



# TSANZ

The Transplantation Society of Australia and New Zealand

## **Updated advice regarding school attendance for paediatric transplant patients during the COVID-19 pandemic - 27<sup>th</sup> July 2020**

The public health measures instituted by the Australian and New Zealand governments have been largely successful in controlling COVID-19. In some areas there are very low numbers or no new cases being diagnosed each day. However, there has been a rise in cases in certain parts of Australia, associated with increased community transmission, which has led to reintroduction of restrictions, including school attendance.

**In general, it remains our recommendation that it is safe for all siblings and the vast majority of paediatric transplant patients to attend school.**

This advice is based upon facts detailed in the document from 18/5/20 and is supported by more recent data. In particular, very small numbers of COVID19 cases in paediatric transplant recipients and children on immunosuppression have been reported internationally and those that have, had similarly good outcomes to their healthy age-matched peers. Across Australia and New Zealand only one paediatric transplant recipient has been diagnosed with COVID19 and was managed successfully at home.

Where children are able to attend school, it is very important for families to follow the government guidelines on school attendance, particularly:

- maintaining social distancing
- excellent hand hygiene
- wearing of masks, where directed

There will be significant differences in rates of COVID19 across the jurisdictions of Australia and New Zealand. Paediatric transplant recipients appear to be at no increased risk of disease compared to their healthy peers. However, irrespective of underlying disease or not, it may still be possible for any child to become severely affected by COVID19. Accordingly, where there is an increased rate of COVID19 in a community, the local clinical team will be best placed to advise that family, based on individual circumstances. This is particularly the case for paediatric transplant patients who are receiving very high doses of immunosuppressive medications or have recently been transplanted.



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## **Updated advice regarding school attendance for paediatric transplant patients during the COVID-19 pandemic – 18<sup>th</sup> May 2020**

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 transplant patients to return to school.**

If your doctor had advised that it was safe for your child to attend school prior to the onset of the COVID-19 pandemic, we are advising that it is now safe for your child to attend school when they are re-opened.

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.**

For further information, please see the **Frequently Asked Questions** section below.

For parents of more vulnerable children, including paediatric transplant patients who are receiving very high doses of immunosuppressive medications or have recently been transplanted, the decision as to whether or not to send their children back to school is more complex. In these cases, your doctor will discuss with you on an individual basis, whether it is suitable to return to school.



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## 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 SARS-CoV-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 (<http://ncirs.org.au/covid-19-inschools>) 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 quite rare for children to infect other children or adults.

### **What advice does the Government provide regarding children with complex medical conditions?**

The Australian Health Protection Principal Committee (AHPPC) has provided advice on reducing the potential risk of COVID-19 transmission in schools.

(<https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppcadvice-on-reducing-the-potential-risk-of-covid-19-transmission-in-schools>)

With regards to children with complex medical needs, parents and carers are “urged to seek medical advice from their health practitioner to support informed risk assessment and decision making regarding the suitability of onsite education for their child.” We believe the advice contained here is evidence-based and safe for the vast majority of paediatric transplant patients in Australia and New Zealand. If you have specific concerns, please speak to your child’s treating specialist.

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

Within the paediatric transplant population there is a wide range of the degree of immune suppression. The risk of developing severe COVID-19 is likely to be highest in the most immunosuppressed patients. Advice may differ depending upon individual children’s circumstances and possibly upon the state or country that you live in. Individual



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transplant centres will continue to provide advice specific to their own patient groups.

### **Should my child receive influenza vaccine?**

We are concerned that co-infection with another respiratory virus may increase the risk of severe COVID-19. Therefore, we would recommend that your child and immediate family receive the flu vaccine.

### **What about the reports of Kawasaki's disease in children with COVID-19?**

Recently there have been reports emerging of a possible association between COVID-19 and a syndrome known as paediatric inflammatory multisystem syndrome (or PIMS-TS) which is understood to be similar to a disease called Kawasaki's disease. Kawasaki's disease is a severe inflammatory response characterised by fever, skin rash and occasionally inflammation around the heart.

The association with COVID-19 has not yet been proven and to the best of our knowledge there is no suggestion that immunosuppressed children are at increased risk of developing this condition. We will continue to monitor this possible association as more information becomes available.

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

It may. Individual children's transplant 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 transplant 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 practice 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 do 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.



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## **Should my child wear a mask at school?**

The role of masks has attracted a lot of attention in the media. It remains our belief that the potential benefit of widespread use of masks is to reduce the risk of asymptomatic or minimally symptomatic adults spreading the virus rather than protecting an individual from contracting the virus. The use of masks has mostly been recommended in countries where there is widespread community transmission to try and minimise spread of the virus. Therefore, we don't believe that wearing a mask at school will provide any additional protection for your child.

**We understand that the COVID-19 pandemic has significantly compounded the anxieties faced by families with a child with a transplant. 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.**

The Paediatric transplant advisory committee would like to acknowledge the generosity of the Australian New Zealand Childrens Oncology group, who kindly shared their guidelines, which formed the basis of the current document.