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# ASPHER Second Statement on “Children and COVID: Closing or keep opening the schools: the consequences” June 2021



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Due to the alarming worldwide levels of COVID-19 transmission in March of 2020, the WHO characterized this disease as a global pandemic [1]. Governments decided to take aggressive measures by placing cities and nations under complete confinement including school closures to reduce the virus transmission rate and avoid overwhelming healthcare systems [2]. **The COVID-19 crisis appears as an opportunity to consider critically the management of closing and reopening schools policies into future public health plans.**

Children and adolescents account for less than 2% of the total COVID-19 cases; even since the spread of the new variant SARS-CoV-2 VOC 202012/01, their contribution to the total COVID-19 cases has not increased [3]. Recently, the existence was verified for the first time of super-spreading outbreaks in Schools in the UK even before the arrival of Delta variant [4].

School is recognized to be more than a place of learning. The four pillars of education proposed by a declaration of UNESCO [5] are (1) learning to know, (2) learning to do, (3) learning to live together and (4) learning to be. This demonstrates how the School is much more than a place to receive educational knowledge. When Schools are closed, despite that teaching could be done by digital means, the full range of other knowledge and experience is totally or partially lost.

According to UNESCO and UNICEF [6], the length of school closures in Europe did not exceed ten weeks, on average; schools in Sweden were never closed and in Italy school closures reached 30 weeks. Even restricting only to the contents knowledge, even a small amount of time of school closure has deep impact in the learning process [7].

**In light of current scientific evidence, ASPHER recognises how it is essential to keep schools open as safely as possible by implementing mitigation measures [8].**

**This Statement summarizes the Technical Report on School Reopening, which is more deeply discussed and supported by scientific bibliography.\***

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\* ASPHER Technical Report on "Children and COVID: Closing or keep opening the schools: the consequences" June 2021. Available at: [https://www.aspher.org/download/759/aspher\\_technical\\_report-children\\_and\\_covid-closing\\_or\\_keep\\_opening\\_the\\_schools-the\\_consequences.pdf](https://www.aspher.org/download/759/aspher_technical_report-children_and_covid-closing_or_keep_opening_the_schools-the_consequences.pdf)

## 1. TACKLING THE CONSEQUENCES ON CHILDREN OF SCHOOL CLOSURES

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**1.1. Inequalities** - Children and their families are particularly vulnerable to COVID-19 related inequalities, as highlighted by ASPHER [9], particularly those living in low-income families, from a minority (ethnic, religious, culture, political, etc.), suffering from disabilities or among other vulnerable groups [10-12]. In addition, the most vulnerable children often accumulate other risks such as digital access difficulties [13;14], lack of technology, financial hardship, nutritional deficits, social isolation, discrimination, and domestic violence under lockdowns [11-12]. These vulnerabilities result in deeper learning impacts [8; 16]. Unequal consequences are also reported in kindergarten [16] in term of reading abilities gained as modeled by Bao et al [17].

**1.2. Place for raising Human Beings** - The school is recognized to be more than a place of learning. When schools are closed, a full set of knowledge processes as how to behave with the other, the importance of respectful relationships, managing emotions, and understanding other's emotions are totally or partially lost, despite the fact that teaching could be continued digitally.

**1.3. Mental health** - Children and adolescents also suffer from mental health consequences due to the prolonged state of physical isolation from their peers, teachers, extended family and friends [18]. Many studies document that the behaviour of young and older children had worsened over time including stress, loneliness and worry, among others, that will probably result in long-term consequences [19 – 22]. These facts, widely demonstrated in the literature, do not invalidate that there are occasional gains in aspects related to greater contact between children and their families [23]. Even so, the recommendations of UNICEF must be highly considered, in general on the mental health of children and adolescents at the time of school closing and reopening [24], and the specifications in these processes for children and young people with special educational needs [25].

## 2. CONSIDERATION OF TEACHING AND NON-TEACHING PROFESSIONALS AS VULNERABLE POPULATION

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**2.1. Teaching Staff** - Teachers are not at higher risk of hospitalization for severe COVID-19 [26] nor infection compared to other occupations [27] but they have faced significant problems concerning

their work leading many of them to stress, burnout and mental health issues [28-31]. Teachers and school leaders are not all prepared and equipped to teach online, and not skillful to manage with the online contact with students; It depends on many factors such as age, level of information and communication technology (ICT) education, academic discipline taught and the workplace location [32-34].

**2.2. Non-teaching Staff** - There is a big gap of knowledge about school professions other than teachers and school leaders, namely cleaning employees, assistants in educational activities, canteen staff such as cooks, waitresses, guards, administrative staff and others. However, due to school staff functions, individuals from this segment could be at greater risk of exposure due to physical proximity to children or exhaustion due to increases in the amount of time spent on repetitive tasks maintaining and cleaning the school environment. These individuals are also likely to come from social circumstances where they are at greater risk for community and household acquired COVID.

**2.3. School nursing staff** – School nurses have been at the forefront during the epidemic in many countries [35]. As community nurses with public health training they are involved in individual health and wellbeing assessments of children and young people and also, in a few countries, at class-based teaching. When available, these professionals in schools have used e-clinics and virtual health promotion for staff and students and have found that many young people have preferred this approach particularly for exploring more sensitive issues [35]. However, building trusting relationships may still need to be developed in face-to-face interactions. We defend the huge importance of nurses in schools as a general and permanent form of health promotion, which is why we recommend their introduction in the many European countries where they are not currently employed.

### **3. MEASURES TO REDUCE COVID-19 TRANSMISSION AT SCHOOL**

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**3.1. Non-pharmaceutical measures** - Most European countries have introduced measures to reduce COVID-19 transmission. The use of masks is also highly recommended for children and adolescents, even for those over six years old [36]. A literature review [37] revealed that respecting physical distancing and respective conditions (reduced class sizes, no children mixing between classes, gradual school reopening) appeared to be effective strategies to limit the spread of the pandemic

combined with large-scale testing, contact tracing and isolation measures. The spread of Delta variant in the UK has increased competitive characteristics even compared to variant B.1.117. The first numbers point to a 50% greater transmissibility [4]. This means that in schools the use of NPM should be maintained, namely the use of masks for a longer time until the situation is improved.

**3.2. Screening populations in school settings** – Facing uncertainties of COVID-19 transmission among/by children and the increase of the infection spread, many countries have already engaged in mass-testing programmes in schools-setting as in Austria [38], United Kingdom [39] and Belgium [40]. However, as highlighted by ASPHER [41], the level of the false positive and negative reporting for tests, alongside the community prevalence of the disease, must be taken into account for decision making.

ASPHER recommends putting the main effort on backward and forward contact tracing, while keeping measures such as hand hygiene, use of masks, physical distancing and enhanced ventilation, in place when possible. Mass testing programmes in schools should be reserved for highly demanding periods within higher incidence periods or during an outbreak in a school.

**3.3. Vaccination** – Vaccination of children is an issue that has recently been raised by the scientific community. In Israel [42], the Health Ministry recently recommended the vaccination of children over 12 years old who suffer from specific conditions making them more vulnerable to COVID-19. Several trials are underway to examine the safety and efficacy of COVID-19 vaccines in children [43]. Recommendation for children and adolescents should be based on their results. In the meantime, reinforcement of non-pharmaceutical measures are recommended.

## 4. IMPLEMENT FOOD PROGRAMS

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The school and the canteen closures influence the feeding of children, more specifically those living in the most deprived families [44]. The existing inter-relationship between learning, nutrition and health, calls for a more integrated approach and better-coordinated policies, programmes and actions to optimise benefits for children. Governments and the World Food Programme [45] are now recommended to provide take-home rations, vouchers or cash transfers to children; this strategy was implemented in many countries as for example in UK [46], Ireland [47], Spain [48] and Portugal [49].

## 5. PROMOTE NEW AND BETTER PUBLIC POLICIES

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Health in All Policies (HiAP) should constitute the overall framework to consider children's and adolescents' health and well-being issue into decision-making across sectors and policy areas including school and educational policies. A related place-based approach to HiAP, Health in All Places (HiAPI) has also been proposed [50]. This has been adopted by the ASPHER COVID-19 Task Force in its inequalities statement [51]. Children's HiAP/HiAPI constitute an opportunity to systematically have a matrix reading document of risk factors of child related health issues with all other main children and adolescent life dimensions. This could be used, for example, to quantify the strength of associations, identify policy efforts and opportunities responses, identify promising evidence-informed policy solutions to improve the home, school and community environments and assess the potential benefits of these actions.

It is also important that young people and their parents/care takers are involved in decision making about how schools should operate during a pandemic. Many prefer the hybrid mode [52] of teaching and learning. Ultimately strong partnerships are needed between whole school communities that include young people, parents, educators, school nurses and public health professionals. These relationships are key to promoting optimal well-being for young people and the wider community whilst simultaneously aligning with public health requirements during a pandemic [53].

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