

# American Academy of Pediatrics updated guidelines encourage kids experiencing “mild” diarrhea and vomiting to attend school

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The 2024-2025 academic year for K-12 schools has begun amid the ongoing ninth wave of the COVID-19 pandemic that is infecting some 1.3 million Americans daily. While all mitigation measures to protect against contracting COVID-19 in schools and workplaces have been dropped by the ruling class, even more public health crises loom on the horizon. In the last week, the World Health Organization deemed monkeypox, or mpox, a global health emergency, and the H5N1 bird flu is also spreading at an alarming rate among dairy workers.

COVID-19 is being transmitted at record high levels and has killed more than 1,900 American children since the start of the pandemic, according to the Centers for Disease Control and Prevention (CDC). Despite this, the American Academy of Pediatrics (AAP), a leading professional organization of pediatricians in the United States, has updated its guidelines to emphasize that sick children should attend school, further enshrining the “let it rip” policy first adopted by Trump and then continued by the Biden administration and the Democratic Party with the assistance of the CDC.

The AAP, whose recommendations and guidelines are highly influential and frequently used by healthcare providers, policymakers and parents to inform their decisions about child health care, is now encouraging parents to send their children to school despite showing obvious signs of illness, representing the continued deterioration of public health measures that were initially set up at the start of the pandemic.

Most school districts already urge students to attend school with “mild symptoms” such as colds or a runny nose. The Los Angeles Unified School District, for example, had previously suggested students remain at home if they are experiencing vomiting, diarrhea, severe pain or have a fever of 100 degrees Fahrenheit or higher.

The AAP’s recent guidance updates, however, raise the bar for what they deem to be “truly sick” and go far beyond previous guidelines, such as those issued by LA Unified, to encourage symptomatic children to attend school. The new guidelines stress, “Don’t have your child stay home unless they are truly sick. Reasons to keep your child home from school include a fever greater than 101 degrees F, vomiting, diarrhea, a hacking cough, toothache or other infectious illnesses. Keep in mind, complaints of frequent stomach aches or headaches can be a sign of anxiety and may not be a reason to stay home.”

The AAP makes no suggestion that children with such symptoms be tested for COVID-19, Respiratory Syncytial Virus (RSV), or any other airborne virus.

Furthermore, the AAP guidelines claim that “mild” diarrhea can be

mitigated at school by “older children.” According to the website [Healthychildren.org](https://www.healthychildren.org), “mild diarrhea” is defined as 3-5 watery stools per day. Since up to five bouts of diarrhea are allowed, the burden to keep track of how ill a child is shifts from parents and caretakers to the child and school nurse, where present.

The new guidelines will place immense strain on school nurses as they already face severe understaffing. More than a third of all US K-12 schools don’t employ even a single school nurse on site. This critical job is drastically underfunded and overburdened, and without professional medical guidance, schools continue to function as daily superspreading events.

The director of student support services in Oakland, CA recently stated, “Unless your student has a fever or threw up in the last 24 hours, you are coming to school. That’s what we want.”

The elimination of all scientifically backed mitigation measures is a class policy by the ruling elite to crack down on labor shortages in the workforce by requiring sick students to attend school, so their parents go to work. Schools are a major battleground in which the interests of the working class for safe schools and the highest levels of protection for students and families are directly posed against the capitalist ruling class.

The AAP’s recent guidance has no scientific merit but is a capitulation to the ruling class policy of mass infection and reinfection that prioritizes profits over public health.

The Biden administration, with the assistance of the corporatist education unions, pushed open in-person schooling by the 2021-2022 school year at which point less than half of all states were following CDC recommendations for mask-wearing in class. By February 2022, the CDC lifted its masking guidelines, scrapping the last of the mitigations in schools that were never outfitted with high-quality air filtration systems which can play a central role in preventing infections.

In fact, within the first few days of the current school year opening, some schools are already being forced to close down across the country as teachers and students are infected at rapid speed.

The AAP claims its updates are focused on reducing truancy and abstention from school, but encouraging children to go to school despite signs of illness will do nothing but lead to more children and family members sent to emergency rooms, higher rates of infection and even deaths. The new guidelines exacerbate the normalization of mass infection and death as it pertains to COVID-19 and all future epidemics.

The Pandemic Mitigation Collaborative (PMC), run by Dr. Michael

Hoerger at Tulane University, warned on August 12, “We are likely near the peak of the wave, unless the unprecedented context of back-to-school with no emphasis on mitigation pushes transmission higher in ways the model cannot predict statistically.”

Significantly, the PMC model estimates that Americans have now had COVID-19 on average 3.3 times. According to one study, people who self-report having had three infections have a 40 percent chance of developing Long COVID, which can affect nearly every organ system in the human body and acts as a mass disabling event, with more than 200 symptoms documented by the National Academy of Sciences. The PMC model estimates 468,000 to 1,870,000 new cases of Long COVID per week at current transmission levels, an astounding level of new disability being created on a weekly basis.

Meanwhile the education unions, including the American Federation of Teachers (AFT) and National Education Association (NEA), who helped reopen schools amid mass infections, have said nothing about the situation students and educators are facing at the beginning of the new school year amid a record summer surge. As their websites testify, the AFT and NEA are instead hyperfocused on corraling educators to vote for Harris/Walz in November, the very politicians who will oversee unprecedented cuts to education to fund imperialist war and genocide.

In addition to the wave of COVID-19, other diseases that have significant consequences for children and immunocompromised people are also on the rise including measles, RSV, chickenpox, and pertussis.

In June, Airfinity, a UK-based data and analytics company that specializes in monitoring and forecasting trends in global disease and public health, reported that “the world is seeing a resurgence of at least 13 infectious diseases, with cases higher than before the pandemic in many regions. Over 40 countries or territories have reported at least one infectious disease resurgence that’s 10-fold or more over their pre-pandemic baseline.”

The recent public health emergency declaration by the World Health Organization (WHO) on a more lethal variant of mpox (clade 1b, also designated 1 MPXV), as well as the rapidly evolving H5N1 bird flu virus, must also be taken into account when considering the destruction of disease control and the AAP’s recommendations at inviting sick children into schools without proper testing or mitigations.

The WHO has yet to find the paltry \$15 million in funding to address the most acute needs of bringing trained personnel and supplies to a conflict region, the eastern portion of the Democratic Republic of Congo (DRC), to suppress the mpox outbreak.

Since the beginning of 2022, health authorities have identified 37,583 confirmed and suspected cases of mpox clade 1b with 1,451 deaths, a case fatality rate (CFR) of 3.9 percent across 15 African Union member states. This figure is well above the 1-3 percent CFR worldwide from COVID-19. Mpox could thus be three or four times as lethal as COVID-19.

Unlike COVID-19, where the fatality index is higher among the oldest patients, the reverse is true with the current virulent strain of mpox. WHO data show that children are nearly four times more likely to die from the virus than adults. While the case fatality rate is 2.4 percent for adults, it jumps to 8.6 percent among those 15 and younger. Of the mpox deaths reported in 2024, 62 percent were among children under five.

The recent AAP guidance also makes no mention of masks and their role in mitigating infection despite previous encouragement by the

CDC for students to wear masks when returning from a COVID-19 infection. This is not an oversight.

Mask-wearing has come under increasing right-wing attacks by both of the major two parties, who have sought to criminalize masks by attempting to politically associate them with robberies and anti-genocide protests.

In early August, legislators in Nassau County, the heavily populated suburban area of Long Island adjacent to New York City, passed the “Mask Transparency Act,” a fascistic piece of legislation that effectively criminalizes the wearing of masks in all public places. Similar legislation passed in North Carolina earlier this year.

Just this week, the University of California, the largest state university system in the country, has followed suit by banning the wearing of face masks, as it reacts to the student protests it faced in the spring semester and hopes to crush the student protest movement through attacks on democratic rights.

Precautions must be taken to mitigate the spread of all the ongoing pathogens and viruses threatening the world population. As scientists have demonstrated and nearly five years of pandemic deaths have underscored, the key to fighting COVID is disinfection of the air by means of multilayered mitigation. This would insure indoor air quality that meets the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) standards to control of infectious aerosols, surveillance testing, free on-demand testing, and universal masking when required for public health.

Instead of taking up these measures, the capitalist ruling class has deprived schools of the funds necessary to make schools safe, while simultaneously prioritizing spending for war as the genocide in Gaza and the US-NATO war on Russia continue to hurl humanity toward nuclear war.

Ending the COVID-19 pandemic and fighting all subsequent epidemics can only be accomplished through a globally coordinated elimination strategy. Such a strategy cannot and will not arise under the world capitalist system, which subordinates all public health spending to the profit interests of a tiny minority. It requires the fight for an international socialist program that calls upon the entire world population to act in solidarity and with a collective determination to enforce a public health program aimed at saving lives. Only then will it be possible to prioritize public health and eradicate virus-borne illnesses such as COVID-19.



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