

Should children in the UK be returning to school?

SM Kadri*

Department of Epidemiology, Kashmir Province Directorate of Health Services, Kashmir, India

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Introduction

As the Covid-19 death rate in the United Kingdom has begun to fall and the rate of reproduction has fallen below 1.0, the government has come together to discuss the ways in which lockdown can be eased as they hope to progress towards a new normal.

Description

A controversial decision has been made as part of the recovery strategy, this being the return of some children to school. Students from reception, year 1 and year 6 are expected to return on the 1st of June, followed by secondary school students and further education students on the 15th of June. This currently applies only to schools in England, with Wales, Scotland and Northern Ireland setting out their own recovery strategy. Social distancing is expected to be enforced, with the encouragement of frequent hand washing, good respiratory hygiene and a change in social behaviours. Whilst this may seem a slightly more realistic achievement in year 6 (10 to 11-year olds) and secondary school pupils (11+years), it would appear an impossible task for those in reception and year 1 (4 to 6 years old), where touch, interaction and play are an important part of learning. Furthermore, ensuring children of this age are washing their hands frequently and properly, and practicing good respiratory hygiene may be challenging [1].

It is argued that returning to school will facilitate children's learning and improve overall wellbeing, and their significantly decreased likelihood of severe illness as a result of SARS-CoV-2 makes their return a possibility. But is it really safe for children to go back? Evidence suggests that there is a significantly lower incidence of Covid-19 among children. Those under the age of 18 appear to make up only 2% of the worldwide incidence of the disease, however they are also more likely to present with a milder disease and are therefore less likely to be tested [2]. Children are seen to present with different symptoms to adults, with a higher incidence of diarrhoea and runny nose as opposed to the frequently reported fever and dry cough seen in adults. A study in Zhejiang of 36 children who tested positive for Covid-19 found a relatively mild illness in a majority of patients. 10 children were asymptomatic, 17 had a mild clinical disease, 19 had a moderate clinical type (characteristic of mild pneumonia) and 7 had acute upper respiratory symptoms. None developed a critical illness and no cases were fatal. The mild illness seen in a majority of children would suggest that they are at a significantly reduced risk of becoming seriously ill as a result of being infected with SARS-CoV-2, and therefore their return to school would pose a very small threat to their health [3]. In general, serious illness/death in children is only thought to occur in 1 in 10,000 cases. However, the significant incidence

of mild pneumonia in the Zhejiang study is significant, as pneumonia is a leading cause of death in less than 5's, so there remains some degree of risk in children if they are to become ill as a result of the virus. That being said, children are also far less likely to have comorbid conditions such as heart disease, diabetes etc., further reducing their likelihood of serious illness. Despite the significantly reduced incidence of serious illness and death in children, the threat of covert transmission is still present. Children, who are commonly asymptomatic or have a very mild illness may not be recognised as being positive and therefore not tested, but still pose the threat of passing the virus onto a family member. This may perpetuate the spread of the virus and reverse important gains made by social distancing and lockdown measures that have been in place for months. School closures came at the same time as other measures and it is therefore difficult to tell whether or not school closures have had a significant impact on transmission [4]. Additionally, the opening up of schools has come at the same time as many other measures, such as the increase in commercial aviation, relaxed isolation measures and the return to work for non-essential workers, so it will be hard to know the exact impact children at school will have on the rate of transmission. However, during the initial outbreak in China, a joint commission by the World Health Organisation and China found that there were no reported cases of the disease in children under 18 in, and the first two weeks. Furthermore, a study conducted in the French Alps found that, despite coming into contact with at least 100 people, a child testing positive did not transmit the virus to any of the contacts. That being said, in some cases, findings of limited transmission by children in earlier stages of the outbreak may be linked to the fact that schools had already been closed and adults were more likely to be leaving their houses for essential trips or work, and therefore more likely to become infected with the virus. But ultimately, evidence is suggesting that children are much less likely to pass the virus to adults, and covert transmission in this way is therefore not of huge concern [5].

Conclusion

Ultimately, evidence suggests that children are far less likely to become seriously ill after being infected with SARS-CoV-2. Additionally, they appear to be less likely to transmit the virus to adults after becoming infected, but data remains unclear and there are no certainties. With adults returning back to work and the nation beginning to return back to a sense of normality, there is a push to get children back to school, however the true consequences of these actions on children and the overall rate of transmission is hard to tell. Social distancing will be a challenge for teachers across the nation, but a challenge that the government is expecting them to accept, head on. The tiered return of children will reduce the numbers present and make

social distancing easier, but no guarantees of safety can be made.

References

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*Correspondence to

Dr. SM Kadri

Department of Epidemiology

Kashmir Province Directorate of Health Services

Kashmir

India

E-mail: kadrism@gmail.com