



# COVID-19, Immunodeficiency and School Attendance

30 July 2020 Update

This information has been developed for parents and carers, to guide decisions about school attendance for children with primary immunodeficiency (PID) during the COVID-19 pandemic. Public health measures implemented by Australian and New Zealand governments have been successful in controlling the spread of SARS-CoV-2, the coronavirus that causes COVID-19 in most regions. This means that most regions have re-opened schools for face to face learning. However, in regions where there are outbreaks, some students may be required to temporarily return to remote learning.

For parents of more vulnerable children, including those with PID, the decision to send their children back to school during or after an outbreak is complex. The type and degree of immunocompromise varies widely between children with PID, so it is important to ask your child's clinical immunologist if you have specific questions.

Schools in Australia and New Zealand should have measures in place to reduce the spread of COVID-19 (and other respiratory infections), so we recommend that many children with PID can return to school, in regions where there are no outbreaks.

This advice is based upon the following facts:

1. Children are far less likely than adults to contract SARS-CoV-2 infection and the risk of severe COVID-19 is very low.
2. Evidence suggests that most immunosuppressed children are not at a significantly higher risk of severe COVID-19 than their age matched peers.
3. Very low rates of community transmission mean that the risk of contracting SARS-CoV-2 infection is currently very low. The improved availability of testing and contact tracing mean that we are well placed to isolate and contain outbreaks as they occur.
4. There is good evidence that children don't spread SARS-CoV-2 like adults. Child-to-child transmission is rare and it is very unusual for asymptomatic children to spread COVID-19.
5. The low risk of contracting SARS-CoV-2 is likely to persist for many months or even longer, depending upon if, and when a vaccine becomes available. It is not in children's best interests to exclude them from school indefinitely when the evidence suggests that the risk of developing severe COVID-19 is very low.

We understand there will be questions about this advice and will attempt to answer some questions here.

## **What evidence suggests that children with PID don't have an increased risk of severe COVID-19?**

ASCIA has been following reports and liaising with colleagues from countries that have been much more severely affected by the pandemic than Australia or New Zealand. An international survey is underway to document how many patients with PID have COVID-19. As of early May 2020, only a small number of patients with known PID have been diagnosed with COVID-19 and there is currently no evidence that children with PID are at increased risk of severe COVID-19.

## **What is the evidence that transmission of COVID-19 in schools is rare?**

There have been a number of studies which have shown that the risk of transmissions in schools is low:

- The NSW government has released a [report](#) regarding their investigation of 15 schools where cases were identified in March 2020. There were only two cases of probable secondary infection among 735 students who were close contacts of known cases (0.2%).

- A population-based study in Iceland did not detect any cases of asymptomatic infection in children under 10 years of age.
- International studies have consistently found that it is quite rare for children to infect other children or adults.

### What is the Government advice regarding children with complex medical conditions?

- [Australian](#) and [New Zealand](#) Governments provide official and up-to-date online advice for people at higher risk of COVID-19.
- Advice from the Australian Health Protection Principal Committee (AHPPC) on reducing the potential risk of COVID-19 transmission in schools is available [here](#).
- Guidance from the New Zealand Ministry of Health on assessing for COVID-19 in schools is available [here](#).

### Are there any groups of patients who should not return to school?

The type and degree of immunocompromise varies widely between children with PID, so it is important to ask your child's clinical immunologist if you have specific questions. Advice may differ depending upon the child's circumstances, infection transmission rates in their community and possibly the state or country they live in.

### Is the risk different for primary or secondary school aged children?

There is a slight increase in risk of contracting COVID-19 in secondary school aged children, compared to primary school aged children, and the risk of transmission at school appears to be slightly higher in older teenagers. However, this slight increase in risk is not sufficient to make different recommendations regarding returning to school for these two groups.

### Do children have to practice physical/social distancing at school?

Returning to school does not mean that everything will return to normal. There will be an increased focus on handwashing, other hygiene measures and physical/social distancing measures, where practical

We understand that physical/social distancing is not practical for younger children, and in regions where there is low community spread it does not appear to be necessary, due to low risk of transmission in this age group.

Older students are generally more capable of complying with physical/social distancing recommendations and have a slightly higher risk of contracting the virus from other students. Therefore, older children should make every effort to follow recommendations regarding regular handwashing and physical/social distancing.

The greatest risk for school outbreaks remains adults. Therefore, it is very important that parents comply with restrictions to minimise contact they have with other parents, teachers and students in the school environment.

### Should children wear masks at school?

The role of masks has attracted a lot of attention in the media. The use of masks has mostly been recommended in countries and regions where there is widespread community transmission, to reduce spread of the virus.

It is understood that the potential benefit of widespread use of masks is to reduce the risk of asymptomatic adults spreading the virus, rather than protecting someone from contracting the virus. Therefore, wearing a mask at school is unlikely to provide any additional protection for your child.

However, in regions where there are outbreaks, the wearing of masks is recommended when physical/social distancing is not possible.

### Further information

This information has been adapted with permission from the Australian & New Zealand Children's Haematology/Oncology Group (ANZCHOG) oncology and bone marrow transplant (BMT) advice.

The ASCIA COVID-19 webpage [www.allergy.org.au/members/covid-19](http://www.allergy.org.au/members/covid-19) is regularly reviewed and updated.

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