October 27, 2020

The Honorable Alex Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

The Honorable Betsy DeVos
Secretary
U.S Department of Education
400 Maryland Ave, SW
Washington, DC 20202

Dr. Robert R. Redfield
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329

Dear Secretary Azar, Secretary DeVos, and Director Redfield:

We write to request information on the Department of Health and Human Services’ (HHS), the Department of Education’s (ED), and Centers for Disease Control and Prevention’s (CDC) plans to collect and report information on coronavirus disease 2019 (COVID-19) cases linked to elementary and secondary schools. As schools have begun the new academic year operating in-person, remotely, or with a hybrid approach, there has been wide variation in both the reporting and tracking of COVID-19 cases at schools that provide in-person learning. The Trump Administration has not formulated or disseminated a national method for reporting and tracking COVID-19 cases in these schools, resulting in inconsistent, unreliable, and unavailable data.¹

On October 20, Secretary of Education Betsy DeVos stated that she believes the Department of Education is not responsible for tracking school districts’ reopening plans or positive COVID-19 cases in schools.² This sentiment represents a complete abdication of national leadership, which has made it difficult for local education leaders, families, and policymakers to accurately evaluate the risk of physically reopening schools.³ Because of the importance of K-12 schools to local communities, we urge you to work together to begin

---


coordinating with state and local officials to ensure complete, transparent, and timely local, state, and national reporting of COVID-19 cases linked to elementary and secondary schools nationwide.

While much remains unknown about COVID-19, it is clear that the virus spreads person-to-person, especially between people in close proximity, in crowded, indoor spaces. Schools may be particularly vulnerable to outbreaks, as students, educators, and staff may be in close proximity in indoor classrooms. To help address this vulnerability, school systems have developed various re-opening strategies and plans, many of which combine remote and in-person instruction.

Early reports of COVID-19 suggested that younger children are at less risk of contracting COVID-19 or developing harmful symptoms of the virus. However, this does not mean that children are immune to the virus or incapable of spreading the virus to others. The American Academy of Pediatrics reported that, as of October 15, 2020, there are a total of 741,891 total reported cases of COVID-19 affecting children, representing about ten percent of all cases. Between October 1 and October 15, there was a 13 percent increase in pediatric cases nationwide over the span of two weeks. Most COVID-19 cases among children are asymptomatic or less severe, but children can still transmit the virus, as outbreaks at summer camps and schools have shown. Children can be a significant source of community transmission, as a recent study from India found. Additionally, despite the physical reopening of schools in many locations, many testing sites do not offer tests for children, limiting schools’ ability to trace cases among students.

---


8 Id.


As some schools have begun physically reopening, a variety of public health protocols have been put in place to prevent widespread transmission of COVID-19 among students and staff. Efforts include physical distancing, smaller class sizes, mask requirements, hybrid instruction, and other strategies. However, without robust and comparative data collection, it is difficult to determine the effectiveness of these strategies in reducing community spread of COVID-19 in schools that are operating in-person. As schools continue to transition to in-person learning where it is safe to do so, methods of tracing, reporting, and tracking COVID-19 cases are critical to prevent widespread transmission within communities. However, the Administration and the ED have failed to develop consistent methods of tracing, reporting, or tracking COVID-19 cases tied to K-12 schools nationwide. Thus far, state and local methods of reporting and tracking cases are unreliable or nonexistent.

Currently, parents and families of students must rely on limited and voluntary reporting systems when making decisions regarding sending their children to school if their schools offer in-person learning. The CDC recommends that school staff and families self-report symptoms of COVID-19, positive COVID-19 tests, and exposure to someone with COVID-19, and that school administrators develop and test information-sharing systems and institutional informational systems for reporting of cases that are consistent with federal and state laws and regulations regarding privacy and confidentiality. The CDC recommends that K-12 schools work closely with state, tribal, local, or territorial health departments and report all suspected and confirmed cases of COVID-19. However, Federal guidance beyond this is lacking, resulting in significant variation across schools, school districts, and states. This lack of clear guidance results in inconsistent information across localities, states, and the nation and is making it extremely challenging for schools and families to make informed decisions.

Reporting of COVID-19 cases tied to K-12 schools is inconsistent across school districts in states that do not have clear guidelines. Some districts share weekly or daily reports and updates regarding COVID-19 cases with the public, while other districts are not reporting any information at all, occasionally erroneously citing privacy concerns. The Family Educational Rights and Privacy Act (FERPA) actually does not prevent local education agencies from

---

sharing data regarding COVID-19 cases, so long as this data does not disclose any identifiable student information. Additionally, some reports are generated by state Departments of Health, others by school districts, leading to heterogeneous reporting with no clear standard. Dr. Ashish Jha, the Dean of the School of Public Health at Brown University, explained, “If schools don’t notify, it actually can make disease control more difficult.”

Currently, not even half of states are publicly reporting COVID-19 cases in schools; and most are not publishing any information, only reporting some cases, or are still developing plans to begin reporting some information regarding COVID-19 cases in schools in the future. In an attempt to better understand how the virus spreads in schools, various private organizations, including the National Education Association, the New York Times, and researchers at Brown University have set up their own trackers of COVID-19 cases, suspected cases, and deaths tied to outbreaks in public K-12 schools. However, each of these trackers are hampered by the limitations of inconsistent state and district reporting and self-reported submissions, and none of them are able to provide a comprehensive count of COVID-19 cases affecting schools nationwide. Relying on self-reporting may also introduce bias into the data, as schools and districts that choose to participate may have a different experience with the virus than schools that do not, causing inconsistencies and difficulties for public health officials. As the president

of the Florida Education Association recently told the *Washington Post*, “There is no mechanism for consistent and fair reporting, so there is no way to analyze what is really happening in our schools.”

HHS, ED, and CDC have a crucial coordinating role in ensuring consistent, complete, and timely reporting of COVID-19 cases across the nation. National data would support comprehensive research regarding the transmission of and response to COVID-19, particularly as much remains unknown regarding this virus. National data would also help provide insight into the best policies and public health protocols to prevent the spread of COVID-19 in schools and throughout communities. Although state and local authorities are responsible for working with their local school communities, guidance from HHS, ED, and CDC on what data to collect and make publically available would allow for national comparisons that can meaningfully inform high-stakes decisions, including when and how to bring students back into school buildings safely and what sort of public health protocols or infrastructure improvements are most effective.

Furthermore, HHS, ED, CDC, state, and local public health departments should work together to collect demographic data in a standardized format to monitor any disparities among affected students, educators, and staff. The coronavirus pandemic has exposed the devastating impact of systemic racism and discrimination on the health of the American people. A recent CDC study found that children who died from COVID-19 were significantly more likely to be Black, Hispanic, or American Indian/Alaskan Native than the population at large. Public reporting of demographic data is essential to understanding the effect of the pandemic on different populations and to inform appropriate policy responses.

In order to better understand how and whether HHS, ED, and CDC plan to work with state and local health officials to collect consistent and timely data on COVID-19 cases linked to elementary and secondary schools, we request answers to the following questions no later than November 10, 2020:

1. What further guidance do HHS, ED, and CDC plan to provide to K-12 schools and school districts on how COVID-19 cases should be reported to state, tribal, local, territorial, and federal health authorities, including the timeline for reporting suspected and confirmed cases, demographic data on each case, and how reporting complies with applicable privacy laws?

2. How do HHS, ED, and CDC plan to aggregate and publish data on cases linked to public K-12 schools at the national level? Will this public data include non-personally identifiable demographic information, including sex, age, race/ethnicity, and

---


disability status? If HHS, ED, and CDC do not have plans for this data collection and publication, why not?

3. What challenges, if any, are prohibiting or making it difficult for HHS, ED, or CDC to implement data aggregation of this sort?

4. To date, what guidance have HHS, ED, and CDC provided to state and local public health departments about the type of demographic data that should be collected and disclosed to the public related to COVID-19 cases linked to K-12 schools?

5. How do HHS, ED, and CDC plan to study outbreaks of COVID-19 linked to K-12 schools to understand which mitigation efforts are most and least effective?

6. Have HHS, ED, or CDC officials coordinated with officials from the U.S. Department of Education regarding COVID-19 data collection at K-12 schools? If so, please describe the nature, dates, and individuals involved with this coordination.

Thank you for your consideration of this urgent matter.

Sincerely,

Elizabeth Warren
United States Senator

Tina Smith
United States Senator