

Governor Polis,

Thank you for the dialogue with the Denver area superintendents on Monday. We appreciate the direct contact with you and your office.

I want to follow up on my question in the call Monday and highlight what I believe is a serious shortcoming in the recent CDPHE guidance document, both from a virus transmission perspective (aerosols versus droplets and fomites/touching), as well as an educational perspective (public health guidance and your declarations that the best place for kids is back in school).

The CDPHE guidance is centered on exposure which is defined as "close contact." Five of the six conditions are clear, specific, and relatively unambiguous. The sixth, "was in the same class/cohort as a person with COVID-19" is not. The first bullet says "within 6 feet". That's specific. It says "for at least 15 minutes." Again, that's clear. Even though there is a continuum, the language provides concrete and coherent guidelines.

Regarding being in the same class/cohort, what if the individuals were in the same class for fewer than 15 minutes, what if the class met outside, what if the class met in the auditorium, what if the HVAC system was upgraded to meet to COVID related specifications, what if the windows were open, what if everyone was more than 6 feet apart, what if the classroom had a HEPA filter, etc.? The language "same class/cohort" does not take into account the wide range of "intensity" and "duration" of exposure that exists in every classroom situation.

The class/cohort standard is not rigorous by any definition. Simple is not rigorous. This one aspect of the CDPHE guidance will dramatically undermine the state's ability to resume in-person instruction. I know many colleagues share this concern.

In your work with the CDE and CDPHE, please keep the implications of this definition in mind. If the technical definition of exposure includes a broad element, out of "an abundance of caution," but also has the most significant impact on continuity of instruction, it deserves re-consideration.

A suggested improvement would be to say this aspect is to be determined in consultation with local public health. This has been said privately, but the public document conveys a different standard, and the public uses this as the standard for assessing our mitigation efforts.

For more understanding of aerosol transmission, my principle reference has been the body work by Dr. Jose Luis Jimenez at CU Boulder. He was one of the 239 scientists to signed the letter to the WHO (<https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa939/5867798>). Some school districts, like District 11 in Colorado Springs, have taken this work seriously in an effort to mitigate transmission. The letter to the WHO recommended these measures to mitigate airborne transmission risk:

- Provide sufficient and effective ventilation (supply clean outdoor air, minimize recirculating air) particularly in public buildings, workplace environments, schools, hospitals, and aged care homes.
- Supplement general ventilation with airborne infection controls such as local exhaust, high efficiency air filtration, and germicidal ultraviolet lights.
- Avoid overcrowding, particularly in public transport and public buildings.

Thank you for all your work during the pandemic and for giving consideration to this concern. Feel free to follow up if anything needs further clarification.

Sincerely yours,
Douglas Bissonette
Superintendent
Elizabeth School District

