WHO/ECDC influenza network teleconference on COVID-19 and children: Meeting Notes

15th July 2020

Aim of meeting to bring together national public health authorities across the Region to discuss epidemiology of COVID-19 in children, evidence of children driven transmission, possible interventions to control and potential implications of re-opening schools come start of new term.

Brief introduction by Dr. Richard Pebody (WHO EURO):

Age distribution of cases and deaths (WHO Weekly Surveillance Report) – few cases <25years, most cases >25 years, majority of deaths >65years old. Age-specific infection-fatality ratios (IFR) – similar.

In study 'Susceptibility to SARS-CoV-2 infection amongst children and adolescents compared with adults: a systematic review and meta-analysis': There is preliminary evidence that children and young people have lower susceptibility to SARS-CoV2, with a 56% lower odds of being an infected contact. There is weak evidence that children and young people play a lesser role in transmission of SARS-CoV-2 at a population level.

In a transmission study – children were as likely to be infected as adults.

Some countries in Europe have closed and re-opened schools – some have seen an increase since (eg. Israel)

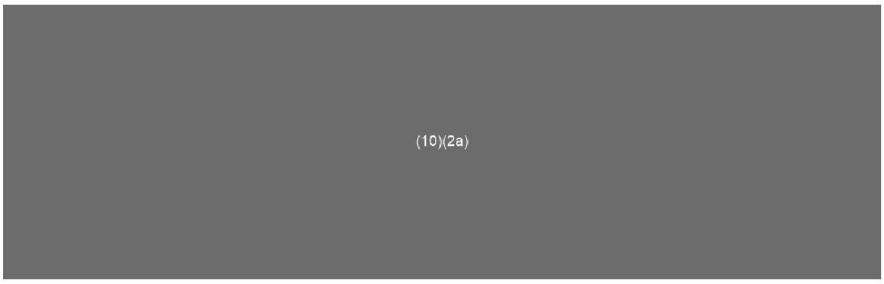
Questions: to what extent are children transmitting SARS-CoV-2 amongst themselves and to adults, what impact will reopening school have on transmission (in children or the wider community), what interventions are required to reduce transmission amongst children.

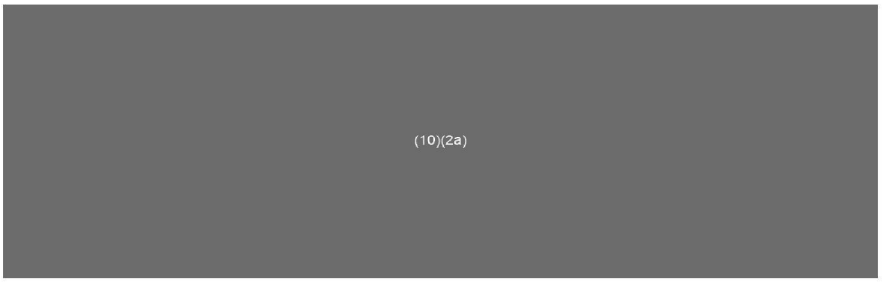
COVID-19 epidemiology in children: Country results

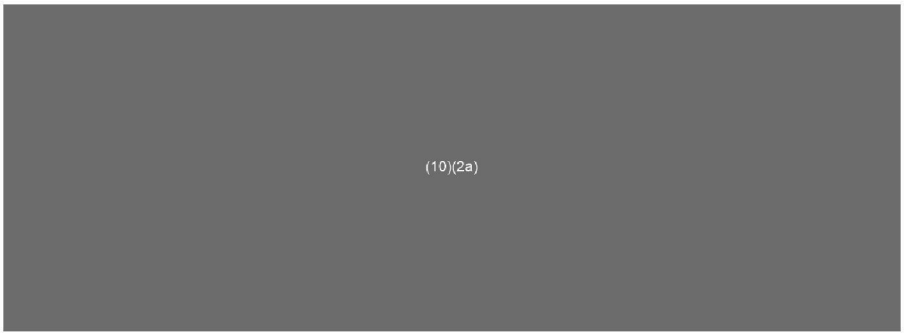
ECDC – ECDC Technical Report on the role of educational facilities in driving community transmission

A technical report, which will provide an overview of epi situation relating to COVID-19 among children, to be published in early August. Will assess the role of educational settings in COVID-19 transmission and secondary transmission in these settings

- Questionnaire to be sent to countries to gather information on any outbreaks of COVID-19 in edu settings in countries and evidence of transmission from children to adults (in edu settings or in general)
- So far, 15 countries have replied. Data collection ongoing.
- Most countries have seen some cases or clusters in schools, however it is an exception rather than the norm.
- Limited role of children
- Children less severely affected by COVID-19
- Limited evidence of secondary transmission in schools



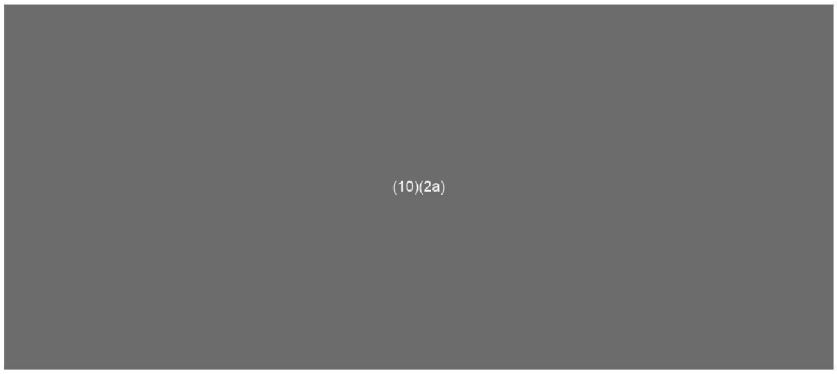




WHO EURO – PHSM team - COVID-19 in children – control and prevention measures: what have countries been going?

- Approaches to school closures diverse across the EURO Region
- Countries always adapting to changing situation
- 14th July, 23 countries have no school closures, 1 country recommended closure of schools (partial or complete), 21 implementing closure of some levels of closure, 8 implementing full closure of all schools at all levels.
- Some countries have rotational system – alternate days for face-to-face teaching

- Several countries announced that will be reopening come new term (10)(2a) (10)(2a), (10)(2a), (10)(2a) etc)
- EURO seen localized outbreaks directly linked to schools – e.g Israel observed sharp spike in cases since return in May. Result was immediate closure, testing of staff and students and quarantine. Precautionary measure, some other schools have also closed due to local situation e.g (10)(2a) slaughterhouse outbreak
- Some countries have reintroduced PHSM due to localized outbreaks, eg school closure in (10)(2a) (10)(2a) and (10)(2a)
- Common preventative measures: compulsory mask wearing, hand-washing, physical distancing, screening (temperature), smaller class sizes and organized entry/exit routes.



WHO HQ - "UNITY" STUDIES: WHO early sero-epidemiological investigations for COVID-19

- These are standardized protocols for rapid and systematic collection of information on various outbreaks
- Ownership of data remains with individual countries/sites
- School transmission outbreak investigation protocol in final stages – soon to be published.
- Unity studies: 91 countries intend to implement one or several of WHO sero-epi investigations (66 % being LMIC), 45 have started implementation (57% LMICs)

WHO EURO – COVID-19 and children – Dr. Martin Weber – Programme Manager – Child and Adolescent Health

- Children and adolescents are less directly affected by COVID-19

- However, seriously affected by control measures eg. Closure of schools (education affected etc), disruption of social contact (mental health, domestic violence at home, less access to support networks or social and health services), poverty (poor housing, crowded environment)
- Vulnerable children and those with special needs highly affected
- Low incidence of severe disease in children
- Role of children as spreaders in school and in household – limited evidence, less common that thought, mitigation measures required are unclear.
- Negative impact/effects on children due to pandemic can be mitigated – Global initiatives – Technical Advisory Group (TAG) of Experts on Education Institutes and COVID-19 – WHO/HQ joint with UNESCO. Regional advisory group for children planned. Working groups such as Transmission group and Indirect Effects group working to compile research evidence and initiate further research on this topic.
- Urgently need comparative studies of different interventions and their effect on immunity and transmission; more rigorous review mechanism is needed before imposing and consider long term adverse effects

Summary:

- Several countries report follow up of children going back to school following closure of schools as part of non-pharmaceutical interventions to curb the spread of SARS-CoV2.
- In general, seeing low transmission within children and education settings. However, in some countries, the easing of NPI measures such as school closures has triggered clusters in schools and lead to spillover in to the wider community (e.g (10)(2a).
- Early intervention is essential to prevent and control spread.
- Vigilance and preparation is needed as the new season approaches and increased circulation of other respiratory infections.

Questions/Comments:

14:51:58 From (10)(2e) : Has anyone altered their testing strategy for children or is the same policy being applied for all agree groups adults and children

14:52:21 From (10)(2e) : is there any suspiction that evn minor transmission reopen of schools could lead to an increase of asiymptomatic carriers?

14:55:17 From (10)(2e) : (10)(2a) has adapted testing strategy for <3y olds, with more restrictive testing in this age group

14:58:38 From (10)(2e) : Any further breakdown on age e.g. the < 12 yo or < 5 yo or numbers too small

15:03:02 From (10)(2e) : how to know the first case was transmitted from the child and not from the cleaner?

15:13:59 From (10)(2e) : (10)(2e) do you think that is rather impotant the 5% of critical cases in children?

15:16:58 From (10)(2e) : Big concern in (10)(2a) is the public health advice on the need for the caring parent , sibling and other household contacts to practice restricted movements for 14 days (caring parent 28 days) where child could have covid but you do not test them . We know most will only have other winter viruses . If we test child and they are negative then they can return to creche and school aft 48 hours. If we do not test then need to apply restrictions for 14 days so children will miss lot of school and parents work . We are concerned at the invasiveness of testing all children esp those under age 5 and danger of over whelming our tasing capacity esp in the winter. Are other countries considering if they can do more targeted testing in children while not unnessecarily excluding children siblings form school and parents form work .

15:19:01 From (10)(2e) : and has anyone else adopted salivary testing

15:21:02 From iPhone von (10)(2e) : any évidence of transmission from asymptomatic children?

15:22:51 From (10)(2e) : are the children detected every day in (10)(2a) symptomatic?

15:25:03 From (10)(2e) : What infection prevention measures were in Place for reopening Schools in (10)(2a) prior to the gymnasium outbreak? And what other measures were lifted at the same time as School reopening?

15:25:40 From (10)(2e) : @ (10)(2e) Did you manage to identify any particular risk factor in the school (Gymnasium) associated with such high number of cases (n=288)? Poor ventilation? Contact Sports? Small classrooms? Sharing toilets? Sharing books or toys? Insufficient disinfection?

15:25:47 From (10)(2e) : I think it is important to look at children by age group. Transmission in high school age kids could be very different than those in younger age groups

15:27:51 From (10)(2e) : Amazing soft ware system

15:28:21 From (10)(2e) : (10)(2a) has a triangular population pyramid, unlike most European countries. i.e. children represent a greater proportion of the overall population. Could this be a factor?

15:28:55 From (10)(2e) : How may children with moderate or severe disease? hospitalised?

15:30:15 From (10)(2e) : was there much going on in the community at the time of the school outbreaks

15:31:14 From (10)(2e) : Can the speakers comment on the difference in age groups and school- and/or community-outrbreaks and the influence of the underlying community transmission in the areas where there were school outrbreaks

15:37:21 From (10)(2e) : What advice do you give in Israel with regard to restricting movements of house hold contacts or close contacts of a case.

15:49:47 From (10)(2e) : Recomendation on Masks for pupils in schools and preschools? (10)(2a)

15:50:52 From (10)(2e) : But overall community transmission very low in (10)(2a) ?

15:51:02 From (10)(2e) : do we have any evidence which measures were unnecessarily stringent?

15:52:38 From (10)(2e) : What is the typical class size in (10)(2a)

15:53:35 From (10)(2e) : Also for (10)(2a) is there any measures to separate desks in the classroom? Are children moving freely within their classrooms i.e. not physical distancing?

15:57:56 From (10)(2e) : I would like to share the (10)(2a) guidelines that were published in Eurosurveillance a month ago - no recommendation for masks in (10)(2a) With Our current number of cases/prevalence. In the supplementary material the guidelines are translated to English (full text). The average class size is 20-30 students per class, but smaller classes are also common in the youngest age Groups.

15:58:01 From (10)(2e)
(10)(2g)

16:00:46 From (10)(2e) : Similar class-size in (10)(2a) and no recommendation for masks. Our guidelines are quite similar to in those in (10)(2a)

16:01:28 From (10)(2e) : Thank you both for sharing that helpful information!

16:03:10 From (10)(2e) : (10)(2g)
(10)(2g)
(10)(2g) IRL child care guidance pre- school or after school care

16:05:36 From (10)(2e) : Thanks!

16:10:34 From (10)(2e) : Really difficult to see what the right balance is.

16:11:04 From (10)(2e) : Agree (10)(2e) and the data from (10)(2a) concerning for schools

16:11:35 From (10)(2e) : and iwe are in a long distance race

16:12:04 From (10)(2e) : Thank you all for sharing

16:12:11 From (10)(2e) : Data household transmission in (10)(2a) when you look at per and antibodies also concerning even though numbers small yet but challenge some of current views of children as vectors for transmission = caution

16:12:28 From (10)(2e) : Thank you for the timely meeting - very informative

16:12:37 From (10)(2e) : Excellent meeting

16:12:45 From (10)(2e) Thank you for an excellent meeting it has been very helpful

16:13:08 From (10)(2e) : Thank you! Greetings from Croatia

16:13:10 From (10)(2e) : Thank you!

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