Aaron Carroll, MD, MS, has tips on how to have a safer spring break

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Featured topic and speakers

In today's COVID-19 Update, Aaron Carroll, MD, MS, a professor of pediatrics at the Indiana University School of Medicine, discusses how college students and families can enjoy a safer spring break, especially outdoors and at the beach. Dr. Carroll also talks about school openings and other lingering COVID-19 questions.

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Speakers

- Aaron Carroll, MD, MS, professor, pediatrics, Indiana University School of Medicine

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 Update. Today, we'll be discussing spring break. No, not where to go, but spring break and other COVID questions with Dr. Aaron Carroll, a professor of pediatrics at the Indiana University School of Medicine in Indianapolis, Indiana. I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Carroll, thanks for joining us today. You've been vocal throughout the pandemic on a number of issues, including the holidays and how to minimize risk. Now we're approaching spring break, we're seeing all sorts of pictures of spring breakers mask-less out on the beaches of Florida. I know the CDC advises against traveling, but many are still going. How should we be thinking about spring break at this moment in time?

Dr. Carroll: Well, I think we need to talk about how to make it safer as opposed to thinking it's a binary switch of it's either safe to do it or not, because I think too many are just saying, "Oh yeah, it's
totally unsafe. Don't do it." In fact, most of the pictures are of people mask-less on beaches, but outdoor activities that are spaced are pretty safe. And so if you want to hang out in a beach far away from others with no mask, that's probably not the worst thing you could do.

If you wanted to go with a couple of vaccinated family members and to a house you rented somewhere else and you're pretty much planning to hunker down there, shelter in place and not do much else, that's safe. It might just be warmer. On the other hand, if you're planning to board a plane with 20 of your unvaccinated friends and go to South Beach and hang out in thousand person parties that are super crowded, that's not very safe. So I think in each of these instances, we just need to talk about how to make all of these things as safe as possible than to treat them as if they're a switch where they're either perfectly safe or terrible and you can't do it at all.

**Unger:** That makes sense. Well, we both have kids in college and spring break is obviously a popular time to get away from campus, although I think many campuses like my daughter's, no spring break this year. Recently, we've seen a lot of outbreaks at universities like Duke. How do we avoid following in Italy's footsteps and other European countries where they're having a lockdown again because of an impending surge?

**Dr. Carroll:** Well, I think, first of all, schools have got to get good at talking to their students about how to do things as safely as possible. Again, I think spending a lot more energy talking about how you could go to a beach and be safe might be more productive than just saying, "Don't do it at all," and then they don't hear that or they don't listen. It reminds me in many ways of the ways that we need to talk to adolescents about how to have safe sex. If you only talk about sex or no sex and preach abstinence only, they don't necessarily do it right. But if you can work on risk mitigation, then you can achieve a safer way of life.

I think the schools can do other things as well. They could do more testing, either before or after students get back, trying to pick up as much disease as students might be coming back from spring break as possible. They could also make sure that students understand that when they get back, they got to spend time keeping others safe from them. Make sure that they mask up, that they stay distanced, that they watch for symptoms. If they do all of the things right then whether or not there are infected, they hopefully won't be giving it to others. And that can be just as important as whether or not they travel at all.

**Unger:** Well, one thing you have said is that COVID shaming is not an effective tactic. Why don't you talk about what COVID shaming is and why it's not a good idea?

**Dr. Carroll:** Well, I think again, if we spend a lot of time demonizing those who get COVID or are speaking about getting COVID as if it's something you did wrong, then again it drives behavior underground, much the way I was talking about sex before. This is a very easy to catch disease. People are going to get it even when they do many of the things correctly. They may get it from a roommate, they may get it from a family member. There are lots of ways to get COVID. So I think we
need to make sure that people understand that you don't need to hide it, you don't need to avoid it, or
talking about it, and we don't want to make people feel bad for getting sick. We want to talk to them
about how to be as safe as possible, recognizing that some people are still going to get COVID.
There's a lot of community spread out there, but I think that we'll achieve much more positive
behavior change through open dialogue about risk minimization, as opposed to talking about it as if
it's some sort of moral failing.

**Unger:** Well, let's talk about some younger students, that is kids in elementary and young people in
high school. President Biden said it's one of his top priorities to get kids back to in-person learning.
And I know that's an issue that you feel strongly about. Why has it taken our country so long to get
kids back in school?

**Dr. Carroll:** Well, I think one of the biggest reasons is that it's very easy to shut down schools and it's
very difficult to reopen them back up. But back in last March, when we were closing down everything,
it seemed totally reasonable and rational that as we closed down everything else, we also had to
close down schools. Well, we got our prioritization wrong in the order that we opened things up.
School's really important, both for kids' education, for their socialization, for their development, for
their mental health, but also for the economy, so parents can work. So that they can do what they
need to do, even if it's at home. It's so much easier to have children in school than not. But of course,
there's not as much economic return from school and so businesses are a lot louder. The
constituencies are a lot louder as well.

And so they managed to try to get bars and restaurants open long before we did schools. It's hard to
open schools and make everyone feel safe about it. We don't have the infrastructure in place to do
the asymptomatic testing that we would like. It's very hard to monitor. There was a lot of fear that the
kids would spread it, but more and more data has come forward that shows that schools are pretty
safe. In Indiana, our schools have mostly been open since August, many on a hybrid model, but
open. And we've had very few outbreaks, if any, that have been traced to the schools. Almost all the
outbreaks happen outside of schools. You could argue in some ways that the time they spend in
school at least is monitored, they're masked, we know they're distanced. That, in some ways, may be
the safest time that some kids spend. They can go home and do whatever they like. But for all of
these reasons, we just haven't said we need to open up schools before these other things. They're
often the last thing we open and that's totally backwards.

**Unger:** Any other kinds of things that if you could transport yourself back to last March, that you'd be
thinking differently about?

**Dr. Carroll:** I mean, there's a lot of things I think we learned since March. One was that we needed to
focus on, on sort of low level masking, cloth masks for everyone, as opposed to N95 masks only for
those at higher risk. But I think a lot of this falls into the idea that we often make the perfect the enemy
of the good, not to use the cliche. But we wanted perfect masks and we needed to hoard those for
those who need it the most. So we tried to tell everyone else not to get a mask. And we did it with testing. We said, "There aren't enough nasopharyngeal swab in PCR tests available, and we need to hoard the region. So we're not going to do asymptomatic testing, or we're not going to rely on even antigen testing as much, because it's not as good."

When, again from public health purposes, every case we identify, even if the tests aren't as sensitive, is phenomenal. We keep doing this even now with vaccines where people quibble about which vaccine is perfect, or which is best, or is it worth it instead of the message that the vaccines are amazing. They're safe and effective. And they're going to be the thing that gets us out of this. I think too often, again, we don't recognize that more is better than perfect when it comes to a pandemic and that we need to be okay with less perfect in order to achieve the goals we want to.

**Unger:** Well, last question for you, you've spent a lot of time in recent weeks debunking vaccine myths and clearing up misinformation around getting to herd immunity. What's the most message physicians need to make sure their patients hear right now?

**Dr. Carroll:** I think they need to hammer home the positive message that these vaccines are safe and amazingly effective and they are the way we get back to normal. I keep hearing a lot of people ask me like, "When can we do X? When can we do Y?" as if it's a date on a calendar. And I'm like, "We can do those things when we've suppressed this and the quickest way to get to that is get vaccinated." And so the answer almost every one of those questions is: when enough people are vaccinated. So we just need to push for that.

**Dr. Carroll:** I think we spend too much time focusing on that bad outcome, or that harm, or the side effects. And while they do exist, it's the wrong side of the story. These are amazingly safe. They are amazingly effective. They're almost universally powerful in preventing bad outcomes, which is what we really care about. And there's more and more data growing that they're even preventing asymptomatic transmission. So we just need to keep pushing, and promoting them and getting as many people as possible to get the vaccines as soon as we can.

**Unger:** I think that's a very clear message. You want to going to get back to normal, get vaccinated, folks. Thank you so much, Dr. Carroll, for being here today and sharing your perspective. That's it for today's COVID-19 Update. We'll be back soon with another segment. For additional resources on COVID-19, visit ama-assn.org/COVID-19. Thanks for joining us. Please take care.

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