

Briefing: getting children back to school

September 2020

Summary

It's not possible to re-open society in a risk-free way. Therefore, we need to approach the reopening of schools in terms of balancing risk. We know that children themselves are not at high risk from COVID-19, but they are severely affected in health terms by absence from school.

The evidence shows that reopening schools is one of the less risky things we can do in terms of 'returning to normal'. The available evidence shows there is little evidence of transmission of COVID-19 in education settings. There does, however, need to be plans in place to mitigate risks to broader society. It's essential that we have infection control, low community transmission, and a functioning test and trace system that is integrated with local health systems.

Health impact of school absence on children

Schools play a key role in promoting children and young people's health, social and mental wellbeing. They also provide the setting in which children can access health surveillance, support and advice as well as individual and group therapeutic programmes.

Widespread school closure has reduced children and young people's access to these health benefits, and also allowed vulnerable children to slip under the radar. Whilst it may be some time before we understand the full cost of school closure to the majority of pupils during the COVID-19 pandemic in health and wellbeing terms, we do have some data from both the UK and other countries.

Schools are a place where children receive routine vaccinations. Influenza vaccinations are largely delivered through primary schools as well as a range of other vaccinations including booster infant vaccines, the BCG vaccine, the HPV vaccine, and meningococcal. The closure of schools means that many children will have missed school-related vaccinations. This is a concern given the impending winter influenza season and given that influenza vaccination coverage for children in England in late 2019 was already low (60.3% across 4-11 year olds).¹

Data from Italy show that hospitalisation for accidents at home increased markedly during the COVID-19 lockdown, and potentially posed a higher threat to children's health than COVID-19.²

We also know that being away from school can have a negative impact on children and young people's mental health. Parents of primary school-aged children reported an increase in their child's emotional, behavioural, and restless/attentional difficulties whilst parents of secondary-school children reported a significant increase in restless/attentional difficulties.³

There is anecdotal evidence that cases of non-accidental injuries and child sexual abuse that come to the attention of paediatricians are down around 30-50% in many parts of the UK – a sign that our protective systems may not be working well under COVID. Physical abuse of older children has also increased significantly during lock down.⁴

The impact of COVID-19 on children and young people

Children and young people are generally less seriously affected by COVID-19 in direct terms, as the virus seems to take a milder course than in adults. Most infected children present with mild symptoms or are asymptomatic. Whilst every death from COVID-19 is a tragedy, the infection fatality rate from COVID-19 in those aged 5 to 14 is 14 per million, lower than for most seasonal flu infections. Most children that have died from COVID-19 had severe pre-existing medical conditions.⁵

1 RCPCH, *Vaccination in the UK – position statement*, 2020, accessible here: https://www.rcpch.ac.uk/resources/vaccination-uk-position-statement#footnoteref4_fwj352p.

2 Bressan S, Gallo E, Tirelli F, et al, 'Lockdown: more domestic accidents than COVID-19 in children,' *Archives of Disease in Childhood*, 2020, accessible here: <https://adc.bmj.com/content/early/2020/06/01/archdischild-2020-319547>

3 Co-SPACE study, 'Changes in children and young people's emotional and behavioural difficulties throughout lockdown', 2020, accessible here: <https://emergingminds.org.uk/wp-content/uploads/2020/06/CoSPACE-Report-4-June-2020.pdf>

4 Guardian, 'Physical abuse of older children soared in lockdown says NSPCC', 2020, accessible here: <https://www.theguardian.com/society/2020/aug/25/physical-abuse-older-children-soared-lockdown-says-nspcc>

5 Department for Health and Social Care, 'Statement from the UK Chief Medical Officers and schools and childcare opening', 2020, accessible here: <https://www.gov.uk/government/news/statement-from-the-uk-chief-medical-officers-on-schools-and-childcare-reopening>

A recent study from the University of Liverpool found that the chances of children dying from COVID-19 are 'tiny'.⁶

A very small number of children have been identified as developing a significant systemic inflammatory response, known as PIMS-TS or PIMS. The rare syndrome shares common features with other paediatric inflammatory conditions including Kawasaki disease.⁷

The great majority of clinically extremely vulnerable children that had previously been shielding have now been advised they do not need to do so again, and that they can and should return to school.⁸ A small number of children under paediatric care will be given individual advice by their clinician about any on-going need to avoid infection.

The role of children in transmission

Evidence of the role of children in transmission of COVID-19 is still accumulating. What data exists is largely from other countries where children have either returned to school or were never away from school in large numbers. These studies show there is little significant transmission in schools, particularly when compared to other settings. However, many of these studies are still in the process of being peer-reviewed.⁹

Public Health England has published an analysis of COVID-19 infection and transmission in schools in England once they re-opened after lockdown. The analysis found that COVID-19 infections and outbreaks were uncommon across all educational settings.¹⁰

The risk of teachers becoming infected from children, particularly young children, is low. The PHE analysis shows that teachers are more likely to become infected with COVID-19 from other adults. For that reason, it is of critical importance that we keep the number of cases in the community down.

6 Swann Olivia V, Holden Karl A, Turtle Lance, Pollock Louisa, Fairfield Cameron J, Drake Thomas M et al. 'Clinical characteristics of children and young people admitted to hospital with COVID-19 in United Kingdom: prospective multicentre observational cohort study', *BMJ*, 2020:370, accessible here: <https://www.bmj.com/content/370/bmj.m3249>

7 RCPCH, 'Guidance: paediatric multisystem inflammatory syndrome temporally associated with COVID-19', 2020, accessible here: <https://www.rcpch.ac.uk/resources/guidance-paediatric-multisystem-inflammatory-syndrome-temporally-associated-covid-19-pims>

8 RCPCH, 'COVID-19- shielding guidance for children and young people', 2020, accessible here: <https://www.rcpch.ac.uk/resources/covid-19-shielding-guidance-children-young-people>

9 BMJ Opinion, 'Lockdown measures reduced the risk of covid-19, but had unintended consequences for children', 2020, accessible here: <https://blogs.bmj.com/bmj/2020/08/06/lockdown-measures-reduced-the-risk-of-covid-19-but-had-unintended-consequences-for-children/>

10 Public Health England 'SARS-CoV-2 infection and transmission in educational settings: cross-sectional analysis of clusters and outbreaks in England', 2020, accessible here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/911267/School_Outbreaks_Analysis.pdf

It is right that Government has prioritised the reopening of schools but Ministers must see through their promises to have schools ready by having proportionate mitigations in place and robust plans to keep them open as we head into a difficult winter. This will require schools having clear guidance from Government to support mitigation efforts. Public health advice from Government should be followed, such as vigilance in observing social distancing, undertaking frequent hand washing and wearing face coverings in settings where distancing is not possible. Additionally, it is vital that the Government ensures there is a robust test and trace system in place, across the country, well integrated with local public health teams.

About RCPCH

The [Royal College of Paediatrics and Child Health \(RCPCH\)](#) is the membership body for paediatricians, representing more than 19,500 child health professionals in the UK and abroad. We are responsible for the training, examinations and professional standards of paediatricians across the country, and we use our research and experience to develop recommendations to promote better child health outcomes.

Our mission is to transform child health through knowledge, innovation and expertise and to ensure that children are at the heart of the health service.

RCPCH is carefully monitoring the risks and impacts of COVID-19 on our members and the wider child health workforce, and on children and young people. We have produced guidance for our members on [paediatric services, staffing and rotas](#), and [education and training](#). We have also produced [advice for parents](#). We are currently collecting data on the [impact of COVID-19 on child health services](#), to assist future planning of services.

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