



I heard the tests don't detect the Delta variant, so how do you know it is circulating?

Tests for COVID-19 ordered by doctors at Emergency Department, Clinics, or Hospitals will detect all the different variants of the COVID-19 virus, including the Delta variant; however, those tests will not tell physicians which variant of COVID-19 was detected.

Positive tests are sent to the Department of Health to be further studied to determine if the COVID-19 virus detected is a delta variant COVID-19 or another variant. The Department of Health can then determine how much of each COVID-19 variant is spreading through a community.

Positive samples are randomly sent to the CDC for gene sequencing to tell which of the variants it is. Essentially all of these now in ND and the rest of the U.S. are the Delta variant.



I heard that the tests used could not differentiate between COVID and the flu? Is this true?

Although Influenza and COVID-19 can cause similar symptoms like fever and cough, Influenza viruses and COVID-19 viruses are very different from each other. Because they are so different, tests available at Emergency Departments, Clinics, or Hospitals can easily tell the difference between them.



I have heard that the vaccine affects fertility. Is this true?

There is no evidence at all that COVID-19 vaccines affect fertility.

On the other hand, expectant mothers who become ill with COVID-19 can potentially have complications of their pregnancies, including miscarriage and pre-term labor, and they are much more likely to be hospitalized, placed on a ventilator, and even die from COVID-19 than their non-pregnant counterparts. We have had several pregnant mothers recently hospitalized due to COVID-19.

Pregnant women should be vaccinated against COVID-19 to prevent those complications.



How does wearing a facial mask affect children’s mental health?

The pandemic and the resulting interruptions in regular in person schooling has caused a lot of negative mental health consequences. We are seeing higher rates of depression and anxiety than in typical years. Kids worry about their own and their family’s health and safety. Economic burdens have also impacted children. Masks are a proven way to help reduce the spread of COVID- 19. They can be uncomfortable and annoying. They can cause skin outbreaks. For the vast majority of children, they cause very few difficulties and most children adapt to wearing them quickly and without any ill effects. There is no evidence that wearing masks interferes with normal development in young children. Babies respond to smiles that are hidden behind masks. Children are able to communicate, play and interact in age appropriate ways wearing masks. Masks are not the reason we are seeing increased mental health concerns in young people.

The primary function of masking in schools is to keep our schools open and our children learning, gaining social skills and thriving.



I have had COVID before so I don’t need the vaccine. Is that accurate?

People who have had COVID-19 before should be vaccinated. We know that people can be infected more than once with COVID-19. People who survived a first COVID-19 infection can get very sick or even die if they get a second COVID-19 infection. It is true that people with prior COVID-19 likely have some degree of protection from re-infection and severe infection. However, reinfections occur both in people with prior infection, and after vaccination. But, vaccinated people make about 10 fold more antibodies than people with prior infection, and in the test tube, those antibodies are better at neutralizing the variants.

And we see this clinically. Studies now suggest that people who are vaccinated are almost half as likely to get re-infected as those with prior infection. By getting vaccinated after recovering from COVID-19, people can reduce their risk of getting sick again.



For the schools that are implementing universal masking, some are talking of the concept of “mask breaks”? Are there concerns with that?

Short answer: **yes**

- Masks work to prevent the spread of COVID-19, even in crowded indoor places like school. Masking and other mitigation strategies work best with consistent adherence and teamwork.
- Children younger than 12 are unable to be vaccinated against COVID making these recommendations even more important.
- The Delta variant is highly contagious and due to this students, staff, and teachers, regardless of vaccination status, are required to mask indoors, in crowded outdoor settings, and during activities that involve sustained close contact
- Taking a break from masking allows an opportunity to spread, especially among unvaccinated students.
- Children should only take their mask off briefly to eat or drink or wash their face, especially indoors.
- If a child is outdoors in a non-crowded and socially distanced setting masks may be removed, but this should come at the direction of school staff.
- There are no areas within classrooms, even 6 feet apart, where it is appropriate for students to take a “mask break”
- Children with disabilities or special healthcare needs may require mitigation strategy adjustments

Physician Advisory Group members

Dr. Paul Carson, Dr. Clifford Mauriello, Dr. Avish Nagpal,
Dr. Aaron Phillipps, Dr. Grant Syverson, Dr. Stefanie Hanisch

August 31, 2021