

Anne Longfield OBE
Children's Commissioner for England

BY EMAIL ONLY

08 July 2020

Dear Anne

Scientific advice and public health guidance on COVID-19 for children.

Thank you for your letter. As a new virus our understanding of SARS-CoV-2 is still at an early stage including how it affects children compared to adults. We can assure you that wherever possible in our discussions at SAGE we have sought to differentiate between the effects on children and adults. Many subgroups feed into SAGE and one such group is the Children's Task and Finish Working Group. This group provides consolidated scientific advice on the transmission of COVID-19 in children and within schools. The President of the Royal College of Paediatricians and Child Health has participated in SAGE and subgroup meetings relating to children. SAGE intends to discuss again in more detail the advice surrounding children in the coming weeks. We will be very happy to keep you updated following these discussions. As more evidence become available, we fully expect to be revisiting the topic in future. In response to the three specific questions you have asked, we can provide the following answers:

What consideration SAGE has given, in producing its advice, to the differential susceptibility of children to COVID-19 compared with adults.

SAGE has considered differential susceptibility in children compared to adults extensively. The advice given on 1 May is that younger children (up to age 13) might be less susceptible to infection (low degree of confidence) and are less susceptible to clinical disease than adults (moderate to high degree of confidence). There is not enough evidence, however, to determine whether this is also the case for older children (ages 14-18). It is unclear whether transmissibility by children is lower than by adults, but some variable evidence indicates that this may be the case for younger children. There is low confidence in this evidence.

For a variety of reasons, such as the number of pupils, and number of contacts of pupils, school reopening options relating to younger children are lower risk than those for older children. The indirect effects of re-opening schools, regardless of which option is taken, are likely to have a greater impact on transmission than schools themselves. For example, work-related to reopening and changes in behaviour. We have been and remain keen to see schools re-open for all the reasons you state.

Whether SAGE has explored the potential for differential social distancing requirements for adults and children; and, if so, whether it has provided this advice to ministers.

This area has not been considered by SAGE and no advice on the potential for differential social distancing requirements for adults and children has been provided by SAGE to ministers. The advice from SAGE has been focused primarily on family groups and their interactions as opposed to the specific differences between adults and children.

Whether SAGE advice recommends treating children in the same way as adults in terms of social distancing requirements; and, if so, what the reasons for this are.

SAGE has not given specific advice as to whether children should be treated differently or in the same way as adults in terms of social distancing requirements. However, modelling and the resulting SAGE advice for school situations assumed that social distancing would not be in place as we understand that it is extremely difficult to achieve in a school environment.

Evidence considered at SAGE and meeting minutes are released online at: <https://www.gov.uk/government/groups/scientific-advisory-group-for-emergencies-sage-coronavirus-covid-19-response>. This includes consensus statements on impacts of school closures, reports from PHE and DHSC on the impact of Covid-19 in children, and papers on susceptibility and transmission on children. For the above evidence provided we would refer to SAGE meetings 30 and 31.

Transparency, including the evidence informing the views of SAGE, is vital in helping to maintain the public's trust and grow our collective understanding of the disease, while also helping to explain how scientific advice to the Government is being formed. SAGE has therefore released the statements and the accompanying evidence to demonstrate how our understanding of COVID-19 has continued to evolve as new data emerges as well as how SAGE's advice has quickly adapted to new findings that reflect a changing situation. We will continue to release the evidence that has informed SAGE's advice as quickly as is possible. As with many topics considered by SAGE, advice on differential susceptibility will be reassessed as and when new evidence emerges.

Yours sincerely,

PD

Patrick Vallance

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Chris Whitty