COVID-19, children and schools: overlooked and at risk

To the Editor: The recent *MJA* article by Hyde[1] presents aspects of the debate regarding children's transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and school outbreaks. While we acknowledge this debate, Hyde's article omits key research on the topic; importantly and specifically, the harms to children with school closures. We highlight some of the facts that Hyde's Perspective did not cover.

A systematic review concluded that children aged under 10 years were less susceptible to infection with SARS-CoV-2 compared with adolescents and adults.[2] In addition, Victorian data show that children aged under 12 years are less likely to transmit the virus in school or childcare settings compared with adolescents and adults.[3] Hyde's assertion that age-related differences remain in question is not borne out in the literature.

Evidence suggests that schools are not sites of heightened transmission risk, but rather reflect community transmission. The data from France[4] referenced in Hyde's article do not account for confounding associated with increased movement by adults when children return to school. In Victoria, schools were closed not because they were deemed high risk, but to minimise the movement of people, especially adults.[5]

Asymptomatic coronavirus disease 2019 (COVID-19) is not uncommon in children; however, contrary to Hyde's claim, this does not mean that case detection is difficult or that children contribute disproportionately to transmission. In the scenario presented by Hyde, one would expect outbreaks at schools to be disproportionate to community transmission, but local and international data show that the opposite is true.[3,6]

As parts of Europe enter lockdown, health authorities, including the World Health Organization and UNICEF, have supported schools staying open.[7,8] For some children, school is the safest place. The wide-ranging indirect psychosocial and educational effects of lockdowns have been reported[9] and have been observed by Victorian teachers and paediatricians; however, this is not discussed in Hyde's article.

To future-proof the harm to children from school closures, a multidisciplinary team must develop a COVID-19-safe school policy. Our team of paediatricians and infectious disease epidemiologists developed a return to school guidance for the safe return to school for children in Victoria which can be scaled up and down depending on the level of community transmission.[3] We are concerned that this Perspective may fuel parental anxiety, and we believe that its lack of rigour should question its place in the *MJA*.

Kathleen E Ryan[1,2,3]
Sharon Goldfield[1,4]
Margie H Danchin[1,4]
Fiona Russell[1,5]

1 Murdoch Children's Research Institute, Melbourne, VIC.
2 Alfred Health, Melbourne, VIC.
3 Monash University, Melbourne, VIC.
4 Royal Children's Hospital Melbourne, Melbourne, VIC.
5 University of Melbourne, Melbourne, VIC.

kathleen.ryan@mcri.edu.au

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References are available online.

1 Hyde Z. COVID-19, children and schools: overlooked and at risk. *Med J Aust* 2020; 231: 444–446. https://www.mja.com.au/journal/2020/213/10/covid-19-children-and-schools-overlooked-and-risk

2 Goldstein E, Lipsitch M, Cevik M. On the effect of age on the transmission of SARS-CoV-2 in households, schools and the community. *J Infect Dis* 2020. https://doi.org/10.1093/infdis/jiaa691/5943164 [Epub ahead of print].

3 Russell F, Ryan KE, Snow K, et al. COVID-19 in Victorian schools: an analysis of child-care and school outbreak data and evidence-based recommendations for opening schools and keeping them open. Melbourne, Australia: Murdich Children's Research Institute and University of Melbourne. 2020. https://www.mcri.edu.au/sites/default/files/media/covid_in_schools_report_final_10112020.pdf (viewed Dec 20).

4 Fontanet A, Tondeur L, Madec Y, et al. Cluster of COVID-19 in northern France: a retrospective closed cohort study. *medRxiv* 2020.04.18.20071134. 23 Apr 2020. https://doi.org/10.1101/2020.04.18.20071134 (viewed Dec 20).

5 Giles ML, Wallace EM, Alpren C, et al. Suppression of SARS-CoV-2 after a second wave in Victoria, Australia. *Clin Infect Dis* 2020; https://doi.org/10.1093/cid/ciaa1882 [Epub ahead of print].

6 Ladhani S. Prospective active national surveillance of preschools and primary schools for SARS-CoV-2 infection and transmission in England, June 2020; phase 1 report, 1 Sept 2020. London: Public Health England, 2020. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/914700/sKIDs_Phase1Report_01sep2020.pdf (viewed Nov 2020).

7 World Health Organization. Considerations for school-related public health measures in the context of COVID-19: annex to considerations in adjusting public health and social measures in the context of COVID-19; 14 Sept. 2020. https://apps.who.int/iris/handle/10665/334294 (viewed Dec 2020).

8 UNICEF. COVID-19: UNICEF warns of continued damage to learning and well-being as number of children affected by school closures soars again [press release]. 7 Dec 2020. https://www.UNICEF.org/press-releases/covid-19-unicef-warns-continued-damage-learning-and-well-being-number-children (viewed Dec 2020).

9 Royal Children's Hospital National Child Health Poll. COVID-19 pandemic: effects on the lives of Australian children and families; 5 Aug 2020 [website]. https://www.rchpoll.org.au/polls/covid-19-pandemic-effects-on-the-lives-of-australian-children-and-families/ (viewed Dec 2020). ■