



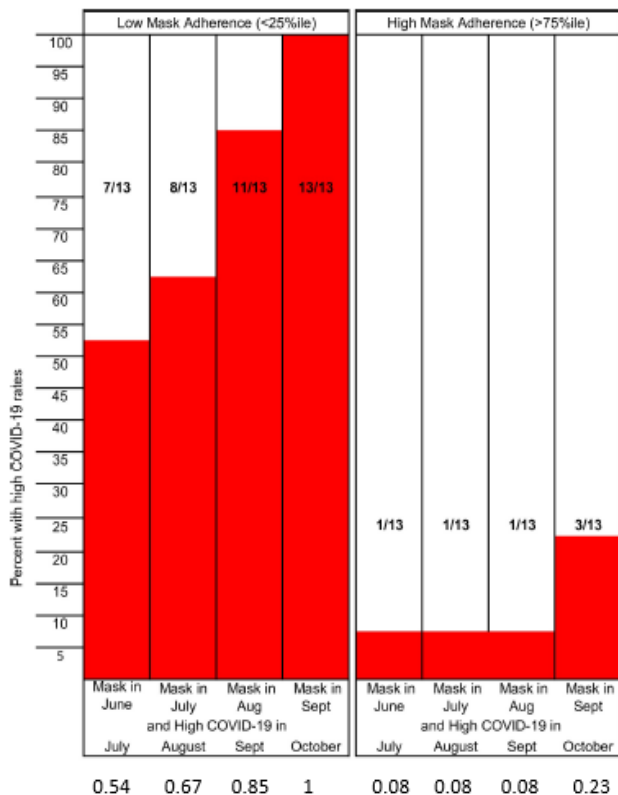
### Reference(s) of the Week

- Gettings JR. SARS-CoV-2 transmission in a Georgia school district — United States, December 2020–January 2021. Clinical Infectious Diseases. 04.17.2021. <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciab332/6232104> pdf  
**Premise/Methods:** **1.** As in-person learning options expand, detailed assessments of in-school SARS-CoV-2 transmission in multiple contexts are needed to inform mitigation measures and improve safety. **2.** In the Atlanta school district under study mitigation measures included: mandatory masking, social distancing where possible, three sided desk plexiglass protection, increased classroom ventilation, increased personal and facility cleaning, and symptom screening. **3.** Rigorous case and contact definitions were devised and public health personnel performed investigations to determine demographics, symptoms, and contacts. **4.** Investigators offered PCR testing, symptom assessment, demographic characterization, and limited whole genome sequencing at the CDC during the study period: December 2020 – January 2021.  
**Findings:** **1.** 86 index cases were analyzed: staff, 33 (38.4%); students, 53 (61.6%); 1,119 contacts were identified including 112 staff and 1,007 students with a median age of 14 years (IQR 5-19 years). **2.** 688 contacts were tested for SARS-CoV-2: negative tests, 620 (91.3%) including 70 staff contacts (89.7%), 550 student contacts (90.4%); positive tests, 68 staff contacts (10.3%), 60 student contacts (9.8%). **3.** Secondary attack rate (SAR) was 8.7%: highest or 23.8% in indoor sports settings (basketball, wrestling, cheerleading); 18.2% among staff interactions (lunch, meetings); and 9.5% within elementary school classrooms. **4.** SAR was higher for staff index cases (13.1%, 9.0–17.2) compared with student index cases (5.8%, 3.6–8.0), driven by the elementary school setting where staff index cases had an SAR of 15.0% (10.2–19.8) compared with student index cases (2.7%, 0.7–5.3). **5.** Based on epidemiologic evidence and WGS, 14 clusters were identified.  
*This study recognizes the important role staff have in acquiring and transmitting SARS-CoV-2 and confirms the role close contact indoor sports has in transmission.*

### Other References:

- Fischer CB. Mask adherence and rate of COVID-19 across the United States. PLOS One. 04.14.2021. [Mask adherence and rate of COVID-19 across the United States \(plos.org\)](https://doi.org/10.1371/journal.pone.0242441) pdf

**Premise/Methods:** **1.** Masking is a standard mitigation measure to prevent the spread of SARS-CoV-2, but the standard has been met with variable political and social acceptance in the United States. **2.** Although efficacy studies on masking have been performed, the impact of variable masking adherence in the United States has not been studied. **3.** For all 50 states and D.C., data on mask wearing and COVID-19 cases, were abstracted from publicly available sources by month for April – September, 2020. **4.** This study classified a state and D.C. as having a high case rate in a given month if a 2-week rate was >200 cases per 100,000 people, per CDC classifications of highest risk of transmission.  
**Results:** **1.** States with mask adherence by >75% of the population was associated with lower COVID-19 rates in the subsequent month. **2.** Importantly, the study shows that mask wearing adherence, regardless of mask wearing policy, may curb the spread of COVID-19 infections.



**FIGURE.** Proportion of states with high COVID-19 rates among those in the low and high mask adherence quartiles in the preceding months.



- Perl SH. SARS-CoV-2–Specific Antibodies in Breast Milk after COVID-19 Vaccination of Breastfeeding Women. JAMA network. 04.12.2021.  
[https://jamanetwork.com/journals/jama/fullarticle/2778766#:~:text=Mean%20levels%20of%20anti%E2%80%93SARS,week%20after%20the%20second%20vaccine\).pdf](https://jamanetwork.com/journals/jama/fullarticle/2778766#:~:text=Mean%20levels%20of%20anti%E2%80%93SARS,week%20after%20the%20second%20vaccine).pdf)  
**Premise/Methods:** **1.** HCW are a priority in receiving a vaccine for SARS-CoV-2: some of these individuals were pregnant at the time of vaccination. **2.** This is a prospective cohort study of a convenience sample of breastfeeding women (either exclusive or partial) belonging to vaccine-target groups who chose to be vaccinated in Israel. **3.** Breast milk samples were collected before administration of the vaccine and then once weekly for 6 weeks starting at week 2 after the first dose. **4.** Samples were assessed for IgG and IgA levels against SARS-CoV-2 and a demographic and clinical questionnaire provided to enrollees.  
**Findings:** **1.** 84 women provided 504 breast milk samples. **2.** IgA breast milk antibodies were significantly elevated at 2 weeks with 86.1% of samples positive at week 4. **3.** IgG breast milk antibodies were low early but by week 4, 91.7% of samples were positive. **4.** Although paired breast milk/serum samples were not obtained and neutralizing capability not assessed, this study suggests robust secretion of maternal antibodies into breast milk following vaccination.
- **FDA News Release:** Coronavirus (COVID-19) Update: FDA Revokes Emergency Use Authorization for Monoclonal Antibody Bamlanivimab. 04.16.2021. <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-revokes-emergency-use-authorization-mono-clonal-antibody-bamlanivimab>
  - 1.** Bamlanivimab, *when administered alone*, is no longer supported by the FDA EUA as therapy for COVID-19.
  - 2.** Data from the CDC national genomic surveillance program show an increased frequency of SARS-CoV-2 variants that are expected to be resistant to bamlanivimab administered alone.
  - 3.** Alternative monoclonal antibody therapies remain available under EUA, including REGEN-COV and bamlanivimab/etesevimab administered together.
  - 4.** EUA for monoclonal antibody combinations are for the treatment of mild to moderate COVID-19 in adults and pediatric patients ( $\geq 12$  years of age and at least 40 kg) with positive SARS-CoV-2 testing and are at high risk for progressing to severe disease.
- Solmi, F. COVID-19 and eating disorders in young people. The Lancet. 05.2021;5. (comment)  
[https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(21\)00094-8/fulltext.pdf](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00094-8/fulltext.pdf)  
**Message:** **1.** Urgent and routine referrals to the UK National Health System have increased 100% over the past year. **2.** The true scale of the issue and its drivers are unclear but contributing factors include: social isolation, diminished physical activity, food insecurity, and loss of person-to-person social and clinical contact. **3.** Public health messages have emphasized the dangers posed by excess weight in exacerbating the risk of worse outcomes of COVID-19 and may aggravate and/or stigmatize eating behaviors. **4.** Loss of school days limits recognition of mental health disorders and return to school can create anxiety that could exacerbate the risk of eating disorders. **5.** A well-funded multidisciplinary approach to eating disorders is necessary as their increase is not likely to subside after the pandemic resolves.

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