

## Questions & Answers

from  
Zoom “Town Hall”  
with  
**Dr. Michael Benusic, Medical Health Officer (Central Vancouver Island)**  
**Wednesday, September 2, 2020**  
**6:00 to 7:30 p.m.**

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- Q: Hand hygiene – many classrooms don’t have sinks – how much can I as a teacher rely on hand sanitizer over soap and water? How often should I be taking students to soap and water wash vs using hand sanitizer?
- A: We know that hand sanitizer is just as effective as soap and water, and that cold water is as effective as warm water. It will make sense after recess to have children use soap and water especially considering that students will be more dirty after being outside.
- Q: We saw a lot of stats in the beginning when relying on PCR tests for COVID-19 and I’m curious about 80% false positives that are happening with these test as these dictate who stays home and isolates.
- A: There is a false positive rate with any test, and it is estimated that with COVID-19 it is 20% so 80% are true positives. Also, the prevalence of COVID shows that 99.6% of tests are negative, meaning that 0.4% are positive, and that is for the people who show symptoms consistent with COVID-19. Adjusting for the rate of false positives that means that if you get a positive test result it is pretty certain that you are indeed positive. Put another way, the likelihood of a false positive is 0.8%. If 99.6% of the tests are coming back negative, then it is even more supportive that it is a true negative. There are situations where someone has very typical symptoms of COVID and the x-ray is positive but they get a negative test. We make the decision to retest in that situation.
- Q: Follow Up: I’m more concerned about the positives from the PCR test and that those could be from other bacterial or other viral pathogens.
- A: The MHO works closely with medical microbiologists who have done a lot of quality control. They look at those situations, calibrate the machines, and don’t just rely on that PCR knowing that it can reflect another virus; effectively a false positive for COVID-19. False positives and negatives are always a concern. If a test is positive and there is no contact, no COVID in the community and no one in household is sick we do further testing if necessary
- Q: If a person has tested positive for COVID, what is the likelihood of them getting it again?
- A: That it still one of the big questions to be answered about how long someone is immune to COVID once they have had it; what is the level of immunity, and can they be re-infected? There is immunity that develops in people after they get COVID. There had been continuous outbreaks in a household and the first person who was sick and brought it in, didn’t get sick again. In the world there have been 1 or 2 cases where the person was re-infected. If you have been infected, consider yourself susceptible and continue with same precautions.
- Q: Improved testing and contact tracing – those are reactive measures and masks are proactive. Society is terrible at keeping kids home when they are sick as society doesn’t value us staying home. Most of us have gone to work with sniffles or a cold. When we know this is already happening in our society and know people aren’t following those measures you speak of, the confidence is low that some students won’t show up sick, so why not use all measures to maximize minimizing transmission by asking all students to wear a mask? Why are we not mandating that everyone wear a mask?

- A: Comment from the Superintendent: In the spring the district ordered 3000 masks and we have another 4000 coming soon. Our objective is to have enough to give each student and employee 2 masks as per the expectation from government. We may not have two give each person 2 by the start of school so initially it may be 1. Beyond that, we do not have capacity to give masks on a continuous basis, but we will start the year by giving everyone 1 and then a second mask and as necessary screens or shields as well. The Board passed a motion at its August board meeting that students in grades 5 and up and outside of their learning group must be wearing a mask and every person on the bus of any age must wear a mask entering, exiting and riding the bus.
- Dr. Benusic: The reason why masks are not mandatory to being with is that it would be logistically challenging for young children to be masked throughout the entire day. One concern with masks with elementary students is that it does actually cause a lot more of touching and manipulating with something that might be contaminated if taken off and left on a surface. And we don't know about the relative benefit of masking young people to wear masks with the potential risk that might pose to them through non-hygienic mask usage. It is a choice from the students, staff and everyone in the school setting except for parameters outlined by Ministry of Education or the Board of Education where it is mandated. Anyone who wants to wear a mask will be supported in wearing one
- Q: We have the province's highest number of senior citizens per capita and the evidence is that children may not spread, but how about staff and children who are walking around in our senior dense community. I am as much on the fence as other parents and while I agree this is a fundamental need to boost our economy, given that our communities circumstances are different from rest of BC what rate of infection will it take to have students stay home again or do we leave it to BC Minister of Health?
- A: I am here to provide the information, not here to convince people and this is a very personal decision one has to make. Parents have been invited to make a choice to send their children to school or move their children to distributed learning (CEAP) or full home schooling environments. Also, per a motion passed by the Board of Education, keep children home, even while remaining part of their school, reasons for family concerns for health and well being. In that case they will have support for learning at home. In terms of the senior dense population of areas in Oceanside, I do look at the experience in Europe and the few incidents of having transmissions in those areas. In regard to what would be the threshold of when we would move back, I wish I could answer that now as to what the threshold will be to move to Stage 3 or 4 but I don't have that information. I can say that if there were a situation where there were a lot of COVID transmission within the school setting and to people within the area, then we may have to make our own decision as the Health Authority.
- Q: As we look at the recovery numbers and those who are fully recovered, what are you seeing and learning if they had underlying health issues and what are you hearing about long haulers with lasting effects?
- A: For most people who get COVID throughout all age groups, most fully recover with no lasting effects. For kids it is predominantly a cold, sometimes more like a flu, and there are situations where there are those long lasting effects. That is more common in older adults where they may have been hospitalized. Children 19 and younger have mostly been fully recovered within 10 days with no lasting effects, which it is something we are learning more about. There are still things we still don't know about COVID.
- Q: At the local or provincial level is it being considered something between stage 2 and 3 to have all children in school but to allow for some physical distancing?
- A: Comment from the Superintendent: We are asking teachers to do what they can to minimize contact among children and limit face to face contact. We recognize this is not true distancing but rather only minimizing face to face time.

Dr. Benusic: We understand that within learning groups there will not be physical distancing, as much as we would like that to be the case. From an evidence perspective, most of the transmission effect is within 1 meter. I know even that is going to be a challenge in a classroom of 20-30 students. This is guidance coming down from both ministries and they are constantly revising the rules and the language being used. We will continue to share comments with ministry as well as learning from other jurisdictions.

Q: Has the province thought anymore about instead of doing nasal testing to the saliva direct testing?

A: Yes, it has been discussed and conversations are occurring and planning for implementation of some sort of spit test by the end of September. It is, however, not as simple as splitting. They have to gargle first so they get epithelial cells at back of the throat. This may be more effective testing than the nasal pharyngeal swab.

Q: There are staff members who travel between schools and I wonder is if there is an outbreak in a cohort that I work with, do I then self isolate as well?

A: If that was to happen, and there were multiple cases in multiple schools, that might be a situation where a lot of people might have to isolate. The need to isolate would be determined by what interaction you had with those affected, i.e. close contact or more a brief time and not interacting with the person who tested positive. In that case you may only have to self monitor. That is where we get the nuances and that is where community nurses would come in. When it comes to people coming into classroom for small amounts of time there could be a situation where you would have to isolate based on exposure in a classroom.

Q: A question for senior staff related to health concerns, please comment on the importance of learning in a well-ventilated space, preferably outdoors, and what HVAC upgrades have been done to support improved ventilation.

A: Having as many doors and windows open will be a priority in terms of keeping fresh air moving, except in circumstances where that would impact the functioning of the air exchange HVAC systems. Outdoor learning is an ongoing priority in our schools and we know that moving to the outdoors as much as possible will increase in prevalence during COVID. As for HVAC and air exchange, all of our schools and facilities have had air exchange increased from 8 times per hour (20% rating) to 12 times per hour (30% rating as required by the revised health and safety rules). We are also exploring a possible move to what is referred to as Merv 13 filters which block more particles than our current Merv 8 filters.