 population/prior 14 days
   - Pend Oreille: 104 cases/100,000 population/prior 14 days
   - Stevens: 93 cases/100,000 population/prior 14 days
   We have seen increasing cases occurring that place each of these respective counties in the classification of high levels of community spread in accordance with the August 5, 2020 DOH Decision Tree for Provisions of In Person Learning.

2. The most recent modeling completed by the Institute of Disease Modeling for Washington that predicts “transmission is likely increasing overall in eastern and western WA. As a result, we expect the COVID-19 burden to continue to grow.” With this forecast, we don’t anticipate being in a better position by September.
3. Overall, in northeastern Washington, strict adherence to requirements for masking, physical distancing, gathering size limits, and isolation/quarantine orders has proven to be difficult. This has limited the effectiveness of intervention strategies needed to slow the rate of transmission.

4. Our capacity within public health to rapidly investigate confirmed cases and their close contacts is becoming stressed. It’s reasonable to assume that opening schools to in-person instruction will result in additional cases and would outpace our ability to respond effectively.

5. Of concern is our regional medical system readiness to provide medical care for our community. Re-opening schools is predicted to increase transmission and more demands for medical treatment and care.

6. Testing capacity is stressed to the point that testing results can take up to 10 days. Potential cases in schools would need to quarantine until test results are received, resulting in substantial out of school restrictions.

7. With rates of community transmission high, re-opening schools for in-person instruction may pose a substantial risk to student and staff health, especially those that are medically vulnerable.

Progressing into the school year, we will be committed to continue evaluating the data and key readiness indicators at the individual county level. When there is sustainability in reduced levels of community spread of COVID-19, we will closely coordinate with school administrators to provide recommendations for increased in-person instructional opportunities.

Sincerely,

Dr. Samuel Artzis, MD
Health Officer

cc: Northeast Tri County Health District Board of Health