

The Australian Health Protection Principal Committee has met to consider the issue of school closures in relation to the community transmission of COVID-19. The Committee's advice is that pre-emptive closures are not likely to be proportionate or effective as a public health intervention to prevent community transmission of COVID-19 at this time.

There is currently limited information on the contribution of children to transmission of COVID-19, with the WHO-China Joint Mission noted the primary role of household transmission and observed that children tended to be infected from adults.

Previous work suggests that the potential reduction in community transmission from pre-emptive school closures may be offset by the care arrangements that are in place for children who are not at school. Children may require care from vulnerable grandparents or may continue to associate (and transmit infection) outside of school settings.

Broadly, the health advice on school closures from previous respiratory epidemics shows the costs are often underestimated and the benefits are overestimated.
<https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-ahmppti.htm>.

This may be even more so in relation to COVID-19 as unlike influenza, the impact on otherwise healthy children has been minimal to date.

School closure is associated with considerable costs. Studies have estimated that around 15% of the workforce and 30% of the healthcare workforce may need to take time off work to care for children. While this effect could be mitigated somewhat, it is likely that this burden will still be significant and will fall disproportionately on those in casual or tenuous work circumstances.

For pre-emptive school closures to be effective, prolonged closure is required and it would be unclear when they could be re-opened. If there were still a large pool of susceptible students when schools are re-opened, there would be likely to be re-emergence of transmission in the community.

School closures may still be considered late in the outbreak in anticipation of a peak in infection rates, for a shorter period of time. Short term reactive school closures may also be warranted to allow cleaning and contact tracing to occur.

At this stage, the spread of COVID-19 in the community is at quite low levels. It may be many months before the level of community infection is again as low as it is at the moment.

A decision to close campus operations now on the current level of community transmission may therefore see schools closed for many months.

A number of countries around the world have implemented either nationwide or localised school closures, at different times in the evolution of the local epidemic. Some countries have also closed schools in a reactive manner following identification of illness in a school member. Some of these countries are now considering their position in relation to re-opening schools.

Singapore has had success in limiting the transmission of COVID-19 in the community without closing schools. Other countries are working in different contexts, including Northern Hemisphere countries making decisions at the end of winter with COVID-19 being accompanied by influenza in the community.

<https://en.unesco.org/themes/education-emergencies/coronavirus-school-closures>

The Australian Health Protection Principal Committee will meet on Monday and Tuesday to review advice on the operation of boarding facilities in schools. Further advice will also be provided this week on school sport. The advice in relation to school closures will continue to be reviewed at daily meetings of this Committee.

Schools should implement a range of other strategies to reduce transmission, including the promotion of personal hygiene measures (handwashing, reducing face contact, cough etiquette), physical distancing, reducing mass gatherings (eg school assemblies), and reducing the mixing of students (eg reduced use of common areas, staggered lunchtimes, and reduced after school activities and inter-school activities).

Schools should also reinforce existing policies to exclude students and staff who are unwell, and current policies requiring quarantine for those who have recently travelled overseas. It is also important that the learning needs of students who are excluded from school are met.

NSW Health has developed separate advice to NSW Government schools in relation to implementing social distancing strategies in a school setting. This advice will be forwarded separately.

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NSW Health

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