

Restarting School, Performing Arts, and Youth Athletics

Latest update August 5, 2020

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As a family physician for the past 20 years, I know that kids need social connections and group activities to stay healthy. Yet parents in my practice are understandably concerned about their children going back to school, restarting youth activities such as music and sports, and increasing their social contacts with peers. These same parents know that their kids' emotional and physical well-being will benefit from these activities, which provide physical and mental exercise, develop teamwork, and build healthy social relationships. Even kids who are home schooled have had to stop sports, camps, and other group activities. Although time with family is extremely valuable, the current situation is imbalanced, and almost every child is missing interactions with peers. I am writing this paper to offer reassurance that the choice to restart school, sports, performing arts, and increase social contacts is not only good for their quality of life, but also their overall health, even in the presence of covid-19. The success of restarting schools and other youth activities in other countries, with no increase in covid-19 in students or adults, has helped reduce the fear of covid-19 to more realistic levels which has also helped the rest of their society adapt and heal as they reopen. The survival rates in people diagnosed with covid-19 are much higher than most people believe possible, as presented on the CDC's own website, and young people have an especially low risk. Large studies have found that most people have mild cases and are never diagnosed, no matter their age. When someone does test positive they are subjected to a strict quarantine which weakens their own healing system and makes it more difficult for them to recover, especially when they already have underlying health conditions. Long-term care facilities faced staffing crises across the world, compounding this problem. Without these disruptions of healthcare and caregiving survival rates would be even higher, especially for people with fragile health who need more help to recover.

Reduced risks from covid-19 in children and adolescents

Kids and young people have been mostly spared by covid-19, which has been a welcome surprise to most public health and infectious disease experts. Young people do get the illness, and there have been some severe cases and deaths, but the total number of deaths for people under 18 was only about twenty in the entire world over the first 6 months of the pandemic, an incredibly small number. This is hundreds of times less than the number of youth deaths in the US from other causes during this time period, and even less than the regular yearly influenza epidemic which costs about 200 lives of children and adolescents each year. Epidemiologist Daniel Halperin discussed this data in the journal, *Global Health: Science and Practice*, and also in an article for the Washington Post, entitled, "The case for reopening schools this fall" (Halperin, 2020a&b). Many others agree, including leaders of Toronto's Hospital for Sick Children, one of the largest children's hospitals in North America, and three associations of French pediatricians who encouraged the return to school in France in April, including for children with health challenges (Zweig, 2020a). These recommendations were based on growing evidence that covid-19 is a milder illness for most people than was previously believed, and that restarting school and other activities is safe for youths and also for the adults who interact with them. The Toronto children's hospital team argued that restarting school should be

done as normally as possible, and that strict social distancing is unnecessary. They recommend modest but intelligent infection control measures, and their complete recommendations are well worth reading, some of which will be discussed below (Hospital for Sick Children, 2020). Many other pediatric experts and investigative journalists have made similar recommendations after examining the low risks for youths and the success other countries have had in reopening schools without any increase in covid-19 infection rates (Government of Finland, 2020; Government of Iceland, 2020; Gudbjartsson, 2020; New South Wales Government Health, 2020; van Drujften , 2020; Will, 2020; Zweig, 2020a&b).

While any child's death is a tragedy, the current social isolation causes significant emotional and psychological harm and increases the risks of death from several other causes such as suicide and alcohol related injuries. An article in the New England Journal of Medicine by Cunningham (2018) detailed mortality data in the United States for the year 2016, and there were 12,336 deaths in youths aged 0-19 from injuries, by far the largest cause. This number is far below the worldwide tragedy of malnutrition related deaths, which number about 8000 children under age five every single day (World Hunger Education Service, n.d.). These causes vastly outnumber the total deaths from covid-19 in children and adolescents. The top injury related deaths in the US in 2016, in descending order, were motor vehicle accidents (4074), firearm related injuries (3143), suicides (2335 –listed under three different causes depending how it was done), drowning (995), and drug overdose (982), all of which could benefit from increased public health efforts. Unfortunately, available resources have been greatly reduced by the fear-related response to covid-19. Suicide is especially heartbreaking, and it increases during periods of social isolation and societal stress, as does alcohol abuse (Kerr et al, 2017). The 2335 children who died from suicide in 2016 in the US is by itself about more than 100 times the approximately 20 deaths in all countries in the first six months from covid-19 (Cunningham, 2018). In the neighborhood where I live we lost two young men from alcohol related injuries in the month of May, both of whom finished high school in the past three years and both of whom had to stop work, school, and had reduced social contacts when the lockdown began. These types of deaths have been sadly ignored while any death from covid-19 is a major news focus. Once isolation ends, suicides and alcohol abuse are expected to decrease, but other sources of injury such as car accidents and firearm injuries likely will increase. This more dangerous “surge” is something we all can work mindfully to reduce, just as we can work to help youths get through the usual stresses of life.

School and other activities are not all rosy, and there will be times when kids struggle. Some will have difficulty finding like-minded peers, and their social isolation will continue even when surrounded by kids their own age. In sports a mistake may cost their team, or maybe they will not make the team at all. In performing arts they may not be selected for a role they want, or they may forget their lines under pressure. Sometimes kids will be bullied, and sometimes they will bully others. But even with these negative experiences, their lives will be better overall when they have meaningful contact with peers. We can be on the lookout for these problems and offer support so they get through them in as healthy a way possible. Moving through and processing these challenges will prepare them to face future challenges that continue as they move through the cycle of life.

Adults will also be safe after restarting school and youth activities

Teachers and parents are not only concerned about the kids, they are also concerned about covid-19 affecting them, as well as other adults. Many teachers and parents have family

members, friends, and neighbors with health challenges, and are appropriately concerned about spreading the illness. However, as schools have reopened around the world there have not been increased covid-19 rates in adults or children. This has been credited to children's natural resistance to the illness, but adults also have stronger immune systems than most people realize. As will be discussed in more detail below, estimated fatality rates for adults have been lowered dramatically in the past few months as data has accumulated from over ten controlled studies. Denmark and Norway reopened in April, then in May schools opened in Finland, New Zealand, Australia, France, Vietnam, Switzerland, Japan, Germany and the Netherlands, among many others (Halperin, 2020a&b; van Drujiten, 2020; Will, 2020; Zweig, 2020a&b). Although they had differing levels of social distancing, with several countries not recommending masks in children or teachers and allowing kids to socialize more normally, none of these countries had increased rates of covid-19. This finding was widely studied and reported, at least initially, but then quickly forgotten. An article May 29th discussed the success of reopening in Denmark and Finland: "You cannot see any negative effects from the reopening of schools," Peter Andersen, doctor of infectious disease epidemiology and prevention at the Danish Serum Institute said. In Finland, a top official announced similar findings on Wednesday, saying nothing so far suggested the coronavirus had spread faster since schools reopened in mid-May" (Mortensen & Skydsgaard, 2020). Because mild social restrictions were just as effective as strict ones, it is wise to choose a system which allows a healthier social and educational environment, which is exactly what many specialists in children's health have recommended such as the leaders of Toronto's Hospital for Sick Children.

Denmark was the first country in Europe to reopen schools, starting on April 15th. They did not recommend masks for students or teachers and allowed children to have normal play, but in smaller groups. An interview with the director of a Danish school, Sandi Mackenzie, provides specifics: "The Danish government has not recommended wearing masks. Mackenzie said he told students and staff that if they want to wear one, they can, but nobody has." The director also stated that kids were allowed to play in smaller groups; "We can't expect children to behave like adults," Mackenzie said. "We still expect them to play" (Will, 2020). Denmark authorities recommended early opening with milder social distancing partly because of the very good results from Iceland, a country with whom they have extremely strong cultural ties. Iceland kept their schools open throughout the pandemic, with milder social restrictions and only 10 deaths as of July 5th, despite estimating well over 5000 cases of covid-19 in the country. In Iceland masks are also not worn by children or adults, and their Ministry of Health states simply, "The Icelandic authorities have not recommended that the public wears any sorts of face masks or cloths, and such practices are extremely rare in Iceland" (Government of Iceland, 2020).

The Toronto Hospital for Sick Children considered the above data carefully, and published recommendations on June 17th calling for full time school in September (Hospital for Sick Children Advisory Group, 2020). They advised adoption of several prudent measures such as regular hand-washing and avoiding assemblies, but they also recommended kids be in school full time with only mild social distancing and with masks being only optional, both for kids and staff. They preferred staff to stay 6 feet away from children as much as possible, but specifically advocated that kids be allowed normal social contact, especially during free time such as recess. Although they recommend children stay in smaller groups, if possible, they state it "should not be done in a manner that compromises daily school attendance or alters the curriculum options available to children." Below are some quotes about sports, physical education, performing arts, and mask use.

Physical education and school sports: “Sports and physical education classes should be encouraged and continue... There should be special consideration as to whether re-starting sports with a high degree of physical contact (i.e. rugby, football and wrestling) should be postponed or modified for the present time.”

Performing arts: "Choir practices/performances and band practices/performances involving wind instruments may pose a higher level of risk and special consideration should be given to how they are held, the room ventilation, and the distance between performers. To the extent possible, instruments should not be shared between students and if sharing is required, the instruments should be disinfected between use."

Mask wearing: “It is noteworthy that several European countries have had children successfully return to school without face masks.” “If worn incorrectly, (masks can) lead to increased risk of infection and it is not practical for a child to wear a mask properly for the duration of a school day.” “Non-medical and medical face masks are not required or recommended for children returning to school.” “In general, masks should not be required for school staff if physical distancing is possible and is practiced appropriately. This is important as facial expression is an important part of communication which children should not be deprived of.”

Living with the virus: In the Webinar for the media that was offered at the time of the release of their recommendations, the hospital president and CEO, Ronald, Cohn, made these comments on adopting a healthier perspective of living with the virus instead of trying to completely isolate and contain it: “We now have to mentally and practically move to the next stage... I’m talking about the next stage of changing our thinking and behavior about the pandemic. We have to accept and internalize that this virus will stay with us for a very long time. We have to accept that we will not be able to eliminate the risk of getting infected by the coronavirus. So we have to stop living in fear of the virus, and most importantly we need to move on with activities of our lives” (Hospital for Sick Children Advisory Group, 2020).

Growing evidence that adults are also safer than most people believe

While these recommendations may surprise many people, they are based on scientific evidence that has been gathering for many months about the reduced risk of covid-19, both for adults and children. Scientific studies have consistently shown lower estimated risks for all ages than originally reported, because extremely large numbers of people with mild covid-19 were not counted in early estimates. When these mild cases were discovered and included, the fatality rate was found between 1 in 2700, and 1 in 200, depending on the study, as reviewed in more detail in a prior paper by this author (Irwin, 2020). Recent surges in cases in the United States have been primarily due to increased testing of people who are mild or asymptomatic. I have been a hospice medical director since 2004, and in the month of July many long term care facilities had all residents and all staff tested more than once, which was impossible in the first several months of the pandemic. This has uncovered dozens of mild and asymptomatic cases, many of whom were already in hospice care before they were tested.

The CDC’s own website presented the low mortality and broke down fatality rates by age: a rate of 1 in 2000 for people under age 50, 1 in 500 for people between the ages of 50 and 64, and 1 in 77 for people over age 65. These rates were listed as their “current best estimates” in Table 1 on the CDC webpage entitled, “Covid-19 Pandemic Planning Scenarios” (2020). However, the age based estimates were removed from their page when the table was updated

July 10th, so the original table is provided below. This risk is much lower than most people believe possible, given the constant stream of death counts and pandemic updates. However, the rates would be even lower if not for a large number of preventable deaths, especially in long-term care facilities where more than half of the fatalities have occurred. In these facilities, as well as in hospitals and private homes, the disruption of caregiving for people diagnosed with covid-19 is severe. Virus containment quarantines and fear of contagion make it extremely difficult to provide normal care. In long-term care facilities understaffing was universal, starting as soon as the first covid-19 cases appeared. In many facilities there were not enough staff left to keep it running, and all the residents had to be evacuated (Irwin, 2020). The resulting drop in care and loss of staff is not due to character flaws, but is rather a natural human response to the exaggerated fears of covid-19. This fear crisis increased the fatality rate, likely more than doubling it, making it likely that the more optimistic scenarios in the CDC table below are more accurate, with fatality rates of 1 in 5000 for people under 50, 1 in 1000 for people between 50 and 64, and 1 in 167 for people over age 65. Iceland avoided this crisis, partly due to its focus on quality home based healthcare, and partly due to its use of scientific research which reduced their country’s anxiety level by demonstrating the actual fatality rates for people diagnosed with covid-19 (Government of Iceland, 2020; Gudbjartsson, 2020; Kolbert, 2020; Sullum, 2020).

Table 1 (CDC Covid-19 Pandemic Planning Scenarios, 2020) prior to July 10 update

Parameter	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5: Current Best Estimate
R₀ Source: Preliminary COVID-19 estimates, ASPR and CDC	2	2	3	3	2.5
Symptomatic Case Fatality Ratio, stratified by age in years Source: Preliminary COVID-19 estimates, CDC	0-49: 0.0002	0-49: 0.0002	0-49: 0.001	0-49: 0.001	0-49: 0.0005
	50-64: 0.001	50-64: 0.001	50-64: 0.006	50-64: 0.006	50-64: 0.002
	65+: 0.006	65+: 0.006	65+: 0.032	65+: 0.032	65+: 0.013
	Overall: 0.002	Overall: 0.002	Overall: 0.010	Overall: 0.010	Overall: 0.004

Public health is much more than prevention of illness. Good public health involves promotion of wellness and supporting people's own healing systems, which is partly done by simply providing quality education and accurate information. Unfortunately this has been sadly lacking from leaders of most public health organizations and the media, who feel obligated to report tragic cases as much as possible and avoid any information that would reassure people and thus encourage increased social contacts. This is likely why the CDC removed the table above, and these omissions contribute to exaggerated fears that ultimately undermine healthcare delivery and caregiving. As data has been collected over the past few months, the lower risks from covid-19 have been repeatedly revealed, but not widely disseminated. Applying this knowledge will allow healthy activities for children to resume, and will also allow better caregiving for people diagnosed with covid-19, no matter their age, both of which will improve health outcomes. Fortunately, children and adolescents have been a group where quality care remained high, even in the early days of the pandemic, which is one reason their healing systems have been so strong. In this their parents and other caregivers have been their best allies, and by encouraging their kids to re-establish social ties and reconnect to the world around them, including supporting them through the challenges that they will encounter, they will be strengthened even further.

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