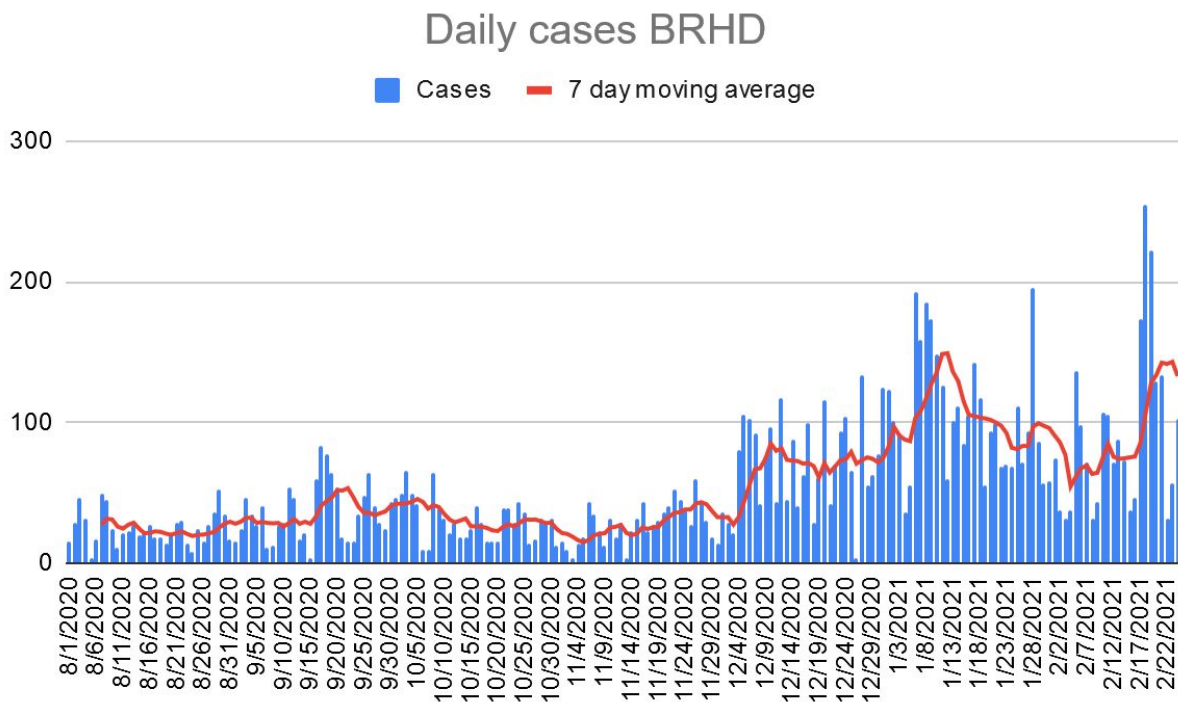


Dear Albemarle School Board members,

Thank you for the opportunity to address you about the coronavirus disease burden in our community. I want to disclose that I am a community pediatrician, I work at Pediatric Associates of Charlottesville, and have participated since July in the weekly Tuesday meetings of the “BRHD school reopening task force.” Additionally, I am the parent of two Monticello High School students, both of whom I will return to in-person classes on March 15.

Beginning in July 2020, I began an open project to record and organize various sources of coronavirus disease burden in our health district. Daily, I update a Google spreadsheet with all the case numbers from VDH, the UVa Covid tracker, and data sent to local physicians from the University and Martha Jefferson Hospitals. All of this data is publicly available.

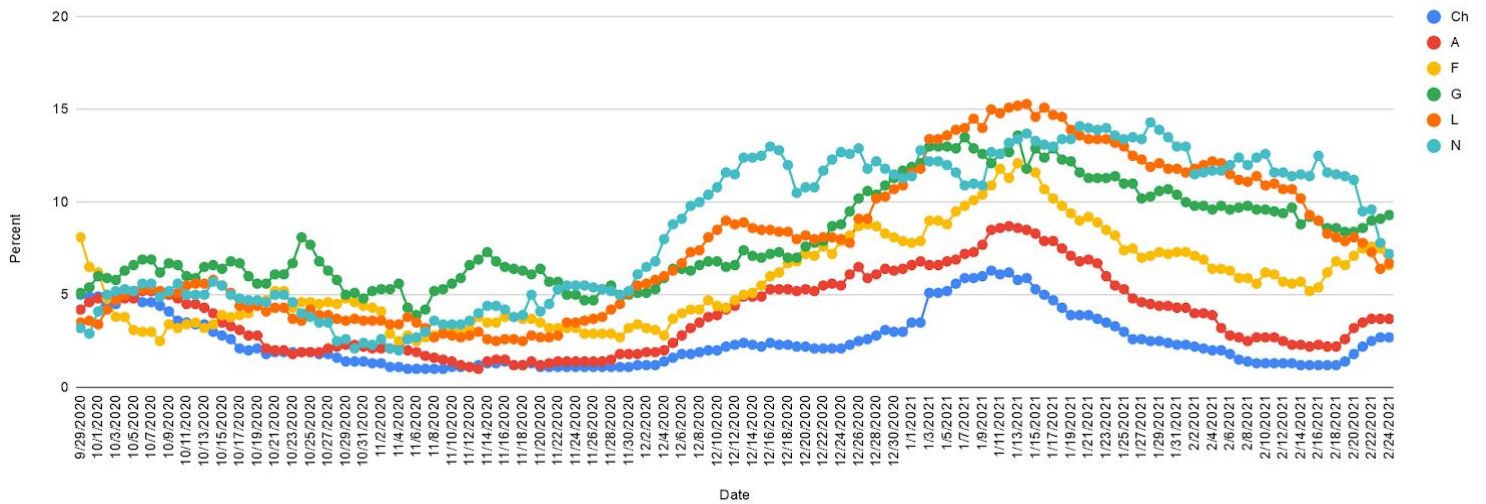
The case numbers have risen and fallen numerous times over the course of the last 7 months. You can see that in this graph of the total case numbers in the BRHD:



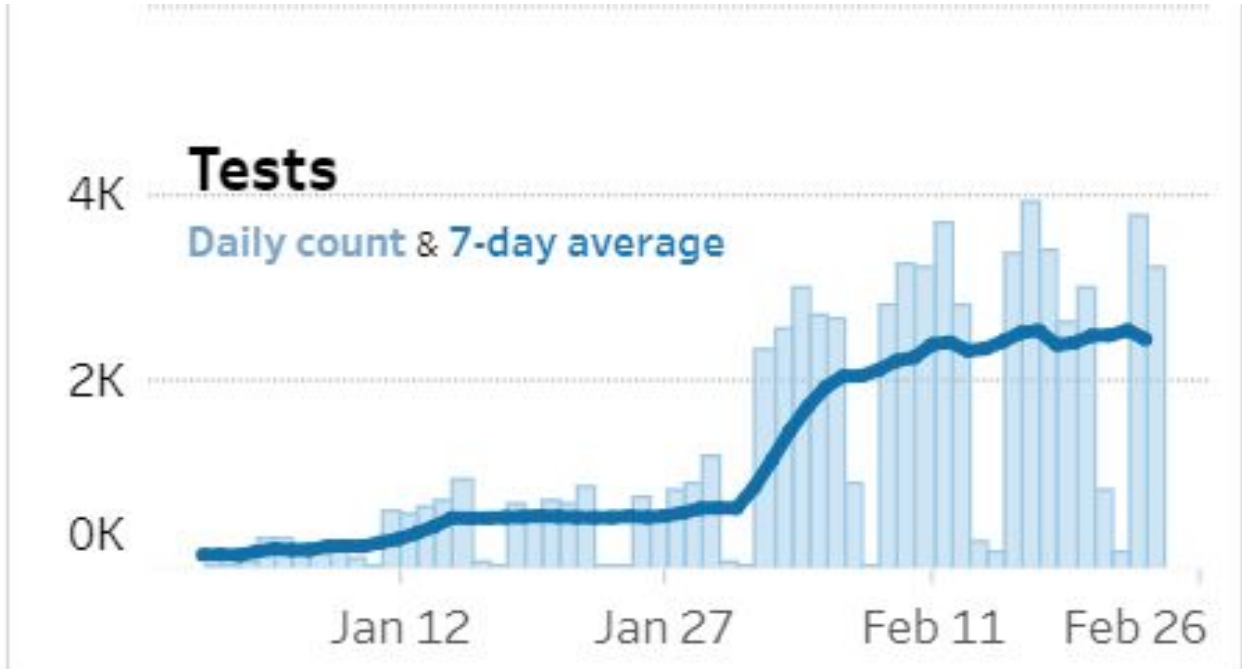
Undoubtedly, with the return of the UVa students, the district has seen a large increase in cases over the last 10 to 14 days. Similarly, the Charlottesville/Albemarle area has seen an increase in the 14 day positivity rate (see below) during this same period (Charlottesville in blue and Albemarle in red):

Positivity rate by Locality

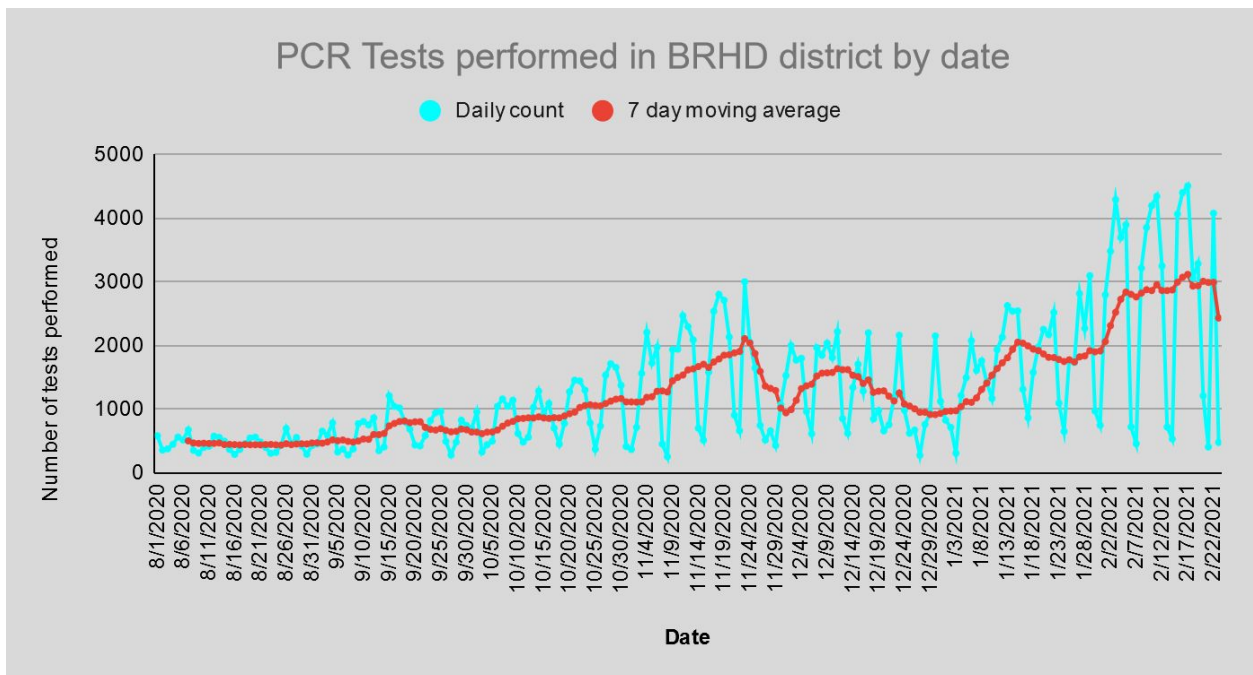
14 day Positivity rate (%)



Nonetheless, I want the board to understand that the local increase is not a reflection of what is occurring in the greater community. We know from a memorandum of understanding between the BRHD and UVa, that UVa reports all the testing they perform on students, faculty and staff to the BRHD. What is not publicly known is the number of tests or cases on UVa students living on Grounds (Albemarle) versus those living off-Grounds (most often in Charlottesville). Beginning about 2 weeks ago, UVa started reporting total tests performed daily on their Covid Tracker website; here is a screenshot of the UVa Covid Tracker website:



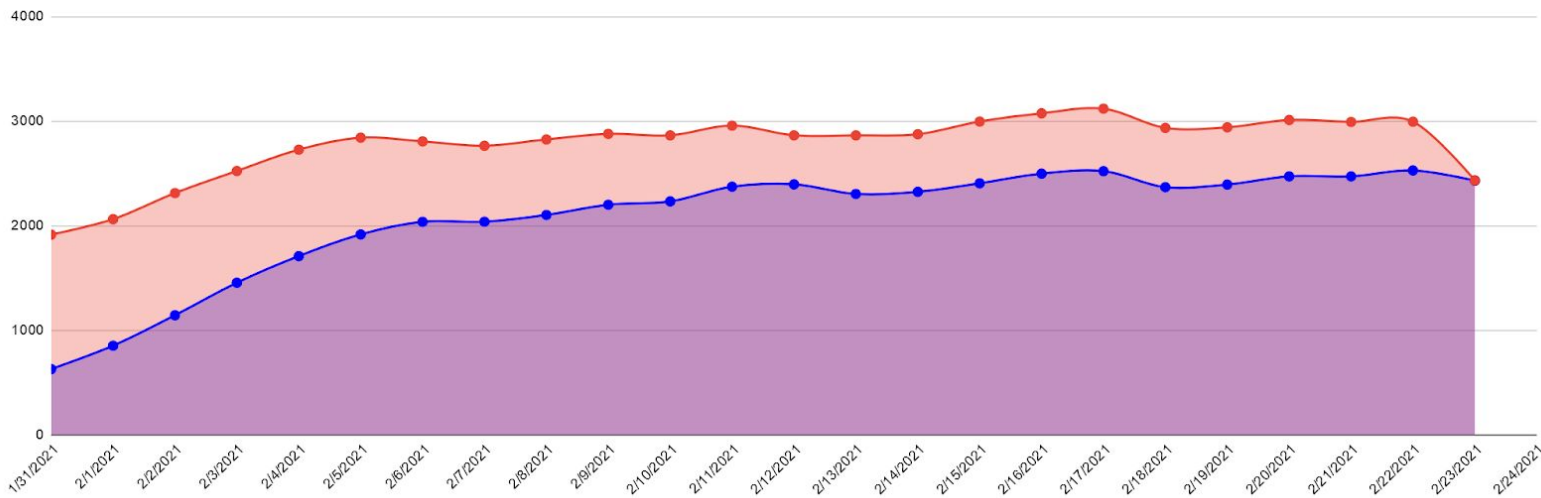
Similarly, BRHD reports the number of tests done within the district daily, but not by locality.



One can combine the seven day moving averages of these last two graphs to compare the testing of UVa students against the testing of the entire health district:

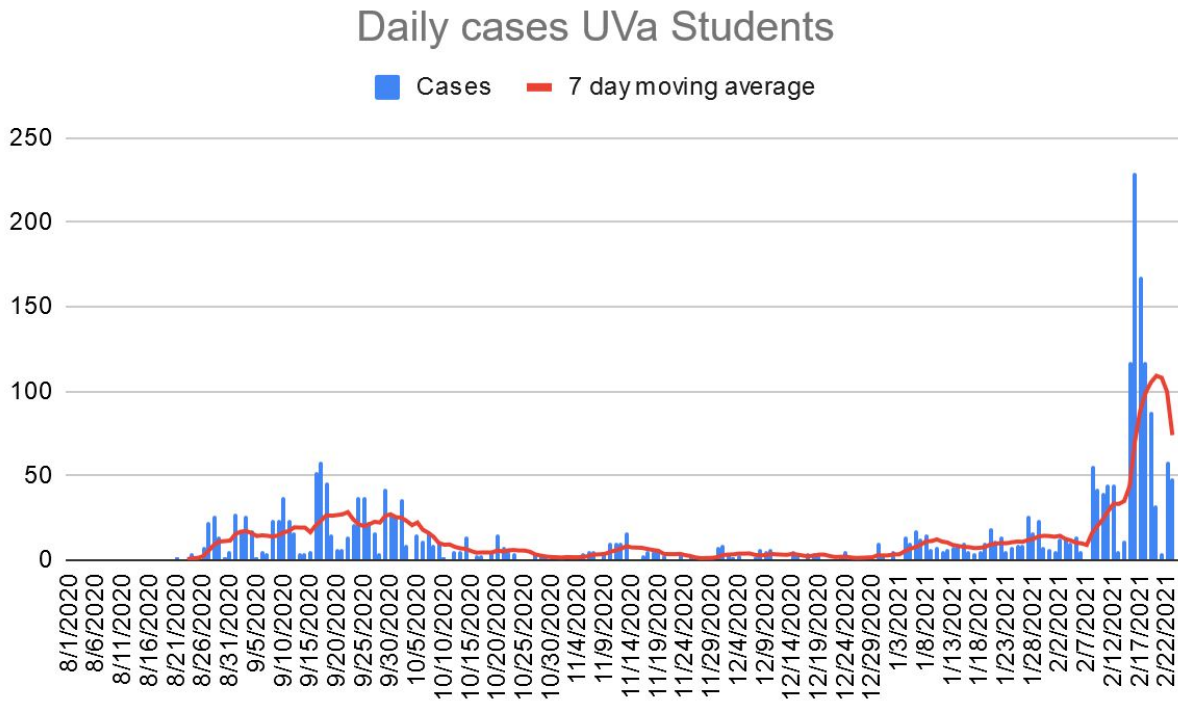
Proportion of tests in UVA Students v BRHD

● UVA PCR total tests 7 day moving average ● BRHD PCR total tests 7 day moving average



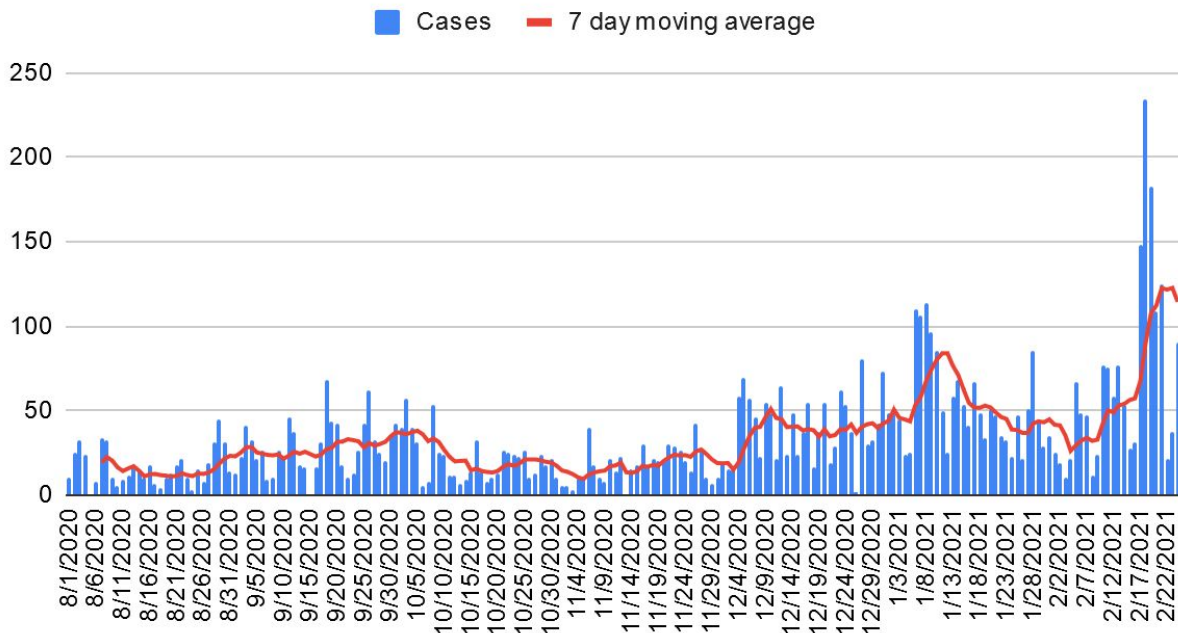
Looking at this last graph, you can see that as a proportion of the total tests performed in the BRHD, UVA students make up the large majority, approximately 83% on average each day over the last week.

One can do the same for cases. The UVa cases look like this:



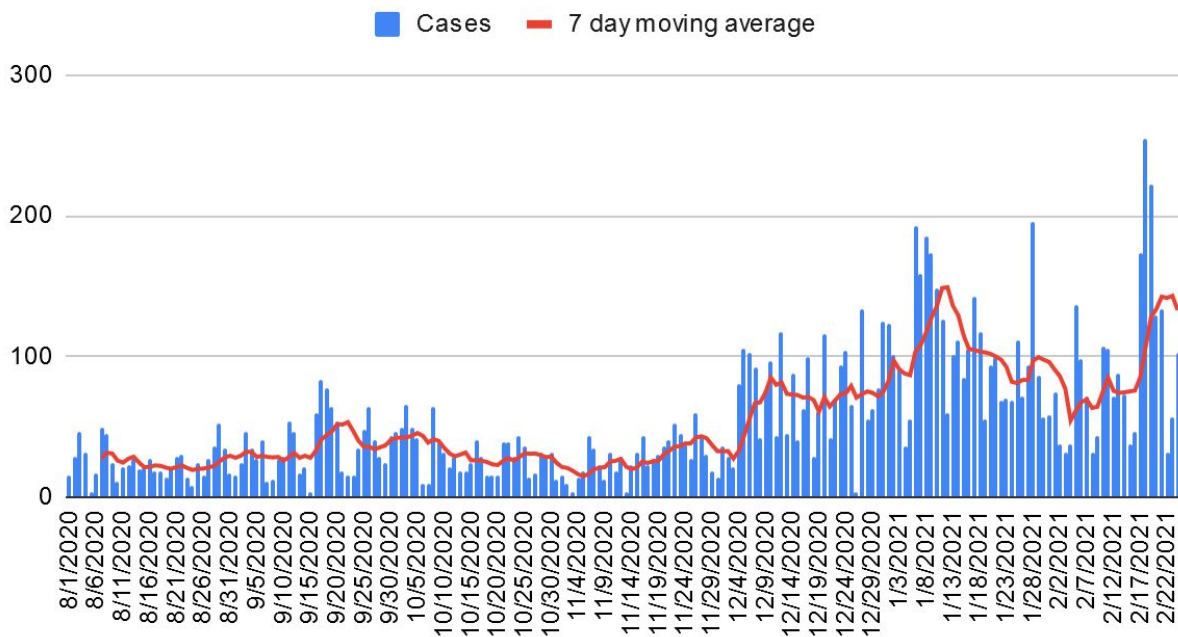
Total cases in Charlottesville and Albemarle look like this:

Daily cases Charlottesville + Albemarle



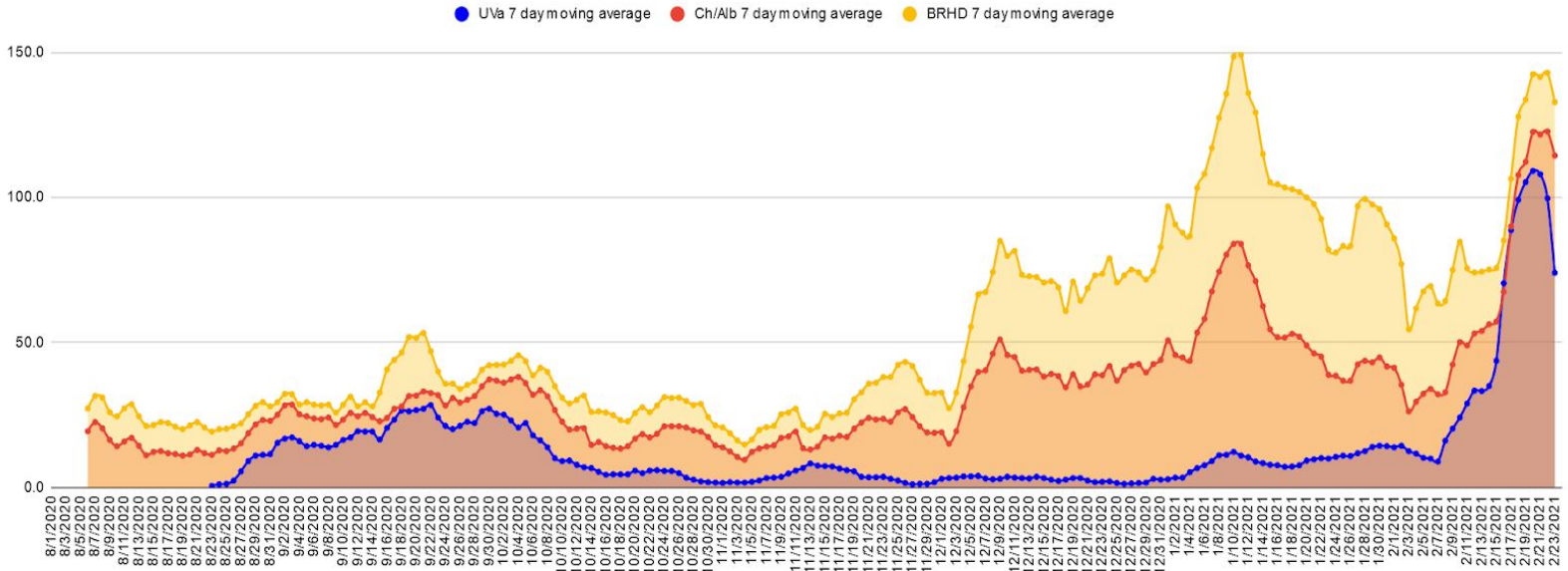
And total cases in the BRHD look like this:

Daily cases BRHD



If you combine the 7 day moving averages of those three graphs you can see how much the UVa students account for the recent uptick in cases.

Proportion of cases in UVa Students v Ch/Alb and BRHD



As of the week ending 2/22/2021, the UVa students on average make up 81% (99 of 122) of the daily cases in the Charlottesville/Albemarle area and 69% (99 of 143) of the daily cases in the BRHD. Additionally, the 14 day cumulative case count per 100,000 population over the last 2 weeks in the Charlottesville/Albemarle area is over 700 (red zone by the CDC Indicators). However, if you subtract the UVa students from this equation, the 14 day cumulative case count is approximately 165 (orange zone).

In summary, though we see a recent uptick in cases, this is mostly a reflection of disease burden among the UVa students. This is a special circumstance in that the students can largely quarantine and isolate in housing provided by UVa. Additionally, the UVa student demographic is younger, thus the uptick in cases is not likely to affect hospitalizations significantly. Admittedly, increased numbers could lead to more community spread, but that did not occur in September when we saw a similar but smaller increase at UVa that diminished after UVa imposed stricter policies on gatherings, much like they have done with this more recent surge.

More data at:

<https://docs.google.com/spreadsheets/d/1oW4bmwTHI6EWCOgWMIMVQ200R6GS6nLn6wCiTI24o7w/edit?usp=sharing>