

Return to school- Updated advice for paediatric renal patients 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 renal 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. This applies to children on stable doses of immunosuppression as well.

In exceptional cases, where a child is temporarily receiving very high doses of immunosuppressive medications, the decision as to whether or not to send your child back to school is more complex, irrespective of the COVID pandemic. In these cases, your doctor will discuss with you on an individual basis, when it is suitable 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

Should my child receive influenza vaccine?

We recommend that your child and immediate family receive the flu vaccine.

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

It may. We will continue to update this advice based upon the current situation and as more information becomes available from Australia and overseas. 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.

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.