Fewer COVID-19 Cases in Schools With Masks and Improved Ventilation

Requiring teachers and staff to wear masks and improving ventilation are essential to minimizing the spread of COVID-19 in schools, according to a survey of Georgia schools that reopened for in-person learning in 2020.

As many schools across the country gear up for in-person learning this fall, results from the 169 Georgia elementary schools surveyed can serve as a guide for educators and administrators who are planning their own prevention strategies. The data showed that schools with requirements for teachers and staff to wear masks had 37% fewer COVID-19 cases than schools without a mask requirement. Schools that required students to wear masks had 21% fewer COVID-19 cases than those where mask use was optional, but the difference wasn’t statistically different.

Improving air circulation by opening windows and doors or using fans reduced COVID-19 cases by about one-third compared with schools that didn’t make changes in ventilation. Adding high-efficiency particulate absorbing filtration with or without UV germicidal irradiation cut cases by half. Schools that may not have the resources to install air filtration and purification equipment can still benefit from improved air circulation, the authors noted.

Although adolescents aged 12 years or older became eligible for vaccination since the survey was conducted late last year, the CDC has recommended that schools reopening in the fall use multipronged COVID-19 prevention strategies: vaccination for eligible people, masking for students and staff, and improved ventilation.

“Until vaccines are available for children aged 12 years [or younger], universal and correct mask use is a critical prevention strategy,” that schools should prioritize regardless of vaccination status for in-person learning, the authors wrote.

CDC Recommends Self-injected Contraceptive Option

Women should have the option to use an injectable progestin-only contraceptive that they can administer themselves, the CDC has recommended.

The agency already endorsed the injectable contraceptive when given by a clinician every 3 months. But in 2019 the World Health Organization (WHO) recommended offering self-administered subcutaneous depot medroxyprogesterone acetate (DMPA-SC) based on evidence that women were more likely to continue contraceptive use if they could administer it themselves instead of having to see a clinician.

Women reported in a global survey that accessibility is the primary reason they would use a self-administered injectable contraceptive. They also named convenience, privacy, and confidentiality as important factors in their decision-making. Additionally, the WHO concluded that self-administration may improve equitable access to injectable long-acting contraceptives, particularly in regions with clinician shortages. The CDC chose to recommend DMPA-SC after an expert team reviewed evidence and the WHO’s recommendation earlier this year.

“Self-administered DMPA-SC might improve access to contraception by removing barriers, such as in-person visits to a health care provider, while promoting empowerment through self-care,” the authors of the new recommendations wrote. They recommended that self-administered injectable progestin be offered to all women as part of a full slate of contraceptive options.

The US Food and Drug Administration (FDA) label currently lists DMPA-SC only for clinician administration. However, the CDC authors noted that clinicians may prescribe FDA-approved drugs for off-label uses, including self-administration, when the clinician and patient decide it is medically indicated. Physicians can use the same criteria as for the clinician-administered version to evaluate self-administered DMPA-SC for their patients. Women who choose the self-administration method should first receive instruction on its use during an in-person or telemedicine visit, the authors recommended. – Bridget M. Kuehn, MSJ

Note: Source references are available through embedded hyperlinks in the article text online.