

Indian Academy of Pediatrics (IAP)

Advisory on School Reopening

(September 2021)

Why do We Need to Reopen the Schools?

COVID-19 pandemic has adversely affected millions of children and adolescents across various health and developmental domains. With prolonged school closures, children's education has, arguably, suffered the most. The Indian Academy of Pediatrics (IAP) framed, published, and widely disseminated its Guidelines and Recommendations on '**School Reopening, Remote Learning, and Curriculum during and after COVID-19 Pandemic**' to address schooling issues during the pandemic in October 2020 [Ghate et al. *Indian Pediatrics* 2020;57:1153–65. <https://doi.org/10.1007/s13312-020-2072-7>]

Children have been homebound for more than 17 months now. Consequently, they are displaying significant physical and psychosocial health issues. The educational void is increasing. School reopening and bringing back normalcy are eagerly awaited. Studies have shown that schools do not act as significant sources of viral transmission. However, the horrific experiences during the second wave are unforgettable and act as a big barrier to any attempts to bring the children back to school. Government authorities, school administrators, and parents appear to be in dilemma and confusion. The decision for school reopening, therefore, needs to be taken vigilantly with a scientific temper.

When to Open the Schools?

Indian Academy of Pediatrics constituted a 'Task Force on School Reopening 2021' to review and update its earlier recommendations in the current context and scientific evidence. The Recommendations of the Task Force are presented below.

General Recommendations

1. Decision-making regarding the school reopening should be decentralized. It should be taken at the level of districts (or *taluka*/city/village/school) according to the local situations, rather than at the national or state level.
2. Strict compliance to the COVID-appropriate behavior (social distancing, masking, sanitization, etc.) by everyone in the community should be encouraged and ensured.
3. Isolation, testing, and contact tracing of symptomatic school attendees should be carried out as per local health guidelines.
4. The health care system should be adequately geared up to handle any potential outbreaks through meticulous microplanning.
5. Local COVID-19 statistics should be vigilantly followed. The decision regarding keeping the schools open should be reviewed every 15 days.
6. COVID-19 vaccination drives should be undertaken to cover all the vaccine-eligible populations as early as possible.
7. Schools and governments should facilitate the joining of students to school by arranging school transport as before, and not imposing restrictions such as RT-PCR of students etc.

Criteria for School Reopening (*to be met at the local level*):

Local authorities may consider the opening of the schools when all the following three criteria are met.

1. The case positivity rate for COVID-19 (that is, the number of RT-PCR positive per hundred tests) should be less than 5% for the preceding two weeks OR if the case positivity rate is greater than 5%, the total number of new cases should have been steadily declining over the preceding two weeks.
2. The number of new cases per lakh population per day should be less than 20 for the preceding two weeks.
3. Vaccination coverage (as measured by at least one dose of any of the COVID vaccines) of the adult (or the vaccine-eligible) population should be 60% or more.

Criteria for Attending the School

1. All the adult members working at and closely associated with schools, including the teachers, non-teaching staff, support staff, commute drivers, attendants, and school visitors, should have received at least one dose of any COVID-19 vaccine.
2. Students above the age of 18 years should have received at least one dose of the COVID vaccine.
3. Parents and other adult members of the students' households who are eligible for vaccination should have received at least one dose of the COVID-19 vaccine.
4. Parents should be willing and should give consent for sending their wards to schools.
5. High-risk staff members (those with diabetes, high blood pressure, obesity, chronic lung or kidney diseases, etc.) should have completed two doses of vaccination 15 days before attending the schools.
6. High-risk children (those suffering from chronic diseases like asthma, kidney diseases, disabled children, children on steroids etc.) should consult their pediatricians before joining the schools.
7. Anyone who is not feeling well should refrain from attending the school and consult a medical professional before returning.

IAP will update these criteria as and when new scientific data emerges.

Postscript

The current scientific research suggests that seroprevalence is an unreliable indicator with high false positivity and should not direct policy decisions on social restrictions. This unreliability is due to factors like restricted population surveys, nonrepresentative samples, uncertainty around test accuracy, and limited knowledge about antibodies in the long term. To understand the disease epidemiology, the survey results need to be interpreted in the context of other external information, such as confirmed cases, deaths, and infectious disease models. Hence, IAP does not recommend the seropositivity of the population as an epidemiological indicator for school reopening.

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