

COVID-19 and Back to School
Ontario Pediatric Oncology Updated Expert Opinion Statements, August 2021

The COVID-19 pandemic brought much of Ontario to a halt in March of 2020. In-person school attendance was halted for the remainder of the 2019/20 school year. Guidance for School Reopening in Ontario was developed by a variety of child health and infectious disease experts from the Hospital for Sick Children in partnership with several other pediatric hospitals that host specialized pediatric oncology programs.¹ The recommendations stressed the importance of school to child development and wellness and noted the generally mild course of SARS-CoV-2 infection in most children to date. We recognize, however, that while severe SARS-CoV-2 related illness has been uncommon in children, some uncertainties regarding the effect of variants of concern (e.g., Delta variant) and the long-term consequences of infection in children remain.²

While most schools were able to open in September of 2020, an unfortunate surge in cases led to school closures in conjunction with the Ontario emergency and stay-at-home order in January of 2021. Most children did not return to any further in person schooling in the 2020/21 school year. As the 2021/22 school year is set to begin, pediatric health professionals have stressed the importance of school attendance for the health of provinces children. The Hospital for Sick Children has also updated their previous guidance document to reflect current realities.³

We originally convened a provincial panel of pediatric oncologists and infectious disease experts to review the Guidance for School Reopening as it applies to Ontario's pediatric oncology patients and their families, both on and off therapy. The goal of the panel was to develop relevant guidance for Ontario pediatric oncology healthcare providers and, where possible, to establish a provincial consensus. In August of 2021, we have revisited and updated these recommendations with the same panel members. The expert opinion statements reflect the consensus of all clinicians noted below.

This document reflects the available knowledge as of August 25, 2021. As more experience and information becomes available, these statements will be reviewed and may be revised.

¹ <http://www.sickkids.ca/PDFs/About-SickKids/81407-COVID19-Recommendations-for-School-Reopening-SickKids.pdf>

² <https://www.nature.com/articles/d41586-021-01935-7>

³ <https://www.sickkids.ca/en/news/archive/2021/covid19-updated-guidance-school-operation-during-pandemic/>

Return to School in Ontario: General Principles Relating to Children with Cancer and Survivors

1. The advisability of sending any individual child to school will be highly individualized based on the physical risks to the child, the psychosocial circumstances, local school policies and procedures, and the availability of online alternatives to physical attendance.
2. As stated in the prior recommendations, “Parents/caregivers may consider scheduling appointment(s) with their health-care provider(s) for a return to school consultation(s) if they think their child’s/youth’s complexities and medical status warrant this.” In addition, “Parents/caregivers and school staff should liaise to accommodate a more individualized return to school to ensure smoother transitions.”

Provincial Expert Opinion Statements:

1. We believe that school-aged pediatric oncology patients who would be considered high risk for school attendance prior to the COVID-19 pandemic should not attend school. (Examples include patients with: acute lymphoblastic leukemia on induction therapy; acute myeloid leukemia on therapy; recent stem cell/cellular therapy; or high-risk neuroblastoma.)

Rationale: Prior to the COVID-19 pandemic, this group of patients were known to be at significant risk for infectious morbidity and mortality from viral, bacterial and fungal pathogens. While evidence thus far suggests the risk of severe COVID-19 is unlikely, the risk of severe disease and decompensation from SARS-CoV-2 infection and other pathogens remains substantial and therefore in-person school should be avoided for these patients.

2. We believe that the majority of school-aged pediatric oncology patients who prior to the COVID-19 pandemic were routinely encouraged to attend school should be encouraged to attend school with the precautions outlined by the Ministry of Education Guide for Reopening Ontario’s Schools.⁴ (Examples include patients with: acute lymphoblastic leukemia on maintenance therapy; low grade glioma brain tumours; low risk Wilms tumours; and stem cell transplant patients off immune suppression.) Patients in this group with significant comorbidities that put them at higher risk of severe disease due to SARS-CoV-2 infection should be evaluated on a case-by-case basis. Furthermore, we

⁴ <https://www.ontario.ca/page/guide-reopening-ontarios-schools>

recognize the importance of families making the ultimate decision on school attendance based on their own comfort level and family situation.

Rationale: Prior to the COVID-19 pandemic, this group of patients was encouraged to attend school even though they were likely at higher risk for becoming infected with common respiratory viruses. This increased risk was tolerated because most patients would gain important social and developmental gains and their course with these viruses was normally mild and non-life threatening. At present, it appears the majority of children and more specifically children receiving cancer therapy have a generally mild course with COVID-19. We believe therefore that the unintended consequences of not attending school outweigh the risks of infectious morbidity in this group of patients.

3. Regarding Vaccination

We believe all pediatric cancer patients eligible for COVID-19 vaccination should be vaccinated to the full extent as suggested by the provincial guidance statements.⁵

Rationale: COVID-19 Vaccination, particularly mRNA vaccines have been shown to be safe and effective in preventing hospitalization and severe COVID-19. Since the initiation of Canada's COVID-19 vaccination program, the vast majority of newly reported, COVID-19 cases have occurred among unvaccinated or partially vaccinated people.⁶ While the exact degree of effectiveness is uncertain in children receiving cancer therapy, vaccination strategies for these children should be consistent with the relevant Ontario recommendations for special populations. Notably, in some cases this may include a third vaccine dose.

4. Regarding Siblings and Family Members:

- a. We believe parents and siblings of pediatric oncology patients should participate in work and school in accordance to current Public Health recommendations precautions and attention to measures to prevent inadvertent household spread.
- b. All family members of pediatric oncology patients should be encouraged to be vaccinated to the full extent suggested by the provincial guidance statements.
- c. Families with a child undergoing or recently completing active treatment should be given information about how to respond to the development of symptoms

⁵ https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_vaccination_rec_special_populations.pdf

⁶ <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html#a7>

potentially suggestive of SARS-CoV-2 infection, or notification of potential SARS-CoV-2 exposure for both the patient or a family member.

Rationale: Prior to the COVID-19 pandemic, household members were not requested to remain isolated from school or work. Given that it appears the majority of children and more specifically children receiving cancer therapy have a generally mild course with COVID-19, we believe that the unintended consequences of siblings not attending school and the economic challenges of parents not working outweigh the risks of infectious morbidity. Again, we suggest that COVID-19 vaccinations are safe and effective at preventing severe disease and may decrease the likelihood of transmission to other family members.

5. We believe in general school-aged pediatric oncology survivors should be encouraged to attend school with the precautions outlined by the Ministry of Education Guide for Reopening Ontario's Schools. Survivors with specific disease or therapy related toxicities that might reasonably put them at higher risk of severe COVID-19 should be evaluated on a case-by-case basis. (e.g., chronic immune suppression or cardiopulmonary dysfunction). In particular, survivors who are currently over age 50 years with an ongoing immune or cardiopulmonary risk should be evaluated carefully.

Rationale: Prior to the COVID-19 pandemic, survivors encouraged to attend school to encourage their social and academic development. As outlined in the Recommendations for Reopening Schools, even children with significant health challenges are likely to benefit from school attendance despite any infectious risks. We believe that the unintended consequences of not attending school outweigh the risks of infectious morbidity in this group.

Reviewed and Endorsed by:

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