

Dear Headteacher,

I am writing to you as the Director of Public Health for Doncaster regarding my professional view on the current scientific position and information regarding the wider opening of schools.

Following on from Mayor Ros' recommendation to you that schools should not reopen wider from June 1 (apart from children of key workers and those who children identified as vulnerable), which gained accord from the trade unions and parents/carers in her recent survey and from myself, I am consistently monitoring the evidence and data that is received by Doncaster Council.

This monitoring will allow me to advise on the potential situation changes that are likely to develop post June 1.

I am sure that you have spent many hours digesting the Government's advice and before I get to SAGE (Scientific Advisory Group for Emergencies) report, I think it would be useful to set out my insights for Doncaster.

### **Situation in Doncaster**

First of all, some current context on our position in relation to the national pandemic.

The North of the country, including Yorkshire and the Humber and Doncaster has been constantly told that the pandemic wave is two weeks behind the pandemic wave seen in London and in the South of the country.

The nationally available data on the numbers of new COVID-19 cases (which is dependent on the testing strategy) shows the Doncaster rate is in the middle of regional averages, although in the last seven days South Yorkshire has seen one of the highest number of new cases in the North of England.

I have asked repeatedly to see all the data on new COVID-19 cases in Doncaster to give me a complete picture of not just how many new cases but where the new cases are and assurance that they are being effectively managed.

Having this reliable data and intelligence will help me to consider if there is scope for any relaxing or change in advice. As I have said, we are constantly monitoring the situation and if my advice was to change, then it would be based on the following factors:

- A review of the national Bioalert level – currently level 4
- An expected further reduction in the number of new cases in line with adherence to the current physical/social distancing guidance

- Starting the relaxation of any physical/social distancing measures from as low a number of new cases as possible to reduce the chance of sparking a second peak

It's expected that by mid-June the national test and trace system will be fully operational to respond to new cases and contacts and this may well include an app for the public to use to feed into this insight and data.

So dependent on the above, there could be further developments which could mean a change in the advice. Given this, further information will be sent to you at the appropriate time for you to consider.

I have also been asked to signpost you to relevant training for staff on the use of PPE and disease control actions. These are part of the edulog leaders briefing that is regularly updated daily and will continue to be updated.

So turning to the SAGE report which I am sure you are aware of but I think it useful to recap.

### **SAGE (Scientific Advisory Group for Emergencies) report**

I want to update you on the information at hand and some of the things you could be focusing on.

On May 20 2020, the scientific report that informed the decision to relax school closures report was released. It was prepared for a SAGE meeting at the end of April by the Interdisciplinary Task and Finish Group on the Role of Children in Transmission (TFC). [This report is available online.](#)

The report considered the relative comparison of nine scenarios for relaxing school closures on transmission. The scenarios ranged from the current situation where schools are open for the children of key works and vulnerable children, to full reopening of primary and secondary schools.

The scenario of all reception, year 1 and year 6 children returning was not included in the in the analysis summarised in the report.

The report does not assess the absolute impacts of the scenarios on transmission. This would be dependent on a number of issues, including: the timing of interventions, the background incidence of COVID-19 and adherence to other behavioural and social measures.

### **Impact on transmission**

Evidence is inconclusive on whether children are more susceptible to COVID-19 and whether they are more likely than adults to transmit the virus, although the report says that the balance of evidence suggests that both may be lower than in adults.

The modelling was carried out using different assumptions on how likely children are to infect others.

Overall the analysis makes conservative assumptions, including that that children are as infectious as adults; that all eligible children attend schools in the scenarios; and that class sizes are unchanged.

The report says that the following should be considered in relation to the relative impact of the different approaches to partial re-opening:

- It is likely that adherence to existing measures in the broader community will have the greatest influence on the impact of relaxing school closures on transmission, whichever scenario is applied
- The impact of relaxing school closures on transmission is likely to be significantly less than changes to lockdown policies
- Increasing attendance of vulnerable and key worker children to 11% (Scenario 2) has the smallest impact, as this is the scenario with the fewest children returning to school
- Resuming early years provision has a smaller relative impact than primary school, which in turn has a smaller relative impact than resuming secondary school. However, this analysis does not incorporate potential for indirect impacts on contacts outside of school, which may differ by age of child.
- Alternating one/two weeks on, one/two weeks off (Scenario 7) may be a good way to stop extensive transmission chains in schools, although the modelling of this scenario is the least robust and further exploration is needed.
- Relaxing school and work measures at the same time should be explored cautiously. This is because the impact of both on transmission is greater than their individual effects.

### **Impact on behaviour**

- If relaxing school closures results in reduced adherence to existing social distancing and other measures (for example, through increasing adult work contacts), transmission will increase.
- Relaxing school closures will increase interactions between people, although the scale of this could be mitigated by the implementation of changes to school routines and environments (e.g. social distancing in school, hygiene measures). The age of the children and other characteristics will impact the effectiveness of these mitigations.
- Perceptions of risk among teachers, parents, and students is not known and they must perceive the risk of infection to be low to be willing to attend or send their children to school.
- Compliance with social distancing in the community will influence the infection rate in schools.

- Wider issues will influence the impact of the options for relaxing school closures, such as impact on the susceptibility of BAME communities, availability of testing and whether employers allow flexible working
- The report suggested that alternating one/two weeks on, one/two weeks off (Scenario 7) was likely to be the most effective strategy both for children's development and for working parents.

### **Report conclusions**

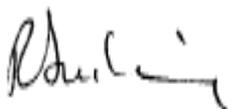
The report makes the following conclusions:

- There is uncertainty about the extent to which children transmit COVID-19 and whether social distancing will be maintained in the wider community, although both will influence the impact of relaxing school closures on transmission
- Clear, consistent, scientifically informed communication to children, teachers and parents about relaxing school closures will be important to influence behaviours
- Further work is required on the potential implications of the role out of testing on strategies for school opening

Lessons from the impact of opening schools in other countries should be identified and included in future modelling.

I hope this information helps to set out the current context and timelines that myself and colleagues within Public Health and the council are working to.

Kind regards,



Dr Rupert Suckling,

Director of Public Health Doncaster