OVERVIEW of Day 1 Call to Action

1. Read the background information in this document.
2. Tweet, Facebook, and use the online contact form to contact CDC Director Dr. Robert Redfield, asking him to change the CDC guidance listed on the “Public Health Guidance for Community-Related Exposure” page.
3. Sign the letter to the CDC and President Trump about changing these guidelines. Also, share this letter with everyone you know to ask them to sign it as well: tpp.us/whdccletter

DETAILS for Day 1 Call to Action

1. Tweet, Facebook, and use the online contact form to contact CDC Director Dr. Robert Redfield.
   - Phone: 800-CDC-INFO
   - Online Contact Form (scroll down the page to get to the actual contact form)
   - Twitter
   - Facebook

Script to copy and paste into the online contact form:

“Please change the guidance, Public Health Guidance for Community Related Exposure. We know more about the virus than we did 6 months ago. Those at greatest risk of serious illness from COVID-19 have new options for treatment including Remdesivir, convalescent plasma, & more; and not a single American who needed a ventilator went without a ventilator. We also understand the harms to students for schools to remain closed. The CDC itself warns of the risks to children, youth, and young adults of prolonged school closures.

“For these reasons, it is time to change the guidance advising the quarantine of healthy, low risk Americans.

“Change the guidance to read, ‘If people are sick, they should stay at home. If they are high risk, they should evaluate their medical situation with their personal physician(s) and take appropriate measures to protect themselves. For those who are not at high risk, it is time we begin living our lives again, and it is past time for our low-risk children to be back in school getting the education they need to have a chance at a better future.’”

2. Sign the Letter to the CDC and President Trump
4. To add your name and share the letter with others, use this link: tpp.us/whdccletter
BACKGROUND – CDC Public Health Guidance for Community Related Exposure – aka Quarantine Guidance

The CDC still recommends the 14 Day Quarantine guidance for “exposed” to COVID positive people. (See links Public Health Guidance for Community Related Exposure and When to Quarantine). The CDC did make changes to quarantine guidance related to travelers, and they did NOT change for close contact or exposed people. We need to change this page which is linked from the CDC school guidance page.

We need the CDC to have these guidelines changed. Specifically, change the “Public Health Guidance for Community-Related Exposure” page, which is linked from the “Operating schools during COVID-19: CDC’s Considerations” page, which comes from the Schools and Childcare Programs page. Colleges also have the issue with “Public Health Guidance for Community Related Exposure,” which is linked from the page titled “Interim Guidance for Administrators of US Institutions of Higher Education.”

Other Helpful Information

Further, Saturday, August 29, 2020, The New York Times reported that there is the potential for up to 90% of the those who have tested positive for COVID-19 to have such insignificant amounts of COVID in their bodies that such individuals do not need to isolate because they are not contagious. The article said, “Most of these people are not likely to be contagious, and identifying them may contribute to bottlenecks that prevent those who are contagious to be found in time.” “In three sets of testing data that include cycle thresholds, compiled by officials in Massachusetts, New York and Nevada, up to 90 percent of people testing positive carried barely any virus, a review by The Times found.”

 Ironically, the NYTimes’ solution is to test more not less, even though the testing is giving false positives and creating bottlenecks. This is important for us to note when acting this week. Our healthy, low risk children, youth, and young adults should not have their lives put on hold for a virus that is less deadly for them than the flu, especially when testing is showing to be imperfect and inaccurate.

Additional Problems for Colleges and Universities

Seemingly there are some/many professors are imposing digital learning on students rather than face to face even after the college or university assured students and parents the schools would be open for in-classroom learning. From what parents are reporting about colleges, the colleges and universities are saying they would start back face to face. Then when the student returned to school, the professor, with or without consultation from students, moves the class to online only. The parents of college students need additional help to change this, with calls to the specific school and to the Board of Regents, which we will focus on later in the week. Even if we do not have college-aged children, we can help those who do.

Finger-Pointing

It seems like a finger pointing web of frustration at the moment. Actually, it is a lot of finger pointing. Without understanding these things, it is harder to get to the root of what we want to change. Knowing where we need to ask for the changes to be made will help us get to our desired result faster.

Understand, the change we are asking for is not going to be easy for the CDC to do because it goes against the narrative they have set the last 6 months. The virus is deadly for those with serious comorbidities, especially elderly people with comorbidities. We do not downplay that and we have done things to help those people learn about treatment options and ways they can help protect themselves.
We also have our children, youth, and young adults who are suffering other kinds of physical and mental health issues because of the lockdowns. The concerns of each group must be balanced. The CDC has worked to help those at greatest risk of serious illness with coronavirus. Now, they also need to help those at greatest risk of serious illness because of lockdowns, school closures, and school re-closures.

**Is changing the guidance medically sound?**

In theory, in the first few months of 2020, when we knew less about the virus, it might have seemed sensible to quarantine healthy individuals because there was not as much information about who is at high risk of dying from COVID-19. Today, we know much more about the virus, including the fact that there is a 97% survival rate from positive test cases (6,281,615 positive cases and 166,317 deaths). On Thursday, June 23, CDC Director Dr. Robert Redfield estimated the actual number of COVID cases may, in fact, be ten times higher than reported, “Our best estimate right now is that for every case that was reported, there actually are ten more infections.” If that June 23 estimate is still a realistic estimate, the survival rate of COVID is 99.997%

When looking at schools and adults under 24 years of age, please note:

- **Children act as "breaks" on chains of infection?**
- **22 European Schools Have Reopened and not triggered a rise in the spread of COVID-19**
- **Less than 1% of children have case fatality rate (CFR) with COVID-19** (OF NOTE: Our data indicate that the CFR in children and adolescents across Europe is less than 1%. Considering that many children with mild disease will never have been brought to medical attention, and therefore not diagnosed, it is highly probable that the true CFR is substantially lower than the figure of 0·69% observed in our cohort.)
- **CDC: Children account for less than .1% of COVID deaths**
- **No known case of children spreading COVID to teachers**
- **CDC: "So far in this pandemic, deaths of children are less than in each of the last five flu seasons."

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5. [https://www.cdc.gov/mmwr/volumes/69/wr/mm6928e1.htm#T1_down](https://www.cdc.gov/mmwr/volumes/69/wr/mm6928e1.htm#T1_down)
6. [https://www.thetimes.co.uk/article/no-known-case-of-teacher-catching-coronavirus-from-pupils-says-scientist-3zk5g2x6z](https://www.thetimes.co.uk/article/no-known-case-of-teacher-catching-coronavirus-from-pupils-says-scientist-3zk5g2x6z)
• CDC: "Extended school closures are harmful to children’s development of social and emotional skills."

• CDC: "Extended closures can be harmful to children’s mental health and can increase the likelihood that children engage in unhealthy behaviors. An environment where students feel safe and connected, such as a school, is associated with lower levels of depression, thoughts about suicide, social anxiety, and sexual activity, as well as higher levels of self-esteem and more adaptive use of free time."

• American Academy of Pediatrics: "School policies should be guided by supporting the overall health and well-being of all children, adolescents, their families, and their communities."

• American Academy of Pediatrics: "the AAP strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in school. The importance of in-person learning is well-documented, and there is already evidence of the negative impacts on children because of school closures in the spring of 2020. Lengthy time away from school and associated interruption of supportive services often results in social isolation, making it difficult for schools to identify and address important learning deficits as well as child and adolescent physical or sexual abuse, substance use, depression, and suicidal ideation. This, in turn, places children and adolescents at considerable risk of morbidity and, in some cases, mortality. Beyond the educational impact and social impact of school closures, there has been substantial impact on food security and physical activity for children and families."

• Coronavirus Task Force Member Dr. Scott Atlas, "The data is clear. Whether it’s from Canada, Switzerland, Sweden, the Netherlands, France, Spain, the United States, Asia, all over the world, children do not have any serious disease. Children almost never transmit the disease. In fact, Switzerland is contemplating stopping even testing children because it’s irrelevant...there is not serious risk of even getting the illness. But that’s not even the point here. I want to go even further. By now, we know who is at risk. K-12 teachers in the United States, half of them are under 41 years of age, they’re not at risk. 82% are under 55-years-old if there is a handful, which there are, teachers in the high-risk category, don’t they know how to protect themselves with their so-called 6-feet spacing and mask rules? And if they’re still afraid, even if they don’t want to do that, then they can teach from home. I don’t understand why they have to lock up schools."

• 80% of all COVID deaths in America are from people age 65 and older\textsuperscript{13}.

• Christine Ramirez, PhD, in Real Clear Politics: "This age distribution of COVID-19 deaths, which contrasts with previous pandemics in that the dangers are not equally borne by young versus old, is similarly observed in many other countries. Furthermore, children tend to have mild or asymptomatic infections. A study published on June 16 in the journal Nature Medicine indicates that children (including teenagers) are much more likely to be asymptomatic than adults. Thus, those who have the least risk of morbidity and mortality due to COVID-19 — the world’s children — are bearing a disproportionate share of the burden related to the global fight against this pandemic."\textsuperscript{14}

• Dr. Lionel Lee, DO, FACOEP, emergency department doctor in Arizona, answered questions about testing students who are playing sports and the increased testing we have seen around Cherokee County in the last two weeks. He said "testing for asymptomatic carriers in low risk groups is not indicated. This is straight out of the CDC handbook when we are talking about epidemics. Testing in skilled nursing facilities may be more applicable since adults over 65 are high risk. But when it comes to healthy children under 18, this is a low risk group and therefore testing asymptomatic is not indicated and creates a false denominator... We must talk about efficiency and effectiveness. Testing asymptomatic children, who are the LOWEST risk category for COVID is inefficient and ineffective. This is a waste of resources and also creating false positives in a population that has nearly no risk of transmission or mortality."\textsuperscript{15}

• Royal College of Pediatrics: "Pupils pose little risk of spreading COVID."

• A research article out of Greece (last week) shows that children to children spread of COVID was nearly non-existent. In fact, almost all the children were asymptomatic.\textsuperscript{16}

\textsuperscript{13} https://data.cdc.gov/NCHS/Provisional-COVID-19-Death-Counts-by-Sex-Age-and-S/9bhg-hcku/data
\textsuperscript{14} https://www.realclearpolitics.com/articles/2020/08/06/fall_school_closure__long-term_health_learning_costs_for_kids_143886.html
\textsuperscript{15} http://www.ciphi.ca/hamilton/Content/documents/principles.pdf
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