PANDA

PANDEMICS - DATA & ANALYTICS

DECLARATION FOR THE PROTECTION OF CHILDREN & YOUNG PEOPLE FROM THE COVID-19 RESPONSE

MAY 2021

CONTENTS

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"Experience has shown that communities faced with epidemics or other adverse events respond best and with the least anxiety when the normal social functioning of the community is least disrupted." (Inglesby et al., 2006)

A DEPARTURE FROM PRINCIPLES OF PUBLIC HEALTH

The response to the COVID-19 pandemic in many countries has included policies with no scientific justification and no cost-benefit consideration. Lockdowns, prolonged school closures, mass testing, contact tracing, extensive social distancing and mask wearing in the general population mark a drastic departure from pre-COVID-19 public health guidelines and pandemic preparedness plans (Inglesby et al., 2006; WHO, 2019).

HEALTH INTERVENTIONS BASED ON NEEDS

During this pandemic, many governments and societies have placed narrow emphasis on reducing 'cases' of COVID-19 to prevent deaths from the illness in the high-risk group. This policy failed drastically and inflicted great collateral damage upon vulnerable groups such as low income families and communities, individuals with disabilities and mental illness, the elderly and children and young people (15 to 25 years old (WHO, n.d.a). A response based on the focused protection of those at high risk from COVID-19 can achieve the best outcomes for all, as described in the Great Barrington Declaration (Kulldorff et al., 2020) and the Protocol for Reopening Society (PANDATA, 2020).

EPIDEMIOLOGY SPEAKS LOUDLY

COVID-19 presents a high risk of severe illness and death to the elderly with multiple comorbidities, and a negligible risk to the majority of the population (CDC, 2021a). For people under 70, the median infection fatality rate (IFR) is 0.05 percent (Ioannidis, 2021). This estimate includes individuals with comorbidities, which implies that it is significantly lower for those without. For children and young people the IFR is "near zero" (Oke & Heneghan, 2020). They are also not the main drivers of transmissions to adults, in particular to the elderly (Ludvigsson, 2020). These advantages were not taken into account when devising the COVID-19 public health policy and, despite mounting epidemiological evidence, continue to be ignored to the lasting detriment of this population.

THE NEXT GENERATION IS IN PERIL

Evidence already shows serious damage to the physical, mental and social wellbeing of children and young people, as well as their educational attainment and future prospects (Lewis et al., 2021). There was never a reason to disrupt the lives of children and young people and there is every reason to restore normality to this population. Policy-makers should take immediate action to protect children and young people from further harm and injustice, now and in the future.

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01 ACTIONS TO RE-ESTABLISH NORMALITY

1. **Lift all COVID-19 mandates,** particularly masks and social distancing on educational, social, medical and leisure services catering to children and young people. Scale up these services to meet increased need.
2. **Offer the COVID-19 vaccine** to high-risk staff as a priority. Children and young people do not benefit from the COVID-19 vaccine as their risk from the disease is almost nil. Mass vaccination and vaccine trials on healthy children are therefore unethical. Vaccinating this population diverts resources away from the vulnerable and other more pertinent health issues (such as child starvation or routine pediatric vaccination). Families of children and young people with severe comorbidities should consult their physician for guidance.
3. **End the testing** of infants, children and young people. In case of illness (the presence of COVID-19 symptoms), they should stay at home until fully recovered. Mandatory testing of students is unethical.

02 ACTIONS TO FACILITATE RECOVERY

1. **Evaluate the short-term and long-term** impact of lockdowns and interrupted and suboptimal educational provisions on children and young people in terms of physical and mental health, social adjustment, educational achievement and career prospects. SMART goals should be set. The magnitude of the harm done should be shared with the public and policy-makers should be held accountable.
2. **Devise remediation programmes** to reach educational, mental and physical well-being goals, particularly for vulnerable groups such as young people who dropped out of school or find themselves in early marriage or pregnant.
3. **Form a multidisciplinary expert taskforce** to build a case to render extended closure of educational institutions unlawful, to ensure that a similar calamity is avoided in the future.

Children and young people have the right to pursue life, liberty, learning, leisure, love and laughter

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ANNEX A
SCIENTIFIC LITERATURE BEHIND COVID-19 REGARDING CHILDREN AND YOUNG PEOPLE

The knowledge about COVID-19 gathered over the last year is hardly represented in the mainstream media or public health messaging. This confuses the public and sustains unnecessary fear. The following are excerpts from the scientific literature detailing the evidence with respect to children and young people.

1. **Children and young people are less likely to get infected** with SARS-CoV-2 than adults (Patel & Verma, 2020).
2. **They have a mostly mild or asymptomatic presentation of the disease** (Lazzerini et al., 2021).
   "Children can also be infected by SARS-CoV-2, but most paediatric cases with laboratory-confirmed SARS-CoV-2 infection are mild; severe COVID-19 disease in children is rare." (Carsetti et al., 2020).
3. **They have almost zero chance of dying from COVID-19**
   "Children are at far greater risk of critical illness from influenza than from COVID-19." (Shekerdemian et al., 2020).
   "Mortality in children seems to be near zero (unlike flu)." (Oke & Heneghan, 2020).
   "[In Sweden,] very few cases [of schoolchildren] have been admitted to ICU and there have been no deaths reported in cases aged 1-19 years" (Folkhälsomyndigheten, 2020).
   "The number of deaths from any cause among the 1,951,905 children in Sweden (as of December 31, 2019) who were 1 to 16 years of age was 65 during the pre–Covid-19 period of November 2019 through February 2020 and 69 during 4 months of exposure to Covid-19 (March through June 2020)" (Ludvigsson et al., 2021).
4. **Asymptomatic transmission is not a major driver of outbreaks** (WHO, n.d.b)
   "In all the history of respiratory-born viruses of any type, asymptomatic transmission has never been the driver of outbreaks. The driver of outbreaks is always a symptomatic person." (Fauci, 2020).
   Within the same household, a recent study noted 7 secondary infections for every 1,000 close asymptomatic contacts, compared to 180 infections for every 1000 close symptomatic contacts (Madewell et al, 2020).
5. **Transmission of SARS-CoV-2 from children to adults is minimal**
   "Children are unlikely to be the main drivers of the pandemic. Opening up schools and kindergartens is unlikely to impact COVID-19 mortality rates in older people." (Ludvigsson, 2020).
   "Systematic tracing and testing of school contacts of paediatric COVID-19 cases showed minimal child-to-child and child-to-adult transmission in primary schools with implemented IPC measures [hygiene, physical distancing & stay home if symptomatic]" (Brandal et al., 2021)
   "This adds to the current evidence that children do not appear to be drivers of transmission" (Heavey et al., 2020).
   "closure or not of schools had no measurable direct impact on the number of laboratory confirmed cases in school-aged children in Finland or Sweden." (Folkhälsomyndigheten, 2020).
   "children do not appear to be super spreaders" (Munro & Faust, 2020).

In a study of 12 million adults in England, "For adults living with children there is no evidence of an increased risk of severe COVID-19 outcomes." … "Among 2,567,671 adults >65 years there was no association between living with children and outcomes related to SARS-CoV-2." (Forbes et al., 2020).

6. **Teachers are not at higher risk of getting infected** compared to other professions.
   "In Sweden a report comparing risk of COVID-19 in different professions, showed no increased risk for teachers."(Folkhälsomyndigheten, 2020).
7. **Teaching is a young profession** (NCES, 2012; OECD, 2018). Only a minority of teachers are at risk from COVID-19. Several preventive and therapeutic interventions are available now for their protection.
8. **Children may provide a protective effect to adults**.
   "Children are relatively protected from novel coronavirus infection (COVID-19). Increased household exposure to young children was associated with an attenuated risk of testing positive for SARS-CoV-2 and appeared to also be associated with an attenuated risk of COVID-19 disease severe enough to require hospitalisation." (Wood et al., 2020).

ANNEX B
SCIENTIFIC LITERATURE ON MASKS

There is very limited research on the effectiveness of masks or the potential harms of their prolonged use for children and young people. The available literature indicates little scientific evidence that mask-wearing among the general public curbs disease spread. Recent reviews and studies are summarized here.

Mask Ineffectiveness

"We did not find evidence that surgical-type face masks are effective in reducing laboratory-confirmed influenza transmission, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility." (Xiao et al., 2020) - Centers for Disease Control and Prevention.

"At present, there is no direct evidence (from studies on COVID-19 and in healthy people in the community) on the effectiveness of universal masking of healthy people in the community to prevent infection with respiratory viruses, including COVID-19." (WHO, 2020a) - The World Health Organisation.

"The pooled results of randomised trials did not show a clear reduction in respiratory viral infection with the use of medical/surgical masks during seasonal influenza. There were no clear differences between the use of medical/surgical masks compared with N95/P2 respirators in healthcare workers when used in routine care to reduce respiratory viral infection." (Jefferson et al., 2020) - Cochrane Review.

"It would appear that despite two decades of pandemic preparedness, there is considerable uncertainty as to the value of wearing masks." (Jefferson & Heneghan, 2020) - The Center for Evidence-Based Medicine, University of Oxford.

Mask Harms

The WHO lists mask disadvantages: discomfort, headaches, breathing difficulties, self-contamination, facial lesions, a false sense of security and poor compliance, among others (WHO, 2020b).

Children are required to wear masks at school during mild physical activity and play, while the WHO guidance clearly states, "Several studies have demonstrated statistically significant deleterious effects on various cardiopulmonary physiologic parameters during mild to moderate exercise in healthy subjects and in those with underlying respiratory diseases." (WHO, 2020b).

"Impairments caused by wearing the mask were reported by 68% of the parents. These included irritability (60%), headache (53%), difficulty concentrating (50%), less happiness (49%), reluctance to go to school/kindergarten (44%), malaise (42%) impaired learning (38%) and drowsiness or fatigue (37%)." (Schwarz et al. 2021).

Mask-wearing greatly impacts communication (WHO, 2020b) and the ability to express emotions and read facial cues. This can hinder language development in young children and cause them unnecessary distress. It may also negatively impact bonding between newborns and parents (Green et al., 2021).

ANNEX C
SCIENTIFIC LITERATURE ON THE EFFECTS OF THE COVID-19 RESPONSE ON CHILDREN AND YOUNG PEOPLE

Children and young people have been subjected to harsh and arbitrary restrictions that jeopardize their physical and mental health, social adjustment, their educational achievements and lifelong earning potential, causing grave harms to an entire generation (Crawley et al. 2020; Lewis et al. 2021), as listed below.

1. **Deterioration of educational attainment** (Fairfax County, 2020; Bao et al., 2020; Kuhfeld & Tarasawa, 2020; Engzell et al., 2021) resulting from:
    - school closure affecting 1.6 billion learners worldwide (UNESCO, 2021);
    - the failure of online learning (Fitzpatrick et al., 2020);
    - school dropout rates estimated at 24 million learners (UNESCO, 2020);
    - lack of access to computers (UN News, 2020) and WIFI (UNESCO, 2021) affecting 830 million and 463 million learners respectively;
    - loss of motivation due to restrictions;
    - demoralization due to repeated quarantining (Jones, 2021);
    - forced absenteeism due to hybrid models of teaching (partly face-to-face, partly online - absenteeism is known to have a negative impact on educational achievement and social behavior (Ansari & Pianta, 2019);
    - ineffective communication between teachers and students due to mask-wearing;
    - reduced teaching time due to added sanitation measures.
2. **Diminished lifetime earnings** and the general prosperity of nations. Following just one term of school loss, "students (...) might expect some 3 percent lower income over their entire lifetimes. For nations, the lower long-term growth related to such losses might yield an average of 1.5 percent lower annual GDP for the remainder of the century... equivalent to a total economic loss of USD 14.2 trillion" (Hanushek & Woessmann, 2020). This negative impact on future human capital earnings is particularly marked in children from lower socioeconomic groups (Fuchs-Schündeln et al., 2020).
3. **Stunting of social and emotional development** that is normally facilitated by essential play, sports, extra-curricular activities and normal socialization (de Araujo, 2020).
4. **Poorer mental health** reflected by an increase in:
    - anxiety, depression (Loades et al., 2020; Jiao et al., 2020) due to isolation, restrictions on freedom and misinformation about the disease (e.g. the role of asymptomatic children in transmitting to the elderly);
    - obsessive-compulsive disorders (Nissen et al., 2020);
    - alcohol and substance abuse (Dumas et al., 2020);
    - suicidal ideation and suicide (Odd et al., 2020);
    - intentional self-harm, overdose and mental health claims have doubled during lockdowns for teenagers (Fair Health, 2021).
5. **Increased addiction to electronic devices**, increased screen time (Montag & Elhai, 2020; Dong et al., 2020), online gaming (King et al., 2020) and their associated, detrimental effects.

6. **Harms to students with special needs** due to disturbed routines and missed professional services (Aishworiya & Kang, 2020; Asbury et al., 2020; Cacioppo et al., 2020; Colizzi et al., 2020).
7. **Physical abuse** (Sidpra et al., 2021) **and the maltreatment of children** (Lawson et al. 2020) have become more salient. With schools being closed, fewer of these cases are being reported and managed.
8. **Poorer health outcomes** are expected to surge as a result of
    - missed well-child health visits (Korioth, 2020);
    - missed routine pediatric vaccination (Santoli et al., 2020; Ladhani et al., 2020);
    - "cut access to vital services for protection, nutrition, health and well-being" (UNESCO, 2021)- Many children were deprived of their only warm meal offered by the school feeding scheme;
    - an increase in childhood obesity (Cuschieri & Grech, 2020);
    - reduced screening, diagnosis and treatment of childhood diseases such as cancer (Graetz et al., 2021) and other diseases (Ladhani et al., 2020).
9. **The over-medicalization of children and young people** through
    - repeated COVID-19 testing of students (Lacobucci 2021; GOV.UK, 2021; CDC, 2021b) - an unnecessary and potentially painful procedure;
    - the participation of healthy infants (Lovelace, 2021) and children in vaccine trials (Pfizer, 2021);
    - the push to vaccinate the young against COVID-19 - a disease for which they carry essentially no risk.
10. **The aggravation of societal problems** related to children and young people as a result of the pandemic response such as:
    - criminal exploitation (Brewster et al., 2020);
    - violence, recruitment into militia and child labor (UNESCO, n.d.);
    - "sexual exploitation, adolescent pregnancy, and forced marriages" (UNESCO, 2021);
    - an additional 6.7 million children are estimated to have suffered from wasting in the first year of the pandemic (Fore et al., 2020);
    - starvation and poverty (Van Lancker & Parolin, 2020; Aborode et al., 2021) with an estimate of 142 million more children living in poor homes (UNICEF, 2020).

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