

What we know about Post-acute/Long COVID and how it could impact educational and children's social care settings

1. 'Long COVID' is commonly used to describe signs and symptoms that continue or develop after acute COVID. It includes both ongoing symptomatic COVID, a clinical term used to describe signs and symptoms of COVID from 4 to 12 weeks, and post-COVID syndrome, a clinical term used to describe signs and symptoms that develop after COVID and continue for more than 12 weeks.
2. There is no internationally agreed definition of post-COVID syndrome, which may be a single syndrome or a cluster of different post-infection complications; this is a key challenge to interpreting findings. Further clinical studies are needed to give us a firmer understanding of post-COVID syndrome in adults and children, including its prevalence, severity, and duration. A common case definition will help to build confidence in information.

Sector Workforce

3. There is a potential impact on workforce absence in educational and children's social care settings. The ONS reported that from the total UK population, across a four-week period in March, 2.5% of education sector workers were thought to be suffering with ongoing symptomatic COVID of at least 4 weeks (compared to 1.7% of the general population), with 1.6% experiencing post-COVID syndrome of over 12 weeks (compared to 1.1% of the general population).¹ While these numbers are higher than the national rate, this is common across many professions as long COVID prevalence is higher among the working age population (rate for people aged 17-69 symptoms for 4 weeks is 2.1%, over 12 weeks is 1.3%)
4. We do not currently know what impact long COVID will have on the workforce in education and children's social care sectors. Evidence is limited and due to the nature of self-reporting and the group of common symptoms it is hard to differentiate long COVID from other illness. Our main concerns for the workforce would be if those reporting long COVID are unable to work for a sustained period, thus contributing to absence levels, and the implications of being unable to work for both staff and leaders. We have not received much intelligence from the sector to date on long COVID leading to high or sustained absence.
5. We currently collect daily data on absence from schools, which tells us about COVID related absence (suspected cases, confirmed cases, and isolating due to contact) and 'other' absence (which could include other illness, shielding, childcare, time off for vaccines, or potentially long COVID). We do not have a breakdown of what 'other' absence is made up of each day and rely on surveys such as the teacher and leader survey panel to get a better understanding.
6. Absence for teachers, leaders and support staff has been consistently higher than the normal levels of seasonal absence (c.2% for April-June). As of 23 April 2021, 4.3% of teachers and leaders were unable to teach on site. Of this, 4% was due to 'other' reasons, and 0.3% was due to COVID related reasons (0.1% confirmed cases and 0.2% due to isolating). This is lower than before Easter when overall teacher absence reached c.7% and lower than in the autumn term when absence peaked at c.10%.

¹ ONS (2021) Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK

7. We expect that up to 4.9% of other absence was due to shielding before this guidance was paused on 31 March. 'Other' absence has declined since this point but remains around 2pp above the average seasonal absence. To date, we do not know to what extent long COVID has contributed to 'other' absence. In some cases, schools might continue to report long COVID cases as a confirmed case for the duration of the absence, but we expect it is more likely to be captured under 'other' absence.

Long COVID in Children

8. Early evidence suggests that many of the post-COVID symptoms experienced by adults are also shared by children. However, data and studies on long COVID in children are limited. Most children and young people are asymptomatic or exhibit only mild symptoms following COVID infection, though a small number may develop a delayed onset systemic inflammatory response known as Paediatric Inflammatory Multisystem Syndrome (PIMS). Children and young people may also be affected by long COVID.
9. The ONS has estimated that of those testing positive for coronavirus, 9.8% of children aged two to 11 years and 13% of those aged 12 to 16 years will have continued symptoms at five weeks after infection. It is important to note that symptom prevalence does not mean that this percentage of children will require health care and clinicians are not seeing large numbers of referrals for children for with long COVID.
10. NHS England and Improvement has recently published commissioning guidance setting out the patient pathway for children and young people with long COVID.
11. A study carried out in Australia, of 171 children who had previously tested positive for COVID and had a median age of 3, found that some children suffered ongoing fatigue and a cough, but the majority of children did not have any significant medium/long term symptoms, such as those sometimes seen in adults.² The low median age of participants in this study mean it less surprising they had lower rates of persisting symptoms.
12. A study in Italy (not peer reviewed), of 129 children previously diagnosed with COVID and a mean age of 11, found that more than half of children with COVID have at least one persisting symptom over 17 weeks after being diagnosed. Among them, 43% reported being impaired by their symptoms during daily activities.³ This paper conflicts with the Australian paper, which reported that all 155 children returned to normal after 8 weeks. The authors then led a second study of 510 self-selected patients with no control group.
13. A larger study (not peer reviewed) surveyed a self-selected group of parents. The children were predominantly in the UK and US, with a mean age of 10. Across a sample of 510 children, tiredness and weakness (87%), headaches (79%), abdominal pain (76%) and muscle and joint pain (61%) were common. Gastrointestinal symptoms were also reported relatively frequently, as were skin complaints such as rashes.⁴ It should be noted that these findings are unlikely to be applicable to the wider population as the parents surveyed were sourced from an online patient support group.

² Lancet (2021) Post-acute COVID-19 outcomes in children with mild and asymptomatic disease

³ medRxiv (2021) Preliminary Evidence on Long COVID in children

⁴ Clinical Characteristics, Activity Levels and Mental Health Problems in Children with Long COVID: A Survey of 510 Children

14. To help better understand and address the longer-term effects of COVID on physical and mental health, on 18 February 2021 the Government announced £18.5 million of funding would be given to four research studies. This includes a CLoCK study led by Professor Sir Terence Stephenson, at UCL Great Ormond Street Institute of Child Health, which is looking into Long COVID among children, how it can be diagnosed and how to treat it, preliminary findings will not be available until June/July at the very earliest.

PHE and DHSC Guidance

15. PHE and DHSC have raised concerns about the potential spread of misinformation on long COVID in children.
16. The advocacy group 'Long COVID Kids' have produced a 'School Awareness Pack'⁵. The Scottish Government has received correspondence asking whether it would be distributing the pack to schools. There is a concern that this misinformation could be directly distributed to schools. PHE and DHSC are concerned that the information pack risks overstating the prevalence of long COVID in children. Whilst some children may suffer from post-COVID symptoms, these may not hugely differ from other post-viral symptoms.
17. Long COVID Kids are also calling for robust aerosol transmission mitigation measures in schools and policies on school attendance and return to school as well as greater public awareness of long COVID in children.
18. We are discussing options with PHE and DHSC. One route is for PHE and DHSC to provide key messages and guidance on long COVID in children, which DfE could help to distribute via our comms channels and links with schools.

Next Steps

19. **Data and Analysis:** We will continue to track the growing number of studies on long COVID in children and the workforce to further our understanding of the potential risk. We have a question in the Teacher and Leader Survey Panel on 'other' reasons for absence, so we should have some intelligence on 4 May about how many leaders have had staff unable to attend settings due to long COVID. We could also conduct more detailed analysis with sectors, where feasible, to better understand the scale of the impact on the workforce now.
20. **Stakeholder Forum:** We propose an agenda item at a future meeting to present a summary of the current scientific evidence on long COVID and the potential implications for children and our sector workforce.
21. **Guidance** - There could be a case for issuing guidance to the sector on long COVID, in partnership with PHE, DHSC, NHSEi and Devolved Administrations. Guidance could help to counter any misinformation that is being circulated and communicate the known risks. We could discuss the need for issuing guidance on long COVID in relation to the workforce with the Stakeholder Forum.
22. **Planning** – We will work with policy teams to support any necessary planning for the impact of long COVID on children and workforce in educational settings, and children, carers, and workforce in the children's social care sector. This planning will be proportionate to the anticipated impact, which we will continue to monitor.

⁵ Long COVID Kids – School Awareness Pack