



Questions and answers on COVID-19: Children aged 1 – 18 years and the role of school settings

1. How likely are children to catch and transmit the virus in school settings?

Transmission of SARS-CoV-2 can occur in schools and clusters have been reported in all types of school settings (preschool, primary and secondary school). Transmission of SARS-CoV-2 in schools appears to be affected how widespread the virus is in the broader community.

Most children do not develop symptoms when infected with the virus, or they develop a very mild form of the disease. However, research has shown that children can become infected, and can spread the virus to other children and adults while they are infectious.

While the Delta variant and other identified SARS-CoV-2 variants of concern appear to be more transmissible in both children and adults than previous variants, children do not appear to be more likely to be infected with or transmit the Delta variant.

2. What are the most important measures to prevent the spread of infection in schools?

As in other confined spaces, important measures for schools are

- physical distancing
- improved ventilation
- promotion of 'stay-at-home' when sick policies
- promotion of respiratory etiquette
- regular hand-washing
- use of masks when feasible (considerations may differ by age of the child).

Physical distancing can be achieved by

- grouping classes and groups based on infection risk and status (i.e. cohorting)
- ensuring physical distance in the classroom (e.g., separating tables)
- reducing class sizes
- staggering arrival times as well as meal and break times
- holding classes outdoors.

Physical distancing measures should aim to decrease the number of individuals and contacts in tight

or closed places whilst ensuring schooling can take place.

These measures may reduce the spread of the virus in schools and also help to lessen the impact of other respiratory infections.

Check with your local and national health and education authorities for more information on mitigation measures within your community.

Measures should be adapted to levels of community SARS-CoV-2 transmission as well as to the educational setting and age group. Implementation of measures should consider the need to provide children with an optimal learning and social environment while also reducing transmission risks.

3. When should schools close?

Although transmission of SARS-CoV-2 can occur in schools, research shows that transmission in schools has accounted to a minority of all COVID-19 cases.

If appropriate prevention measures are implemented in schools to reduce the spread of the virus, it is unlikely that schools will play a substantial role in transmission. Since schools are an essential part of society and children's lives, widespread school closures should be seen as a last resort, and only considered after other measures have been put in place to contain the spread of the disease.

Depending on circumstances, local authorities may decide to temporarily close specific schools or daycare centres, or those within a particular community or region if the level of transmission in a given setting or the wider community is high. Wherever school closure is necessary, it is important that parents and caregivers are supported, for example by their employers allowing teleworking or limited office shift schedules, so they can spend more time at home and take care of their children.

4. What should parents do if their child(ren) become(s) ill?

If a child becomes ill with COVID-19-like symptoms (cough, fever, fatigue, etc.) the parents should follow local public health guidelines and the child should stay at home until the symptoms disappear.

If symptoms persist or worsen, seek advice from the child's healthcare provider, along the lines of national recommendations. Once the child has no symptoms, follow local public health guidelines regarding returning to school.

5. What should schools do when someone tests positive?

Schools should immediately notify the local health authorities if a confirmed case is identified at the school.

When an individual tests positive for COVID-19, swift identification and management of those who have had contact with the case is necessary in order to interrupt further spread.

This is achieved by:

- promptly identifying the contacts of a confirmed case of COVID-19
- providing contacts with information on self-quarantine, proper hand hygiene and respiratory etiquette measures, and giving advice on what to do if they develop symptoms
- performing laboratory tests in a timely manner to detect the virus in all contacts with symptoms, and those who are at high-risk of exposure.

Contact tracing should be conducted by local public health authorities, who will need to work closely with school authorities.

Contacts should be managed on the basis of exposure category, which includes quarantine for those at high-risk of exposure (close contacts), as outlined in ECDC's guidance on contact tracing (<https://www.ecdc.europa.eu/en/covid-19-contact-tracing-public-health-management>).

Information should be given to parents about what symptoms to look out for in children, as well as where to access medical advice. If symptoms occur in contacts, they should immediately be isolated, given medical attention and tested.

6. Should children and teachers wear masks in schools?

Within the community, the use of face masks is recommended, particularly in indoor settings when it is not possible to maintain physical distancing. However, in school settings, implementing this measure is challenging, as children (<12 years) may have a lower tolerance to wearing masks for extended periods of time, and may fail to wear them properly.

In primary schools, the use of face masks is recommended for teachers and other adults when physical distancing cannot be guaranteed, but it is not recommended for students. In secondary schools, the use of face masks is recommended for both students and adults (masks for children >12 years) living in areas with community transmission of SARS-CoV-2. The use of masks should be seen as a complementary measure, rather than a stand-alone measure to prevent transmission within schools.

Visors are not recommended as a substitute for face masks as there is no evidence they are effective. However, they may be considered in settings people cannot communicate when wearing a face mask, such as when working with children who have hearing impairment.

Physical distancing, respiratory etiquette, hand hygiene, and staying at home when ill are all still important measures for reducing transmission in schools, irrespective of whether masks are being used.

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