

BY EMAIL

To: Parents, Pupils and the school community

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Date: 9 September 2021

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
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All School Principals

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9 September 2021

SUB 0798-2021

Dear Principal

Revised Arrangements for the Identification of Close Contacts in Schools

Many school leaders have had a challenging time since schools reopened for the new term, with the volume of reported cases and the associated contact tracing which schools have done to support the work of the Public Health Agency (PHA).

I want to take this opportunity to thank you for all of your efforts, and inform you of a revised PHA operational procedure for contact tracing in schools, which will come into effect on Friday 10 September. This will address the pressures in schools identified by PHA in recent days.

The Executive agreed in August 2021 to change the guidance on the isolation of close contacts, so that fully vaccinated adults no longer need to self-isolate following close contact, and are instead advised to seek a PCR test. At the same time it was agreed that children who are identified as close contacts should isolate until they receive a negative PCR test, after which they can leave isolation and return to school. It is also advised that a second PCR test be taken on day 8 after close contact.

This was reflected in revised PHA guidance and communicated to schools. When schools returned following the summer break, they were asked to continue to identify close school contacts of confirmed COVID cases in their school. Schools had carried out this work with PHA in the last school year. This is no longer in line with contact tracing services in England, Scotland and Wales, where the schools are now only asked to provide assistance in very limited circumstances.

Since schools returned for the new school year the high community prevalence of COVID-19 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, with large numbers of children missing school, pressure



on school leaders and a high volume of calls to PHA leading to delays in response within the current operating model.

Clearly this position is not tenable, and I have engaged closely with the Minister of Health since schools returned to examine how we could act to ease burdens on schools, and importantly keep as many pupils as possible in school safely. PHA are making operational changes which will have positive impacts on both the numbers of children being asked to self-isolate, and the burdens on school leaders.

The revised approach will:

- **Replace the current school-led process to identify close contacts of COVID cases with a more targeted PHA led approach, easing the significant burdens on school leaders.**
- **PHA contact tracing service will be identifying and asking the very closest contacts, for example very close friends, to isolate and get a test. Other contacts in school, such as those in the same class or who sit near the case, will not routinely be asked to isolate and book a test.**
- **School leaders will no longer be required to respond to every case by identifying contacts. PHA will undertake the work and will only contact the school Principal for assistance in limited circumstances.**
- **A “warn and inform” letter will be made available which schools may wish to use to inform parents of cases in the school and to remind everyone of the steps we should all be taking to reduce the risk of COVID transmission in school and beyond.**
- **Parents will be asked to inform the school if their child tests positive which could be part of normal school absence reporting.**
- **Detailed PHA guidance for schools will be prepared to support the revised approach.**

PHA will monitor the number of cases in schools and will continue to have arrangements to respond to and support schools with large clusters and outbreaks. This proposed approach is in line with the approach being taken to schools in England, Scotland and Wales.

Schools should continue to focus on the range of mitigations they have in place to reduce the risk of COVID transmission including:

- a. Cleaning, ventilation, face coverings, consistent groups and regular asymptomatic testing using lateral flow devices;
- b. Vaccination is available to all staff and some students.

A separate arrangement for special schools will be implemented which takes account of the particular needs and vulnerabilities of those settings. While the overall burden will still be reduced, PHA risk assessments may mean that special school principals are contacted more frequently about cases than mainstream colleagues.

I wish to pay tribute to the school leaders who have worked so hard supported by the PHA over the course of the pandemic to assist with contact tracing. The time is now right, in line with the easing of restrictions in society more widely, to adopt this new approach, and apply contact tracing measures in schools as they are applied in other

settings such as workplaces or restaurants, with skilled, dedicated PHA contact tracers conducting the exercise.

Rationale for Change

I appreciate the changes set out may seem to be a move away from what you are familiar with, and I have sought detailed information from Health colleagues as to why we are now able to make these amendments to the processes, and assure you that the safety of school staff and pupils remains at the core of our guidance. I hope the detail in this letter is helpful, and shows how we are moving forward carefully and in line with the latest public health advice.

The high community prevalence of COVID in Northern Ireland has led to a large number of cases being reported by schools and an extremely large number of children being identified as close contacts and asked to isolate and book a PCR test. This has resulted in major disruption to children's education.

It is acknowledged that the COVID pandemic – in particular school closures and COVID related absences – have 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.

The procedures used in earlier stages of the pandemic resulted in relatively large numbers of children being identified as close contacts and asked to isolate. The difference between this wave of the pandemic and previous is that we now reached 90% of the adult population with the vaccine.

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.

We now have evidence which shows that the vast majority of those identified as school close contacts and sent home to isolate during the 2020/21 school year did not go on to develop COVID.

The English daily contact testing study published during the summer was carried out in post primary schools during the summer term in 2021 when Delta was becoming dominant. It found that across all the schools taking part, 1.6% of those identified as close contacts went on to become confirmed cases within 14 days.

A report covering the whole 2020/21 school year published by Public Health Scotland on 1st September 2021 reported that 7.9% of close contacts in primary school and 2.3% of close contacts in post primary schools went on to become cases.

The proportion of close contacts who went on to become cases was highest in the third term when Delta had emerged and there was routine testing of close contacts. However the vast majority of school close contacts (89.5% in primary school and 96.5% in post primary schools) did not become cases.

Data on close contacts collected by the PHA during spring term 2021 shows similar patterns. Analysis of over 18,500 school close contacts who were asked to isolate

showed that the vast majority did not go on to become cases. Analysis is being completed but is very similar to the findings in Scotland.

PHA analysis of these 18,500 close contacts showed that children from the most disadvantaged areas were more than twice as likely to have to isolate compared to children from the most affluent areas, further exacerbating inequalities.

A study carried out in Scotland and published in the British Medical Journal on 2nd 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-19. This is in keeping with findings from studies published by the Office for National Statistics. All school staff have now had the opportunity to have two vaccines.

Conclusion

Having examined the evidence, it is appropriate to now make the changes to the operational delivery of contact tracing in schools. We have taken advice from the Chief Medical Officer, and he, along with Education and Health officials have briefed education practitioners and education trade unions on the new processes.

The negative effects of large scale self-isolation of the school population has to be recognised. Our schools have a range of mitigations in place and are safe places for children and staff. The vaccination programme has now reached 90% of the population and restrictions have been eased across society. The planned changes outlined in this paper will significantly reduce disruption for pupils, parents and schools. The self-isolation rules agreed by the Executive on 12 August 2021 will not change as a result of these operational amendments.

PHA will issue revised advice to schools on Thursday 9 September, and schools and parents will receive communications on the changes and their rationale from DE. PHA have confirmed they are ready to deliver this new approach from Friday 10 September.

Schools and parents should be reassured that these arrangements will both allow schools to focus their energies on teaching and learning and will see PHA adopt a contact management process which should see fewer pupils being asked to isolate and test, keeping more children in school, which Education and Health professionals agree is the best place for them to be, for educational and wider health and wellbeing benefits.

Yours sincerely

Michelle McIlveen

Michelle McIlveen MLA
Minister of Education