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Dr. Lawler provides COVID update, dispels several perpetuating myths on COVID & kids

Dr. James Lawler joined the Tuesday, September 7 briefing to discuss COVID and kids. Lawler is the Associate Professor at the University of Nebraska Medical Center; Director of International Programs and Innovation at the Global Center for Health Security; and Director of Clinic and Biodefense Research. His recorded presentation is accessible at <https://tinyurl.com/fbxedi9w>

Nationally, Lawler shared we are approaching community transmission and case rates similar to the fall and winter waves of 2020. There is a significant spike in hospitalizations and high levels of deaths per day. A heat wave of the national map is primarily showing the South and parts of the Midwest as hot spots. These correlate with areas with low vaccination rates. Nebraska is not sharing its pandemic data on a daily basis so difficult to make comparisons.

A couple of things that make the Delta wave different and more concerning is the increase in transmissibility than previous versions of the virus. Since May, the Delta variant has exploded. This virus is able to out-compete all of the other viruses causing more severe disease, twice the number of hospitalizations, three and a half times the number of ICU admissions, and over two times the number of deaths.

The higher rates of hospitalizations are particularly among younger people and in states with low vaccination rates. Kids are driving the rate of transmission much higher than previously experienced and they are seeing very high pediatric hospitalization rates with the Delta wave. This is causing more severe disease among young people and a strain on pediatric resources and hospital capacity.

We are seeing a bit of a repeat of what we saw last summer and gives us a forecast of what we can expect for the next month or two. The South took off earlier because schools go back very early and the Delta variant had a head start. We are now starting to see it spread to the Midwest.

Cases are increasing each week in Nebraska with a dramatic upswing in case counts over the last weeks. School-age children (age 5-17) took a massive jump and this reflects schools going back into session and predominately without face masks.

In the Panhandle, there is a very significant lapse in test availability which means the reality is they probably aren't a lot of people getting tested. The data that we are getting out of some parts of Nebraska and the Panhandle is a pretty significant low ball compared to the real number of cases that are out here. Counties in other states surrounding the Panhandle look as if they are going up significantly. This is going to be a significant challenge due to the low vaccination rate.

Myth: Natural immunity from COVID is superior to vaccine-imparted immunity against Delta variant.

Clearly, this is not the case. A Morbidity and Mortality Weekly Report (MMWR) journal study in Kentucky released just a few weeks ago in early August shows among people who were unvaccinated but had a prior COVID infection were 2.34 times more likely to get COVID compared to people who were vaccinated. This study is accessible here:

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7032e1.htm>.

Vaccines give much better immunity than natural infection, particularly the mRNA vaccines. They are able to essentially trick muscle cells at the injection site into making spike protein of the virus which makes it appear to your body as if you have been infected. The mRNA vaccine has been in development for the last 10-15 years for the flu and a new coronavirus. The vaccines are resulting in a very robust immune response.

We're going to continue getting potentially more dangerous variants the more we allow epidemic surges to occur around the world and the only way to protect is through vaccinations.

Myth: School is the safest place from COVID for children.

There is very good evidence of schools who have in-person learning without distancing in full density classrooms have higher transmission rates among kids and those transmission rates translate into the community. More kids in classrooms that are mostly unmasked are having explosive transmission with the Delta variant.

A strong correlation exists between households that have kids in school and COVID cases within the house. The most pronounced is for high school age kids but true throughout all school aged children, even down to kindergarten. A large number of studies is showing transmission happens more commonly than we recognize. One study is accessible here:

<https://pubmed.ncbi.nlm.nih.gov/33927057/>.

Myth: COVID impact in children is small.

COVID is worse than the flu. COVID had a much higher impact on kids compared to the worst overall influenza season on recent record – even before Delta variant. The worst flu season in recent history happened in 2017 with 46,000 US kids being hospitalized. Compare this to COVID cases up until May 2021, 209,000 US kids were hospitalized and this does not count the current Delta wave which will result in more. This equates to five times the hospitalizations than

compared to flu. The flu data referenced is accessible here:

<https://www.cdc.gov/flu/about/burden/2017-2018.htm> and the COVID data referenced is accessible here: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/burden.html>.

Long-COVID is a problem in children, too. A study found that 24% of children hospitalized with COVID had long-lasting symptoms including fatigue, sleep disturbance, and sensory deficits seven months after discharge. In the week of August 12, 2021, there were 180,175 US child COVID cases reported. This equates to about 13,000 COVID long-haul kids.

“This will affect them for much if not all of the fall semester impacting their ability to concentrate, to study effectively, to sleep well, and social interactions to play with their peers. COVID is not a benign disease, even in kids, even if it doesn’t kill them it has all sorts of other impacts,” underscored Lawler.

A study of the social and psychological impacts on kids that looked at how many kids had lost a parent or primary caregiver to COVID, 104,884 children have lost a parent and 113,798 children have lost a primary caregiver since the start of the pandemic.

“Their lives will never be the same because of the emotional and psychological impact of losing a primary caregiver. It is really short-sighted and somewhat presumptive to think we know about the short and long-term impacts of COVID in kids and we should be careful to not be cavalier about how to protect children and communities,” Lawler asserted.

The full study is accessible at <https://tinyurl.com/25ntkfhy>.

Myth: Face masks don’t prevent COVID spread.

Dr. Lawler referenced the Global Center for Health Security and Centers for Disease Control and Prevention (CDC) websites for good science reviews. Additionally, a Bangladesh randomized trial of masks for prevention show almost a 10% decrease in the number of people in a population who tested positive for COVID in villages that had masked. Even with only about 42% of the villagers wearing, the effect across the entire community was pretty profound. The full study is accessible at <https://tinyurl.com/s6euw9wu>.

Myth: COVID is over...

What is happening in the south is really tragic and doubly tragic because it is all preventable. If we had high vaccination rates in the 70-80% range, we would not be experiencing what is happening. We are seeing the impact in Florida schools with large numbers of teachers becoming sick and dying in addition to large numbers of young people and pregnant women.

“I really encourage folks to take the current pandemic very seriously and to do the things that we know actually work to limit spread and prevent impact. First of all, get vaccinated. Get all of your eligible family members vaccinated. The vaccines are safe, they’re effective. We need to do the interventions last year that worked so well. Wearing facemasks in indoor public places, spacing out children in school to decrease the density of kids, avoiding large gatherings and

crowds. If we can do all these things, hopefully, prevent ourselves from looking like some states in the south,” Lawler concluded.

Lawler entertained several questions from viewers with one specific to the concern about vaccine safety. He outlined the myocarditis risk is the highest among males under the age of 30. In that age group, an estimated 60 cases occur for every million vaccines given, and most resolve spontaneously without any significant concern. Compare this if you are infected with COVID, a study showed 2.4% had evidence of heart inflammation on MRI. This equates to 2,400 out of a million so the risk of myocarditis is drastically higher if infected.

The Panhandle COVID dashboard is updated on Mondays & Thursdays by 4:30 pm MT and available at www.pphd.org. For the most up to date information from the CDC, visit <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

Panhandle Public Health District, Region 21, 22, and 23 Emergency Management, and Scotts Bluff County Health Department are working as a unified command on this evolving situation. Essential updates will be regularly communicated to the public and community partners.

Panhandle Public Health District is working together to improve the health, safety, and quality of life for all who live, learn, work, and play in the Panhandle. Our vision is that we are a healthier and safer Panhandle Community. Visit our website www.pphd.org.