

Dear Minister of Health, Minister of Education and Premier (Prime-Minister)

Protecting the population from SARS-CoV-2, especially those at risk of severe outcomes, is an important public health priority. Equally important is protecting children during the pandemic. We ask you, in your position of authority, to **recognize the unique needs and rights of children** as we enter the second year of the COVID-19 pandemic.

Current responses to the pandemic continue to include measures that infringe on these rights. More concerning, these interventions, chief among them school closures, stop our children from reaching their full potential and harm their health (physical and mental) and general wellbeing. Failing to act now will incur many Disability-Adjusted-Life-Years (DALYs) in our children for decades to come. This is particularly unnecessary considering that the data consistently show that the risk of transmission in schools is low, even when community transmission is high. To that end, **keeping schools open is the safest option**, not only for the overall health and wellbeing of children, but also for society at large; now and in the future.

We ask that the following become part of national and provincial policies to ensure the safety and health of our children, protect our communities and meet our international commitments.

- 1. School should remain open for face-to-face learning (at least as an option) unless there is high quality evidence to show that doing otherwise is more dangerous for the overall physical and mental health of children.**
- 2. That children be considered as a special population for whom impacts of any and all policies are considered separately with a child lens to consider adverse effects and prioritize the health and well-being of children.**
- 3. Additional efforts should be made to improve access to services to support children at high risk from mental health and academic difficulties.**

We base these demands on the growing evidence that keeping children out of school is harmful to children and unlikely to benefit the fight against the COVID-19 pandemic, following the lines of evidence listed below.

1. Children are not at risk for serious outcomes for SARS-CoV-2 infection compared to other commonly encountered respiratory viruses, such as influenza.

With 12 months of studies and millions of infected children, we now have sufficient data supporting that COVID-19 is a low-risk virus for children, with adverse outcomes similar or reduced compared to other respiratory virus for their age group.<sup>1</sup> In Canada there have been 3 people under the age of 19 out of 109 342-cases who have died with COVID.<sup>2</sup> This is less than the death toll in this age group from annual influenza.<sup>3</sup> Similarly, hospitalization rates for influenza are 3-fold higher with influenza at 1352 compared to COVID-19 at 580. The opinion that SARS-CoV-2 is not a serious threat to the health of children is shared by international authorities on child health including the European Centre for Disease Control, Centers for Disease Control (USA), Sick Kids Hospital, Melbourne Children's Hospital, the governments of Scotland, North Carolina, Mississippi, British Columbia, and numerous physician groups including the Canadian Pediatric Society, *L'Association des Pédiatres du Québec*, American Academy of Pediatrics, *La Société*

*Francaise de Pédiatrie*, the Royal College of Paediatrics and Child Health (Ireland), and physicians at the University of California.<sup>4</sup>

## 2. Closing schools will adversely impact the health and wellbeing of children, possibly for years to come

Face to face learning is critical to the academic success of our children. During School closures, there have been significant losses in academic outcomes; Standardized test scores have dropped substantially;<sup>5 6</sup> In BC over 70% of households reported impaired learning;<sup>7</sup> Quebec has recorded a three-fold increase in rates of school failures.<sup>8</sup> Unfortunately, the promise of online learning has proven to be inadequate to support children's academic outcomes,<sup>9</sup> and disproportionately disadvantages those from lower socioeconomic backgrounds.<sup>10 11</sup> or with disabilities.<sup>7</sup>

School is one of the great equalizing forces in society. Unfortunately, the schooling losses experienced to date are expected to be associated with 2.6% - 3% change in annual lifetime earnings.<sup>12 13</sup> These losses will be most heavily felt in low-income communities and will be further exacerbated by the loss of other supportive services. For example, food and other insecurity has increased with the pandemic,<sup>14</sup> especially with the loss of school as a critical source of food for school aged children at high risk. School is also a critical location for recognizing and intervening on abuse. Although domestic abuse has increased during the pandemic, reports have reduced by 75%<sup>15</sup> leaving vulnerable children in dangerous environments.

## 3. Keeping schools open protects the mental health of children and their parents

Children are suffering worsened mental health due to restrictions from the pandemic.<sup>7</sup> The greatest cause of death for children is suicide and accidents, both of which are exacerbated by worsened mental health. Children's hospitals are recording increases in suicidal ideation and mental health admissions<sup>4 16</sup> this is predicted to disproportionately impact those children in already disadvantaged groups.<sup>17</sup> Likewise, parents who are required to balance work and childcare are increasingly stressed.<sup>18</sup> We need to return children to school to normalize their lives and the lives of their parents.

## 4. Closing schools complicates public health follow-up and disease containment and may put community elders at risk.

All school districts in Canada follow well designed and thoughtful public health guidance that includes physical distancing, reduction in contacts, and adult supervision. When contact tracing is necessary, contacts are easily identified and follow-up is facilitated. In the absence of school, informal childcare arrangements for younger children, and lack of structure to limit contacts for adolescents, result in less oversight and less thorough identification of potential contacts. For many families, child care arrangements include grandparents who are more likely at risk for severe outcomes. While the evidence shows that transmission from children is generally low, if the justification for closing school is the risk for transmission by children, putting them in close contact with older members of society is inconsistent with protecting community elders.

5. Schools have low likelihood of transmission; they do not amplify community spread

Whenever the rate of transmissions in schools has been examined, it has been shown to be low and there is no evidence of rates in school being higher than those in the source community, even when asymptomatic testing has been performed.<sup>19 20 21 22 23 24 25</sup> While there are some researchers who have identified temporal correlation of reduced community spread with school closures,<sup>26</sup> the correlation is weak, inconsistent and confounded by other broad social interventions and seasonal changes. These results are also countered by the clear evidence that locations without school closures are able to bring their epidemics under control. As a clear example in Canada, British Columbia has continued to operate schools throughout the winter, while reducing community spread.<sup>27</sup> Similarly, in Montreal, despite high community rates of disease, the Rt and daily cases are continuing to fall after school re-opening.<sup>28</sup>

6. Neither teachers nor family members of children are at higher risk for disease than the general public

While initially there were legitimate reason to be concerned for the potential of transmission of SARS-CoV-2 to teachers or family members, especially those who may be medically vulnerable, the data are reassuring.<sup>29</sup> When compared to the general public, teachers are not at higher risk for infection or disease.<sup>30</sup> Household members of school aged children do not have a higher rate of infection or hospital admission due to COVID-19 and may have a lower risk of death.<sup>31</sup> Notwithstanding these data, we recognize the need for teachers to be safe in the workplace and would recommend to continue to use public health and occupational health safety plans and physical distancing, especially in older grades where children are able to comply with these recommendations. Families with vulnerable members should be provided with support to protect these members with appropriate distancing or other measures.

In conclusion, **keeping schools open is critical to protecting our children’s overall health and well-being** and by extension our society as a whole. The evidence supports the safety of schools and our international and moral obligations dictate that we should consider the needs of children in the light of this information. We ask you to take action on the 3 points noted above and remedy the harms being done to our children.

Yours truly,

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