



## Collectie



**Anna Davidson | OzSAGE | #CovidisAirborne**  
@PMGPSC



### A thread on Children, Schools and Childcare in Australia in response to Omicron.

7:07 a.m. · 13 dec. 2021

104 Retweets

26 Geciteerde Tweets

259 Vind-ik-leuks



Je antwoord tweeten

Beantwoorden



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Als antwoord op @PMGPSC

1/61 This thread should be read in addition to advice provided by OzSAGE entitled “Protecting children from COVID-19 and making schools and childcare safer” published 1 Oct 21 and is in response to the emergence of the Omicron Variant. ([ozsage.org/media\\_releases...](https://ozsage.org/media_releases...))





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109

139



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2/61 Highlights

•Early evidence relating to the new Omicron variant suggests that younger, immune-naïve populations including children under 5 years old, were experiencing higher rates of disease and hospitalisation than with previous strains of COVID-19.

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3/61 •Global evidence continues to mount in favour of protecting children from COVID-19 through the use of masks, enhanced indoor air ventilation, ([empa.ch/web/s604/covid...](https://empa.ch/web/s604/covid...)) and vaccines.

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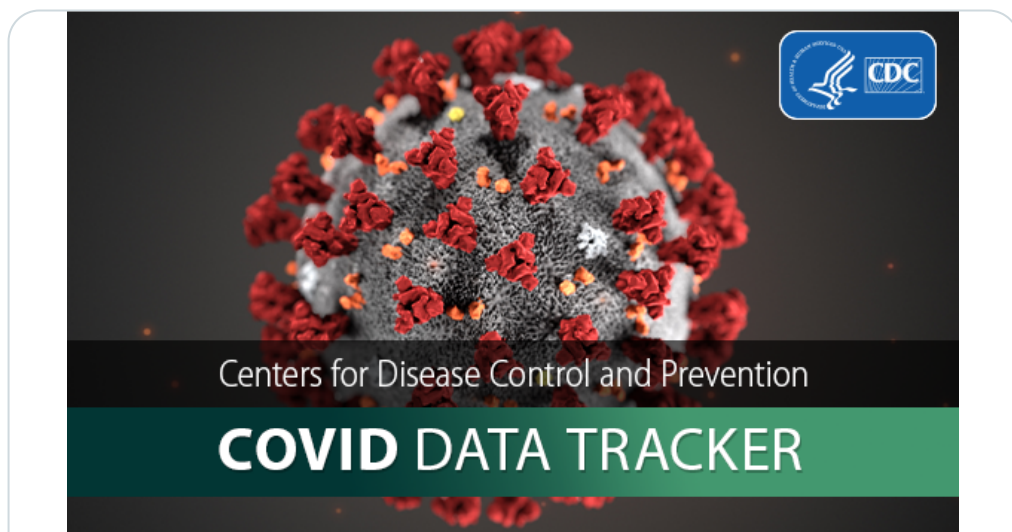
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4/61 •Poor protection in high-risk settings, such as school classrooms, continues to leave children vulnerable.

•COVID-19 is now the number one cause of paediatric (non-accidental) death in USA. ([covid.cdc.gov/covid-data-tra...](https://covid.cdc.gov/covid-data-tra...))



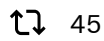
[covid.cdc.gov](https://covid.cdc.gov)

COVID Data Tracker

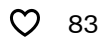
CDC's home for COVID-19 data. Visualizations, graphs, and data in one easy-to-use website.



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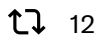
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5/61 Recommendations:

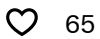
\* Federal, State and Territory Governments of Australia must immediately move to protect unvaccinated children from aerosol transmission from COVID-19 ([ozsage.org/media\\_releases...](https://ozsage.org/media_releases...))



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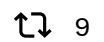
65

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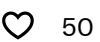
6/61 \* Implement previously recommended non pharmaceutical interventions and aerosol mitigations to prevent transmission of COVID-19 in the school setting. ([ozsage.org/media\\_releases...](https://ozsage.org/media_releases...))



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7/61 \* Recognition that being safe at school is about physical and psychological safety and wellbeing for children. It also forms part of the social contract between parents and the Government / School in regard to the attendance of children at school.

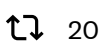


researchsquare.com

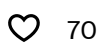
Child-centred pandemic decisions: how the Preca...  
Key messagesRisk assessment for children has  
been a polarising issue during the Covid-19 ...



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8/61 \* Additional resources and public health messaging must be directed to the vaccination program for children aged 5-11 years.

\* Term 1, 2022 should have a remote learning option available for vulnerable children or parents who judge risk as unacceptable due to other reasons.



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9/61 For further related measures for implementation please see the advice

document put out by OzSAGE. ([ozsage.org/media\\_releases...](https://ozsage.org/media_releases...))



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10/61 While this update relates to children, teachers also have the right to a safe workplace.



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11/61 The pandemic is likely to continue for a number of years and schools need different models (face to face and remote learning) to run concurrently to limit the constant need to switch between school exposures/remote teaching and face to face learning.



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12/61 It is recommended that teachers and schools to consider:

- Planning friend / schooling bubbles in advance to combat social isolation and limit opportunity for exposure.



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13/61 •Encouraging conversations with children to understand that living with COVID means adapting to COVID-19 mitigations in the least invasive manner – it is not panicking but rather it is planning.



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14/61 Plans help alleviate confusion, distress and allow people to make informed decisions.

Background

The wellbeing of children needs to be a primary consideration for decision makers and government in responding to the changing landscape of this pandemic.



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15/61 By taking preventive action, in the face of an unknown risk to children, we protect the rights and wellbeing of children and their communities.



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16/61 On 7 Dec 21, Dr Kluge (Regional Director Europe, World Health Organisation), ([euro.who.int/en/media-centr...](https://euro.who.int/en/media-centr...)) indicated that protection of children and school environments was an urgent global priority



euro.who.int

Statement – Update on COVID-19: We need to shif...  
7 December 2021, Dr Hans Henri P. Kluge, WHO  
Regional Director for Europe



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17/61 & “the use of masks, ventilation & regular testing should be standard at all primary schools”. ([euro.who.int/en/media-centr...](https://euro.who.int/en/media-centr...))



euro.who.int

Statement – Update on COVID-19: We need to shif...  
7 December 2021, Dr Hans Henri P. Kluge, WHO  
Regional Director for Europe



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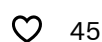
18/61 Further, the importance of safe indoor air, ([ozsage.org/wp-content/upl...](https://ozsage.org/wp-content/upl...)) and ventilation in schools ([ozsage.org/media\\_releases...](https://ozsage.org/media_releases...)) has been demonstrated by the findings of a study undertaken in Graubünden, Switzerland.



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19/61 ([empa.ch/web/s604/covid...](https://empa.ch/web/s604/covid...)) This study of 150 primary school classrooms demonstrated poor air quality in classrooms and that “more

students and teaching staff were infected with the coronavirus in classrooms with poor air quality than in rooms that are regularly ventilated".



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20/61 It is timely to emphasise the benefits for children and staff in monitoring and improving indoor air quality for ensuring safety and aiding cognition and learning.



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21/61 Statistics Canada released data indicating that young people were likely to be impacted by the spread and impact of the virus itself rather than by lockdowns or other public health measures.



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22/61 There has also been other calls for an integrated precautionary approach to the protection of children's wellbeing which "minimises both direct and indirect impacts upon children, and removes the requirement for children and adults to take on unquantified risks from this...



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23/61 ...novel and incompletely-understood infectious disease."



researchsquare.com

Child-centred pandemic decisions: how the Preca...

Key messagesRisk assessment for children has been a polarising issue during the Covid-19 ...



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24/61 Omicron

There is still much uncertainty about the severity of disease caused by Omicron. Early data from Guateng province in South Africa suggests it may be causing severe disease in younger and immune-naïve populations.



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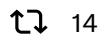


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25/61 A larger proportion of hospitalisations in children including the 0-5 year age cohort has recently been observed, related to Omicron variant. Omicron may be associated with more severe disease in children than previous COVID epidemics.



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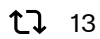


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26/61 Long-COVID and Multisystem Inflammatory Syndrome in Children (MISC-C) remain a possible outcome of COVID infection in children irrespective of disease severity.



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27/61 The UK Health Security Agency, Technical Briefing, 'SARS-CoV-2 variants of concern and variants under investigation in England', (10 December 2021) ([assets.publishing.service.gov.uk/government/upl...](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/101444/20211210_UK_HSA_Technical_Briefing_SARS-CoV-2_variants_of_concern_and_variants_under_investigation_in_England.pdf))

and 'Risk Assessment' (8 December 2021) ([assets.publishing.service.gov.uk/government/upl...](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/101444/20211208_UK_HSA_Risk_Assessment_SARS-CoV-2_variants_of_concern_and_variants_under_investigation_in_England.pdf)) shows that Omicron:



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28/61 •displays a growth advantage over Delta  
•achieves a real-world reduction in vaccine-effectiveness, lowering immune protection against symptomatic infection;



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29/61 •appears to need a third dose booster to confer significant immune protection.  
•disease severity remains unknown.



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30/61 Today, the UK Prime Minister Boris Johnson mobilised their Army to

assist with the rollout out the “Omicron Emergency Booster National Mission” (3rd doses of vaccine)[bbc.com/news/uk-596315](https://www.bbc.com/news/uk-596315)... in response to the “tidal wave of Omicron coming”.



bbc.com

Covid: Boris Johnson sets new booster target over 'Omicron tidal wave'  
The UK is facing an Omicron emergency, says Boris Johnson, as boosters are offered to all over-18s in England.



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31/61 Long COVID

While the severity of disease caused by Omicron remains unknown, the growing evidence about the impact of long COVID remains relevant.



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32/61 Of note is a large matched cohort study of 157,135 people (including 11,950 children)([medrxiv.org/content/10.1101](https://medrxiv.org/content/10.1101/2021.12.02.21261111)...) which indicates a substantial new-onset post COVID-19 morbidity in paediatric and adult populations based on routine health care documentation.



medrxiv.org

Post COVID-19 in children, adolescents, and adult...  
Background Long-term health sequelae of the coronavirus disease 2019 (COVID-19) are a major ...



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33/61 Further investigation is required to assess the persistence and long-term health impact of post COVID-19 conditions, especially in children and adolescents.

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34/61 A British study ([thelancet.com/journals/lanin...](https://www.thelancet.com/journals/lanin...)) states that vaccination reduces the risk of “Long Covid” by 50% and another recent paper ([medrxiv.org/content/10.110...](https://www.medrxiv.org/content/10.110...)) notes that COVID-19 vaccination is protective against long-COVID.

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35/61 It is noted there is some emerging evidence ([medrxiv.org/content/10.110...](https://www.medrxiv.org/content/10.110...)) that even though vaccines reduce the chance of getting infected with COVID-19, “Long COVID” can occur in fully vaccinated people who have breakthrough infections.

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36/61 This supports the recommendation to move to higher quality masks in high risk school settings.

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37/61 Paediatric deaths caused by COVID  
COVID-19 is the leading cause of paediatric death (non-accidental) ([covid.cdc.gov/covid-data-tra...](https://www.covid.cdc.gov/covid-data-tra...)) in United States of America , with 992 deaths reported in children under 18 years of age.



covid.cdc.gov

COVID Data Tracker

CDC's home for COVID-19 data. Visualizations, graphs, and data in one easy-to-use website.



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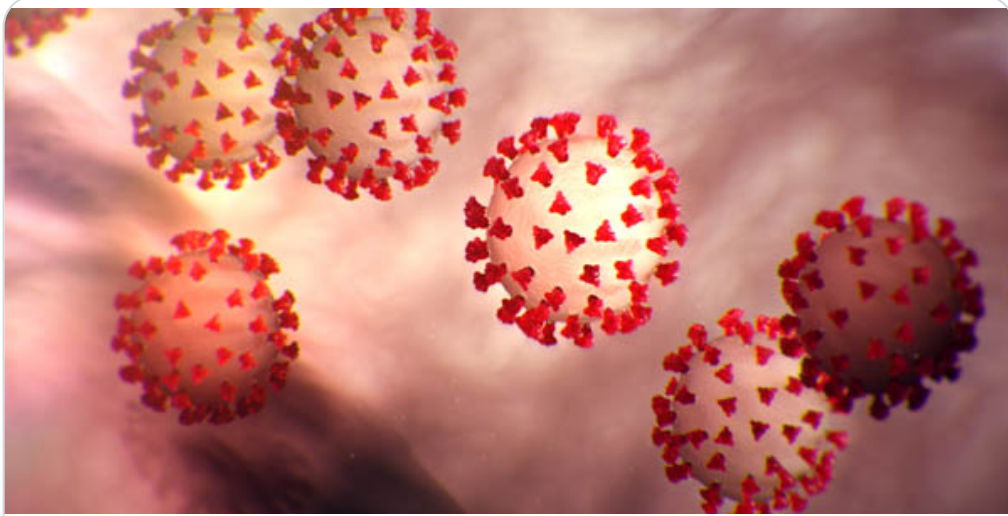


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38/61 Prior to the Omicron strain, in October 2021, the Centers for Disease Control and Prevention noted ([cdc.gov/media/releases...](https://www.cdc.gov/media/releases/)) that more than 140,000 children have lost a primary or secondary caregiver, over 16,500 children have been in ICU, and over 5,000 children have...



cdc.gov

Coronavirus Disease 2019

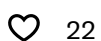
CDC provides credible COVID-19 health information to the U.S.



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39/61 ...needed mechanical ventilation.

In November 2021, a Victorian child under 10 years became the youngest reported death from COVID in Australia. Previously, the youngest death was a 15 year old from South Western Sydney.



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40/61 Vaccines

Australia's COVID-19 vaccination program will be extended to all children

aged 5 to 11 years from 10 January 22, ([pm.gov.au/media/new-appr...](https://pm.gov.au/media/new-appr...)) after the Australian Government accepted recommendations on 10 December 21 from the ATAGI.



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41/61 The Prime Minister and the Minister for Health have said that the Comirnaty (Pfizer) vaccine will help prevent serious illness in children aged 5 to 11 years from COVID-19.



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42/61 ATAGI have recommended an eight-week interval between the two doses, noting that the interval can be shortened to three weeks in special circumstances such as outbreak settings.



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43/61 The vaccination program for 2.27 million Australian children aged 5 – 11 years commences on 10 January 2021, with an eight week interval between first and second doses.



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44/61 This recommendation may be due to supply issues with Pfizer paediatric doses or may be a “first dose first” strategy that seeks to maximise first dose coverage ahead of double-dose.



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45/61 If one extrapolates from adult data with respect to efficacy with earlier variants, the vast majority of protection against severe disease should come from the first dose, with the second dose having greater impact on reducing symptomatic infection and transmission.



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46/61 Regardless, a first dose strategy to the maximum number of children makes sense given the growth advantage of Omicron. The eight week interval in dosing may potentially also reduce the incidence of pericarditis/myocarditis.



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47/61 The vaccination program for children will likely coincide with greater demand on vaccine hubs and primary care settings due to individuals 18+ presenting for a 3rd dose (as a greater number of adult second doses occurred in July and August 2021).



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48/61 On 12 December 2021 the interval for adult 3rd doses was reduced to five (5) months ([health.gov.au/ministers/the-...](https://health.gov.au/ministers/the-...)) (with some groups such as those who are immunocompromised who can have their third dose at 2 months post second dose)



health.gov.au

Moderna joins Australia's vaccine booster program...  
Australians aged 18 and over will now have the choice to receive a Moderna COVID-19 booster sh...



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49/61 and Spikevax (Moderna) was included with Comirnaty (Pfizer) as the preferred vaccines for adults.



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50/61 This shortening of interval will increase the number of adults eligible from about 1.75 million people to more than 4.1 million people (by 31 December 2021) ([theage.com.au/politics/feder...](https://theage.com.au/politics/feder...)) which will put increased pressure on the delivery of over 2 million vaccines to children.





theage.com.au

COVID boosters fast-tracked to five-month gap, making millions more ...  
Australia's COVID-19 booster shot program will be accelerated, with people now eligible for a third shot of a COVID-19 vaccine after five ...



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51/61 First Nations Australians continue to require a dedicated strategy and approach regarding vaccinations. ([ozsage.org/media\\_releases...](https://ozsage.org/media_releases...))



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52/61 Please also see advice previously put out by OzSAGE "Protecting the people of regional, rural and remote Australia in the next phase of the COVID-19 pandemic " ([ozsage.org/wp-content/upl...](https://ozsage.org/wp-content/upl...)) and note that children in regional, rural and remote areas live in significantly...



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53/61 ...underserved populations, including Aboriginal and Torres Strait Islander children and their communities, children who are socially disadvantaged, and children who live remotely and their communities do not have the same access to vaccinations through primary care,...



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54/61 ...mobile services or regional vaccination hubs. Limited access to healthcare delivery networks means that once the virus does start to circulate, even small numbers of cases will place health care services under extreme pressure.

Infections and school closures



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55/61 Children, schools and childcare continue to see increasing cases of transmission of COVID-19. These are not always reported in a timely or transparent way. It is noted that no Australian State has included a plan for vulnerable children to be safe at school.



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56/61 Data and quantification gaps which must be addressed with respect to the true impact of infections within school settings, particularly in those states hardest hit by community transmission. The gaps which must be addressed by State and Territory Governments relate to:



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57/61 •Changes to reporting of closure of schools  
•Lack of transparency on school closures and on individual classes being isolated due to exposures  
•Lack of transparency on cases in schools, particularly in the non-government sector



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58/61 •Lack of reporting of school closures (e.g. in NSW there have been over 720 individual school incidences in term 4, many of which have closed multiple times)  
•Changes to definitions of close contact in school settings



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59/61 •Inconsistencies in state guidelines around the hurdle or outbreak status that would necessitate closure



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60/61 •Changes to processes involving who or when a student is deemed a



personal close contact of someone testing positive to COVID-19 (e.g. often determined by school employees with varying levels of support from public health units

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61/61 and often based on inaccurate information about how covid spreads)  
•No compliance monitoring or centralised recording of Rapid Antigen Test results

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Thanks to @JamesBolster, @mckaty, and @CdrHBiscuitIII and Marion for their help in this thread. and to @JayneFlan for the NSW Schools Infection data.

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This open letter signed by 400+ HCW & Experts was sent to the prime minister, federal health minister, state premiers and health ministers, federal / State CMO's and the members of AHPPC, CDNA, ICEG asking for urgent coordinated national action on aerosol transmission of Covid19

Deze collectie weergeven



4 February 2021  
The Hon Greg Hunt MP  
Minister for Health and Aged Care  
Parliament of Australia  
Via email: [Minister.Hunt@health.gov.au](mailto:Minister.Hunt@health.gov.au)  
Dear Minister Hunt

*Australia must take urgent coordinated national action on aerosol transmission of COVID-19.*

Urgent upgrades of respiratory protection for healthcare workers are needed as well as improved ventilation in healthcare settings, other indoor public spaces and private homes.

In July of 2020, 239 international scientists brought the issue of airborne transmission of SARS-CoV-2 to the world stage.<sup>[1]</sup> Since the publication of their letter, there has been increased recognition of this route of transmission from the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), the European Centre for Disease Prevention and Control (ECDC), and other national disease control agencies.<sup>[2] [3] [4]</sup>

Despite overwhelming evidence to support airborne, or aerosol, transmission of SARS-CoV-2 <sup>[5] [6] [7] [8] [9] [10] [11] [12] [13] [14] [15] [16] [17] [18] [19] [20] [21] [22] [23] [24] [25] [26] [27] [28] [29] [30] [31] [32] [33] [34] [35] [36] [37] [38] [39] [40] [41] [42] [43] [44] [45] [46] [47] [48] [49] [50] [51] [52] [53] [54] [55] [56] [57] [58] [59] [60] [61] [62] [63] [64] [65] [66] [67] [68] [69] [70] [71] [72] [73] [74] [75] [76] [77] [78] [79] [80] [81] [82] [83] [84] [85] [86] [87] [88] [89] [90] [91] [92] [93] [94] [95] [96] [97] [98] [99] [100]</sup> this has not translated into appropriate and consistent public health and infection prevention control measures across Australian jurisdictions. While other countries promote the "3 Cs" foundation of control measures, *avoidance, physical distancing, and mask wearing*, Australia has not implemented these measures consistently across all jurisdictions.

countries promote the use of (avoiding crowded spaces, crowded places and close-contact settings), Australian guidelines continue to stress droplet and contact transmission (guidelines from CDNA, ICEG, NSW CEC and others), which have led to a focus on measures of limited or insufficient effectiveness, such as deep-cleaning, handwashing, surface disinfection and 1.5-metre physical distancing.

*It is imperative that people in all sectors understand the risk of airborne transmission, as well as the actions that can be taken to combat it.*

This open letter has been sent to the prime minister, federal health minister, state and territory premiers and health ministers, chief medical officers of the federal, state and territory governments and the members of the AHPPC, the CDNA and ICEG.



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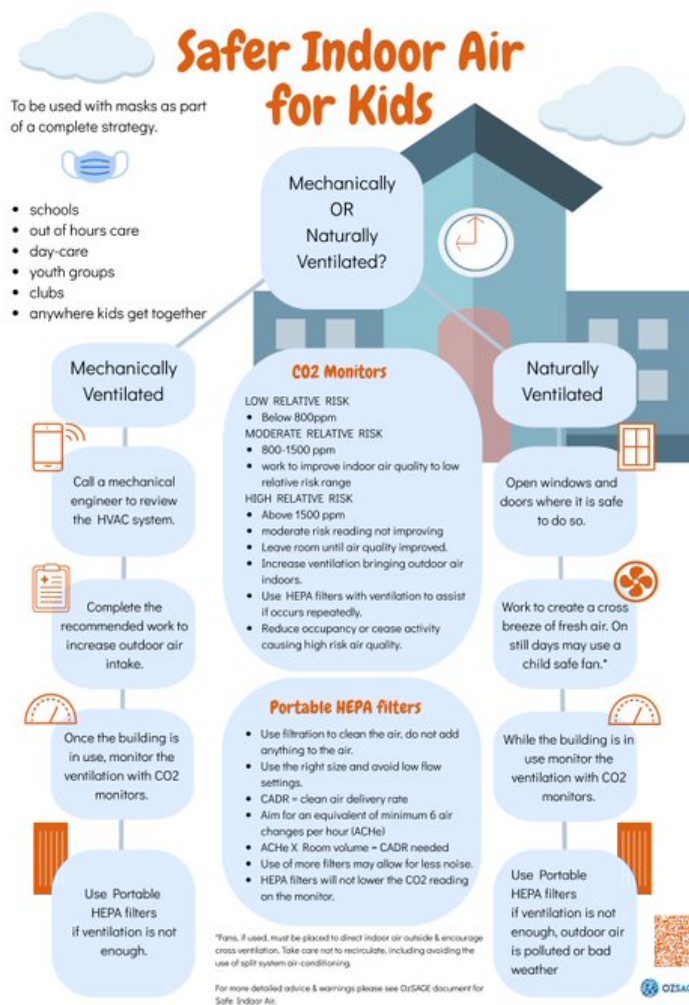
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Not sure what your school or childcare can do to make indoor air safer?  
Here is our easy to understand graphic.

@RealOzSAGE Full paper can be found here:

[ozsage.org/wp-content/upl...](https://ozsage.org/wp-content/upl...)

Deze collectie weergeven



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3



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...

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· 13 dec. 2021

**Anthony J Leonardi, PhD, MS** @fitterhappierAJ · 12 dec. 2021

I'm not liking this.

A 14 month old child who passed from Covid-19 had brain spongiosis on autopsy.

[thelancet.com/journals/lanam...](https://www.thelancet.com/journals/lanam...)

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Some additional general points:

(a) all govt messaging to emphasise the urgency of vaccination of 5-11 yr olds in light of Omicron,

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(b) get ready to ensure timely access to vaccination for 6 months &lt; 5 year olds in 2022 in the event impending studies find the vaccination safe and efficacious in this cohort,

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(c) follow lead of other countries who are already offering boosters to teenagers and anticipate all kids will eventually need a booster over course of 2022

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(d) advocate to government that they must anticipate and secure sufficient vaccine supply to meet likely high demand over coming months

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(e) undertake a mass education campaign outlining that kids can transmit the virus to others and can potentially get sick including long COVID



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(f) awareness campaign / educational module targeting school age children about the importance of air quality and how it impacts their health, including a fun lesson plan / information / video how to make your own DIY box fan air filter and how to monitor air quality.



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(g) That the protection of children from COVID-19 is a collective responsibility, we all have a role. We need to shift the emphasis away from the the few voices that are dominating in Australia who have disproportionately influence the debate on kids up to now.



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Aussie kids deserve better.

