

# Children and schools during the COVID-19 pandemic: do school closures help?

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A special session at this week's ESCMID Conference on Coronavirus Diseases (ECCVID, held online 23-25 September) will see a new review of the evidence presented to address the difficult issue of school closures and reopenings. The session has been co-organised with the European Centre for Disease Control and Prevention (ECDC), Stockholm,

Sweden.

"Children are more likely to have mild or asymptomatic infection, meaning that infection may go undetected or undiagnosed based on testing strategies," says presenter Jonathan Suk of ECDC. (see full slide presentation link below)

He will add that decisions on [control measures](#) in schools should be made consistently with decisions on other physical distancing and public health response measures within the community as a whole, saying: "Schools are unlikely to be worse propagating environments than occupational or [leisure activities](#) with similar densities of people with proper measures in place."

He adds: "Closures of childcare and [educational institutions](#) are unlikely to be an effective single control measure for community transmission of COVID-19 and cannot be justified based on protecting the health of children, most of whom develop very mild, if any, disease from COVID-19."

However he cautions: "The infectiousness of asymptomatic children is unknown. While very few significant outbreaks of COVID-19 have been documented in schools, they do occur and may be difficult to detect due to the relative lack of symptoms in children."

In another presentation, Dr. Chiara Reno of the University of Bologna, Italy, will say that "[policy makers](#) have the task of balancing the pros and cons of the school reopening strategy, taking into account psychological, educational and social consequences for children and their families." (see full slide presentation link below)

She will discuss that so far of all cases of COVID-19 reported (EU/EEA and UK, as of 26 July) only 4% were children (0-18 years), of which

24% were under 5 years of age, 32% between 5 and 11 years and 44% between 12 and 18 years.

"Children are more likely to have asymptomatic or mild infection, with better overall outcomes than adults," she explains. "Transmission potential was shown in both children and adolescents, but further research needs to be done on clinical infectiousness."

She cautions: "Infants and neonates are more vulnerable to severe COVID-19. Pre-existing medical conditions have been suggested as a risk factor for severe disease and ICU admission in children and adolescents."

In her talk, she will also discuss the negative consequences of school closures on children's health. For example, some evidence reports that children and adolescents are at high risk of depression and anxiety both during isolation from [school](#) and their friends, and even after isolation / lockdown periods end. She will also discuss the uneven behaviour of schools worldwide in lockdown, and inequitable access to online classes for schools that closed in lockdown.

"The coronavirus lockdown exposed Italy's digital divide, since one in three households does not have access to a personal computer," explains Dr. Reno. "Even in Japan, only a handful of schools and other educational institutions moved their classes online. A new government project there is aiming to boost IT infrastructure and improve remote learning capabilities."

She will say that the contagion rate in educational settings is strongly correlated to the spread of the infection in the community.

"Implementation of strict infection control measures is crucial (physical distancing, use of masks, proper management of indoor air, hand hygiene, respiratory etiquette, and cleaning," explains Dr. Reno.

"There is no single completely effective intervention, but a mix of interventions variously combined and contextualised. Targeted strategies for different age groups will be more effective since younger children can be very different to older [children](#) and adolescents. Active surveillance activities, rapid response by public health professionals with early detection of cases and contact tracing must be put in place."

She concludes: "As we lack strong evidence on when and how schools should be closed and/or reopened, it is important to concede uncertainty. We have to contrast misinformation and create trust—social sciences have shown us that acknowledging uncertainty will actually increase trust much more than painting things as certain."

"Policy makers cannot delay their decisions... we need to form a strong alliance and effective communication channels between policy makers, researchers and community members, making the way forward for schools a shared decision-making process."

Provided by European Society of Clinical Microbiology and Infectious Diseases

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