

Advisory On School Reopening

(Second Revision, March 2022)

School Reopening and the way ahead

School closures and re-openings have been widely debated throughout the pandemic across all sectors. Being an apex academic body of pediatricians, IAP was keenly keeping an eye and studying the pros and cons of these issues in the everchanging context of the pandemic. Accordingly, since July 2020, it released its scientific advisories and guidelines time and again, for the benefit of policy makers, school authorities, parents and students on these issues of immense significance of societal and in particular, child health. With the new wave and the new context, the concerns have again come to the forefront. The advisory addresses some of these issues.

Q 1.: How is third wave different from the earlier waves?

1. The third wave which started in India in early January 2022, is dominated by Omicron - a variant of the original SARS-COV-2 virus, with over 90% cases testing positive for this variant across all states (as of 20th January 2022). This virus has more than 50 mutations (changes) from the original strain. These structural changes make this virus behave in a different way, than its predecessors. It is much more contagious and spreads rapidly from one person to the other. But, fortunately, much less pathogenic. It remains in the upper airways and does not attack the deeper tissues and the lungs. Hence, the severity of symptoms and duration of COVID caused by Omicron is much lesser. Deaths, serious hospitalizations, severe distressing symptoms, requirement of investigations or of various treatment modalities (including oxygen) are seen only in a small number of patients, as compared to the deadly Delta wave of early 2021. As of now, most of the patients are manageable with home isolation and self -monitoring.
2. With the high infectivity rate and relatively short duration of illness, the wave is expected to attain its peak earlier and recede equally fast. For instance, according to the widely used

Institute for Health Metrics and Evaluation (IHME) estimates, the duration of the second wave ranged approximately from mid-February 2021 to early July 2021 with reported daily cases peaking (no. reported daily cases > 380,000 cases on May 4, 2021) in early May 2021. While the reported cases in third wave are thought to have peaked in the 3rd week of January 2022 (no. of reported daily cases > 300,000 on January 22, 2022) with an expected range from late December 2021 to early March 2022. So, the total duration of the wave is expected to last for about 10-12 weeks (See **Figure 1**). However, the escalation and recession of the number of cases is likely to continue in different parts of the country in coming few months.

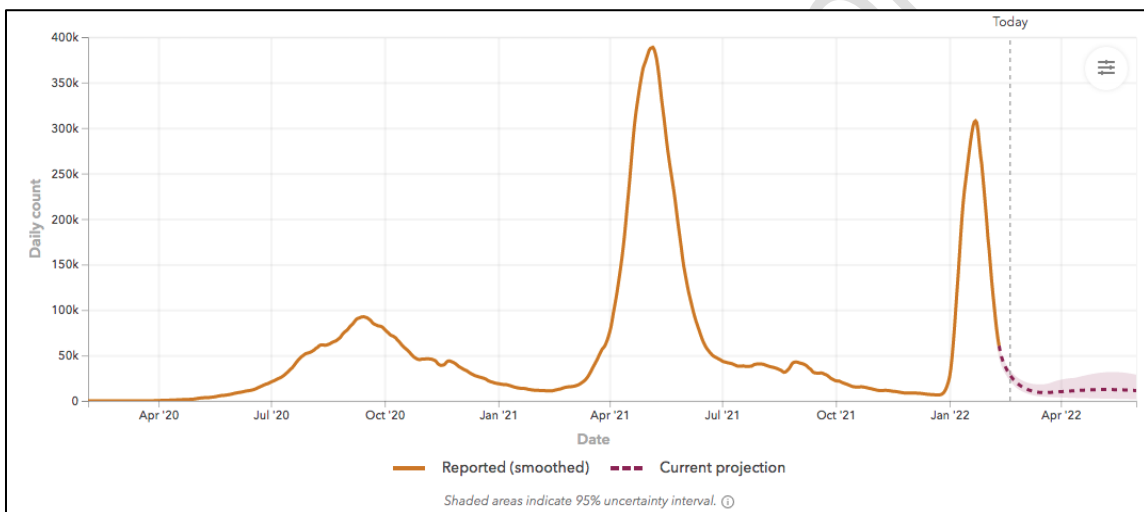


Figure 1: COVID-19 daily reported cases in India across the three waves, seen as peaks. Source for picture: Institute for Health Metrics and Evaluation (IHME), University of Washington (<https://covid19.healthdata.org/india>)

3. About 71.24% of our adult population of our country has received two doses and 93.57% have received at least a single dose of vaccine against COVID-19. While adults are starting to receive their third dose, more than 84.6 million adolescents in the age group of 15 -18 years have received one shot of the COVID vaccine.
4. Contact tracing and testing protocols have been relaxed by the Government in this wave. Contact with COVID -19 patient is no more an indication for testing. Home testing is the norm now, and it is obvious that many of the test reports are not uploaded on the official data collection centers. Hence, the numbers that we get to see have lost their authenticity and we really do not know how many more are suffering from the disease. However, based

on the IHME model, we know that there is significant gap in the reported and estimated infections and that the peak of the third wave likely much greater than that reported in the popular outlets (See **Figure 2**).

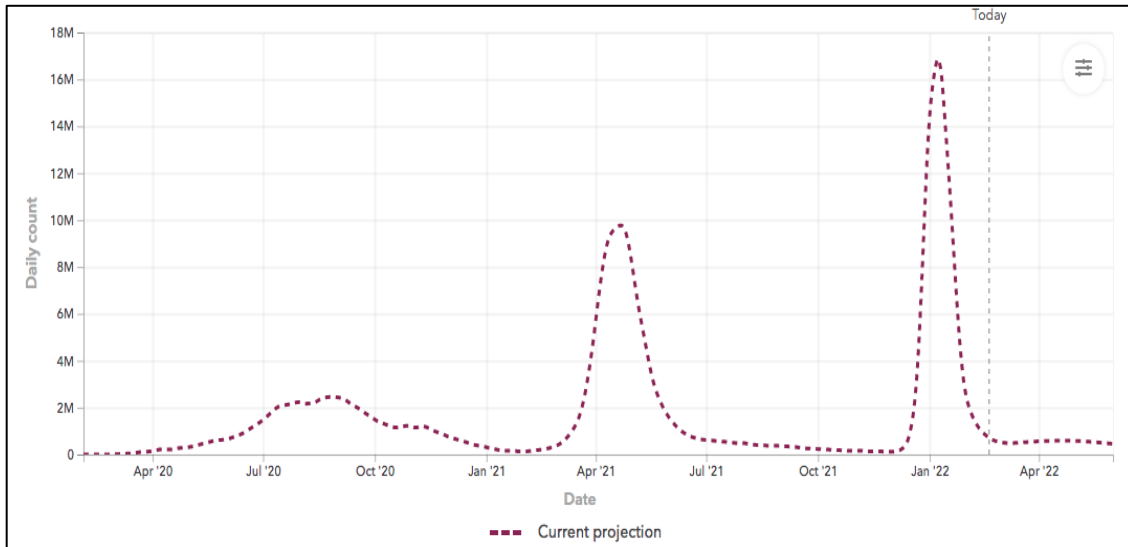


Figure 2: COVID-19 daily estimated infections in India across the three waves, seen as peaks. Source for picture: Institute for Health Metrics and Evaluation (IHME), University of Washington (<https://covid19.healthdata.org/india>)

5. Isolation period is reduced to seven days as against 17 and 14 in earlier waves.
6. India is now equipped with many more isolation centers, hospital beds, oxygen beds, ICU beds, ventilators and other lifesaving drugs and equipment as compared to the previous surges. We have more than 24,000 Pediatric ICU beds and 64,796 non-ICU beds for children, which are well beyond the recommended numbers.
7. The virus has spread widely in the community. Patients who are hospitalized for various other diseases like heart attacks, road accidents etc. are incidentally COVID positive. Hence, though the number of COVID patients hospitalized could be significant, the reason for their hospitalization may not be COVID.

Hence, the pandemic, at this point in time, requires a relook, regarding social restriction measures.

Q 2: Should we follow the same epidemiological parameters laid down in the earlier School Reopening Guidelines during this wave as well?

No, since this wave is so very different, the older criteria based on the number and trend of new positive cases, the case positivity rate, the vaccination of eligible population etc. stand irrelevant in this wave.

Q. 3: Are there any new epidemiological markers to be followed while we open the schools?

There are no scientific data to promote any new epidemiological markers as of now, for the current Omicron dominated wave. But while we open the social restriction measures, it appears prudent and logical to keep an eye on the death rate, serious hospitalization rates and availability of local health support resources. Roughly, if more than half of the COVID care indoor facilities are unused and vacant, the school reopening should be considered.

The decision to open the schools should definitely be decentralized and taken at the district/taluk/city/block/village/school level after considering their readiness to handle the situation that may arise while the students return to the schools. A close watch on the data of serious COVID cases / COVID deaths is mandatory.

Q. 3: How are children getting affected during this wave?

Omicron variant has definitely affected higher number of children than its predecessors, owing to its high infectivity. But the percentage of children among the total positive cases is more or less the same. The disease has, in no way, proven to be more dangerous or life threatening.

The usual seasonal flu like symptoms in the form of fever, running nose, stuffiness of nose, mild cough, headache, body aches are seen in children, which last for 3-4 days. Some children also present with vomiting or loss of appetite, but the loss of taste and smell are reported by only a handful. Generally, all members in the family get affected, in close succession and children run higher degrees of fever than the adults. Patients have been seen to respond well to simple supportive symptomatic treatments (in the form of fever and allergy medicines) and do not need any antibiotics or higher medicines. The incidence of hospitalization or those of dreaded complications of COVID-19 including Encephalitis or MISC (Multisystem Inflammatory Syndrome in Children) among children are reportedly lesser in number.

Q. 4: Why should children be sent to physical schooling before they are vaccinated?

As is already described, COVID- 19 is a mild disease for children. They are either asymptomatic or recover from the infection speedily. Vaccination of the entire population of Indian school going children (around 250 million) is a mammoth task which will require a lot of vaccine production and logistics for administration. It will take a few months' time to get accomplished. Further, the response strategies against COVID-19 based on social isolation (e.g., lockdowns, school closures, etc.) have adversely impacted several aspects of physical and mental health among children and adolescents causing long-term impact on their development. Children will further lose on their crucial learning and socialization time, if we wait for this accomplishment.

Moreover, the experience from different parts of the world has shown that school opening does not escalate the spread of the disease among children. Adhering to 'COVID Appropriate Behaviour' in itself, is an effective preventive strategy. All of us, including the children have now to learn to live with the virus.

Q. 5: What are the some of the important ill effects of keeping children away from the schools?

Schools are not just the centers for academic learning, but they help in promoting physical, social, mental and intellectual growth and thereby shape a healthy and productive personality of the individual. Over the past 22 months in the pandemic, children have suffered a great unsurmountable loss on all these domains. Among the children and adolescents from the low socioeconomic classes of the society, the physical health is impaired owing to lack of nutritious mid-day school meals, physical activity, sports and sun exposure. Owing to the disruption in the school-based routine deworming and iron supplementation programs, the incidence of anaemia is increasing. Many girls are suffering from reproductive tract infections because they are devoid of sanitary napkins distributed in the schools. Overuse of screens has resulted into obesity, eye problems and musculoskeletal problems. Sleep issues are also on a great rise. Loss of normalcy and structure, stress of the pandemic and being away from the peers has resulted into many mental health problems. With no scope to prove their abilities and pursue their goals, most of them have landed into poor self-esteem. Boredom, irritability, low mood and difficulty in complying to the demands of the situation are growing challenges. Mental health problems like social communication disorders, anxiety, depression, screen addiction, substance abuse, suicidality etc.

are increasingly seen. Only about 23 % of urban and 8 % of rural students are in regular touch with academics. 50% of rural students are totally out of any sort of formal learning. 80-90% of the students have lost their pre pandemic scholastic abilities in math and languages. Younger children have lost their chance of building a strong educational base while students from higher classes are facing educational backlog, academic uncertainties and career blocks. With prolonged school closures, more and more children are being thrown into various social evils like domestic violence, sexual abuse, child labour, child marriages, begging, trafficking, child pornography, criminality etc.

Q. 6: What prerequisites parents should ensure before sending the children to the schools?

Before sending the children to the schools, it is desirable that all eligible household adults and children between 15-18 get themselves vaccinated with COVID-19 vaccines. Children should complete their routine vaccination including the Influenza shots.

Children with chronic diseases like type-I diabetes, asthma, and kidney or heart diseases among others should consult the treating doctors before deciding on rejoining the in -person school. Schools should be informed about such conditions that might require specific accommodations.

Counselling children in order to prepare them for attending the schools is necessary and would require efforts from parents, guardians, and educators. Children might be afraid of getting COVID in schools or apprehensive about the new norms in the schools and those during commute. Some may have missed their pre-primary classes altogether and would be entering the school for the first time at the age of 6 or 7. They might get very anxious to start their schooling. Similarly, those who were bullied earlier or those who are introvert, might not like the idea of rejoining the school. Hence, every child needs to be prepared at an individual level, by the parents.

In-person or virtual orientation sessions can help children get familiarized with the new rules and new expectations. They should be explained what to expect in the schools. Additional resources on social skills and communication with classmates and teachers will be useful. In-person interactions with friends and relatives, prior to attending schools, may allay the fear of socialization. Schooling is much more than academics. Hence, students should not be overburdened with academic demands, yet they should be motivated and helped in studies.

Children should be given scientific information about the COVID-19 and COVID Appropriate Behaviours.

Q. 7: How schools should prepare themselves to receive the children?

Schools need to prepare themselves through the preparatory and implementation phases, which are widely discussed in IAP's Recommendations on School Reopening, Remote Learning and Curriculum in and After the COVID-19 pandemic, October 2020, available at <https://www.indianpediatrics.net/dec2020/dec-1153-1165.htm>

In the preparatory phase, schools should undertake

- a. designing the individualized policy for the school, as per the latest guidelines
- b. making the infrastructural changes and
- c. capacity building of the staff, parents and students.

In the implementation phase, safe and COVID Appropriate Behaviours of everyone in the school premises (physical distancing of 3 feet, masking and repeated hand sanitization) should be strictly adhered to. Following issues need to be meticulously looked after:

- a. Measures of physical distancing in Classroom and beyond
- b. Maintaining sanitation and hygiene
- c. Precautions during Commute
- d. Safety measures regarding co-curricular activities
- e. Screening and management of seek (in a ready to use sick room and referral tie ups)

All school staff should be fully vaccinated before they join. Students should be encouraged for COVID-19 and other vaccines but vaccination should not be made compulsory for school attendance. Parental willingness/consent for sending the child should be taken. Facilities for remote learning (hybrid model of learning) should be continued.

Q. 8: How can we ensure a smooth and hassle-free school reopening for children?

As the schools reopen, children, parents and schools are likely to face new difficulties. Bringing all the children willingly back to school may not be possible. To reduce on these blocks, we present the following suggestions.

1. All efforts should be made to bring each and every child back to school. Home visits by teachers, peers, welcome notes, extra- curricular activity participation could be some ways to make them turn to the schools. No student should be coerced for attending the school, but gently motivated by attracting him to his school.
2. As the schools open, establishing or reinforcing the school connectedness should be the main focus. Children should develop and carry on a feeling of belongingness to the school. Schools should ensure a welcoming and stress-free environment. Teachers should foster of self -worth in the school setting.
3. Owing to differential experiences during the pandemic, every child is all the more different now. Schools should individualize their approach, make it child-centric and move ahead as per the needs of every single child.
4. In the initial days of attendance, children should not be pushed directly into academics. They should be given time to adjust with the ‘new normal’ of schooling. They should be encouraged to freely express themselves and mingle with one another and with teachers, preferably in bubbles. They should be patiently listened to whatever they want to share in a non-judgmental manner.
5. Art forms like free-flowing drawing and painting, story-telling, sports, yoga and relaxation techniques, gardening etc. should be resorted to, to cope with the stress and fear. All efforts should be made to boost self-esteem of every child by instilling positivity.
6. All children should be evaluated for their current academic status in a nonthreatening way. A road map for enhancing their academic skills should be prepared for about a year. This plan should be implemented and evaluated quarterly. Students with similar educational plans should be grouped together. Students from senior classes or those with higher academic skills should be given the responsibility to help their friends in learning.
7. Academic evaluation systems for the pandemic years should be flexible. Parents and teachers should be advised not to pressurize them for performance but motivate them for taking good efforts.

Q. 9: In what more ways schools can help the children in the coming times?

Going beyond academics, schools will need to play a bigger role hereafter in the health and well-being of the upcoming generations. They hold a unique place in the hearts of children and parents and can prove to be pivotal for children in overcoming various problems accumulated over the past two years.

Schools should proactively undertake holistic care of children to reduce drop-outs and to ensure good academic returns. They should address not only the education, but also the child's physical health, mental health, social skills, career concerns, vocational training and much more.

1. Growth and development of the students, their nutritional concerns and other physical health issues have taken a back seat during the pandemic. School health centers should take a proactive role to monitor and address these issues. Creating a growth chart for each child is a start. Thorough health check-ups including vision testing should be arranged with the help of medical practitioners. School clinics should be strengthened and equipped so as to address health emergencies that may arise.
2. For children with special needs and those with chronic diseases, schools should join hands with parents and other medical professionals for the holistic upliftment of the children.
3. Owing to various stressors of the pandemic, children are suffering from a variety of mental health issues. School staff should be empowered to detect warning signs of mental illness in children. These include low mood, remaining aloof, irritability, poor concentration, poor grooming, irrelevant talks, repetitive thoughts or behaviours etc. Younger children may show excessive crying, inability to focus on play, clinginess, poor speech, poor social interactions, toilet accidents etc. Preferably, every school should appoint or have a tie up with a psychologist.
4. Some children are more vulnerable towards mental health problems than others. Children from lower socio-economic strata, those from broken families, children with special needs and chronic disorders, those with history of mental health disorders in direct family, those who have gone through separation/serious hospitalization /death of a near-one during pandemic etc. fall into this high-risk group. Efforts should be made to keep a keen eye on the mental health of these children so that early interventions can be initiated as required.

5. Schools will need to extensively recruit and train their staff. Fund raising through GoI aids, NGOs, CSR, tying up with new startups, voluntary donations from civil society are some ways to generate funds for the same. Indian Academy of Pediatrics has developed and rolled out many relevant modules for capacity building of students, teachers, parents and other stakeholders. Local branches of IAP could be contacted for the same.

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