

29 May 2020

Updated GESA advice regarding school attendance for paediatric patients with IBD during the COVID-19 pandemic

The public health measures instituted by the Australian and New Zealand governments have been very successful in controlling the spread of SARS-CoV-2, the coronavirus that causes COVID-19. Currently, there are very low numbers of new cases being diagnosed each day despite one of the highest per capita testing rates in the world. This suggests that there are very low rates of community transmission currently. This means that we are in the fortunate position where plans are being or already have been made in most jurisdictions to re-open schools.

As schools are being re-opened our recommendation now is that it is safe for all siblings and the vast majority of paediatric IBD patients to return to school.

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 disease in those that do is very low.
2. The evidence suggests that most immunosuppressed children are not at a significantly higher risk of severe COVID-19 disease than their age-matched peers.
3. The very low rates of community transmission mean that the risk of contracting SARS-CoV-2 infection is currently very low. The ready availability of testing and good contact tracing capability mean that we are well placed to isolate and contain outbreaks as they occur.
4. There is good evidence to suggest that children don't spread SARS-CoV-2 like adults. Child-to-child transmission is rare. The evidence suggests that it is very unusual for asymptomatic children to spread the disease.
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.

Frequently asked questions

What is the evidence that severe COVID-19 is rare in children?

At the end of April there had been over 200,000 deaths globally due to COVID-19. It is estimated that only 20 of these deaths were in children. The most recent paediatric data from the US covered the period from 12/2 – 2/4 and reported that 2,572 (1.7%) of 150,000 cases were in children less than 18 years of age. There were 3 deaths among those 2,572 paediatric cases (0.1%). In a Chinese report of 2135 paediatric patients infected with SARSCoV-2, only 13 (0.6%) were critically unwell with only one death (0.05%). Epidemiological data from Italy from February to mid-March reported that 1.2% of 22,512 cases were in children less than 18 years of age and there had been no deaths in patients under 30 years of age.

What is the evidence that transmission in schools is rare?

There have been a number of studies which have shown that the risk of transmission in schools is low. The NSW government has released a report ([link](#)) regarding their investigation of 15 schools where cases were identified in March. 735 students and 128 staff were considered to be close contacts of the 18 index cases in these 15 schools. There were only two cases of probable secondary infection among these close contacts (0.2%). One primary school-aged child where teacher to child transmission was likely and one 16-year-old child where child-to-child transmission was likely. Studies in other countries have had similar results. A population-based study in Iceland did not detect any cases of asymptomatic carriage in children under 10 years of age. Studies from China, South Korea, Italy, Spain, the Netherlands and the United States have consistently found that it is rare for children to infect other children or adults.

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

Within the paediatric IBD population there is a wide range of the degree of immune suppression. The risk of developing severe infection and of needing hospitalisation for COVID-19 in children with IBD (below the age of 18 years) on immunosuppressant medication such as azathioprine, methotrexate and biologic agents such as infliximab and adalimumab **is very small** and probably no different than the general population. This is based on a current worldwide registry data on patients with IBD. However the risk of developing COVID-19 requiring hospitalisation, is potentially higher if patients are on very high doses of steroids. If you have specific concerns, please speak to your child's treating specialist.

In short, based on available evidence, we believe it is safe for the vast majority of paediatric IBD patients on treatment to return to school at this stage.

Should my child receive influenza vaccine?

As in all years, we recommend our IBD patients receive the flu vaccine. This is particularly important this year to avoid confusion or co-infection with coronavirus.

Will advice regarding school attendance change if more widespread community transmission occurs?

It may. Individual treating centres will continue to update this advice based upon the current situation in their own region and as more information becomes available from Australia and overseas regarding the risk to paediatric patients. It is also possible that the Government may re-institute localised school closures if there are outbreaks.

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

The risk of contracting COVID-19 does increase with age and there is a slight increase in risk in secondary school-aged children as opposed to primary school-aged children. Equally, the risk of transmission at school appears to be slightly higher in older teenagers. However, this slight increase in risk is not sufficient for us to believe that recommendations regarding returning to school should be different for these two groups.

Does my child have to practise social distancing at school?

Returning to school does not mean that everything will return to normal. There will be an increased focus on handwashing and other hygiene measures. Social distancing is not really practical in the younger age groups and does not appear to be necessary. However, older students in the later secondary years are more capable of complying with social distancing recommendations and, particularly as these older students probably have a slightly higher risk of contracting the virus from other students, it makes sense to impress upon your older child that every effort should be made to follow recommendations regarding regular handwashing and social distancing. The greatest risk for school outbreaks remains adults. Therefore, it is very important that parents comply with restrictions to minimise the contact that they have with other parents, teachers and students in the school environment.

We understand that the COVID-19 pandemic has significantly compounded the anxieties faced by families with a child with a chronic medical condition like IBD. We also have to acknowledge that we don't have all the answers regarding this new virus and the risks that it presents to your child and we are learning as new information becomes available. We also appreciate that this document has provided a large amount of information. However, we felt that it was important to provide you with as much information as possible to explain our rationale in recommending that, although not completely free of risk, we believe that it is safe for your children to return to school and to help you make a fully informed decision when this becomes a possibility for your child.

These recommendations are adopted from a position statement for [Paediatric Transplant Patients](#) provided by the Transplantation Society of Australia and New Zealand.

Disclaimer:

The Gastroenterological Society of Australia (GESA) provides advice to gastroenterologists and other clinicians caring for patients during the COVID-19 pandemic. It should be noted that this advice is general in nature and thought to be correct at the time of posting. The user should have regard to any information, research or other material, which may have been published or become available subsequently. It is recommended that this advice be considered in line with directives provided by the Departments of Health and Local Health Districts.