From the Chief Medical Officer
Prof Sir Michael McBride

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

BY EMAIL

To: Parents, Pupils and the school community

Castle Buildings
Stormont Estate
BELFAST
BT4 3SQ

Email: michael.mcbride@health-ni.gov.uk
Tel: 028 9052 0563
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Dear Parents, Pupils and the school community

As Chief Medical Officer I have been clear throughout this pandemic my view that keeping children in school must be a key priority for us all.

We all know that the COVID pandemic has been very damaging to the wellbeing of children, including their mental health, as well as to their education. Children from more disadvantaged backgrounds have been particularly negatively impacted.

As we progress through the pandemic response, we must continue to strike a balance between safeguarding children's education and wellbeing and measures to contain COVID.

Having examined the evidence, I am confident that now is the right time to introduce a more targeted approach to the identification of close contacts of COVID cases in schools. I understand that some children, parents and staff may be worried about the change in approach. I would like to take this opportunity to explain why this is in the best interests of our children and young people.

Schools are the best place for children and young people

School attendance is vitally important for children and young people. Multiple sources of evidence show that a lack of schooling increases inequalities, reduces the life chances of children and can exacerbate physical and mental health issues. School improves health, learning, socialisation and opportunities throughout childhood, adolescence and into adulthood.

A combination of school closures and COVID related absences have resulted in our children missing out on a significant amount of school during the last two academic years. While this was not something any of us would have wished for, at earlier stages of the pandemic the benefits to society of reducing the growth in the epidemic made this necessary. This is no longer the case.

Schools are safe places for children and staff

The public health grounds for keeping and supporting children at school are extremely strong. We have evidence from recently published reports from Scotland and England that the vast majority of those identified as school close contacts and sent home to isolate during the last academic year did not go on to develop COVID.

The English study found that over 98% of school close contacts did not develop COVID during the isolation period. Similarly the Scottish study found that 95% did not go on to develop COVID during the isolation period. Both included a period when Delta was emerging.

Public Health Agency (PHA) has analysed data on over 18,000 students from our own schools who were asked to isolate because they were close contacts in school and the findings are very similar to those from those in Scotland. These findings from across the UK are consistent and support the move to a more targeted approach to the identification of close contacts as the correct and proportionate approach at this stage in the pandemic.

Our schools have worked hard to introduce a range of measures designed to reduce the spread of COVID. These include increased cleaning, hand hygiene, face coverings in post primary schools and regular asymptomatic testing. All these measures contribute to further reducing the risk of COVID transmission.

Studies from the UK Office for National Statistics have consistently found that teachers are not at increased risk of dying from COVID compared to the general working-age population. More recently a Scottish study published in the British Medical Journal on 2 September 2021 found that compared with adults of working age who are otherwise similar, teachers and their household members were not at increased risk of hospital admission with COVID.

In addition, we now have a highly effective vaccine available and all school staff will have had the opportunity to be fully vaccinated.

Very low risk of severe disease in children

There is clear evidence of a very low rate of severe disease in children of primary and secondary school ages even if they do catch the disease.

COVID is a mild self-limiting illness for the vast majority of children. Risk of serious illness or death are extremely low for children. Concerns have been raised about long-COVID in children. While work is ongoing to explore long COVID in children, emerging large scale studies indicate that this risk is very low in children and similar to that associated with other respiratory viruses in children.

It is my professional opinion which is shared by my Chief Medical Officer colleagues across the UK that very few, if any, children or teenagers will come to long term harm from COVID due solely to attending school. This has to be set against a certainty of long term harm to many children and young people from not attending school.

Return of schools in NI

Since schools returned for the 2020/21 school year the high community prevalence of COVID has led to large numbers of COVID cases being reported to schools, with very large numbers of children being identified as school close contacts. This has caused disruption in schools and large numbers of children missing school.

We know how important school is for children and want to ensure children only miss out when necessary. As highlighted above, at earlier stages in the pandemic many children were missing school. However, this is no longer a proportionate approach.

The more targeted approach to identification of close contacts in school will identify the children who have had the closest contact and therefore the highest risk of being positive. It will also free up teachers and principals so that they can spend more of their time and efforts getting back to doing what they do best – teaching and inspiring our children and young people. This is where they are needed most.

School leaders and staff have worked extremely hard, supported by the PHA, over the course of the pandemic to assist with contact tracing. The new approach allows dedicated, experienced PHA staff to undertake contact tracing.

The time is now right, in line with the easing of restrictions in society more widely and with the high vaccination rates, to adopt this new approach and to

apply contact tracing measures in schools as they are applied in workplaces and other settings.

Conclusion

It is inevitable that there will continue to be cases of COVID in schools - this reflects transmission in the wider community. We know that there will be spikes in infection in some school communities. The PHA will continue to monitor cases in schools and will continue to have arrangements to respond to and support schools with large clusters and outbreaks. This new approach is in line with the approach being taken to schools in England, Scotland and Wales.

The risk of COVID infection in any setting cannot be entirely eradicated but it can be reduced. I would remind everyone of the need to continue to follow all of the existing measures in place which continue to keep schools a safe place for our children. These include additional cleaning and hand hygiene, ventilation, the use of face coverings and regular asymptomatic testing. All school staff have now had the opportunity to be fully vaccinated.

We all collectively, parents, the school community and health professionals have one key goal in common – to do the best for our children and young people. I welcome these new arrangements which will keep children in school as often as possible.

This is where they are best served and best able to obtain the education which they so deserve and which affords them the best life chances.

Yours sincerely

PROF SIR MICHAEL McBRIDE
Chief Medical Officer