### DRAFT AGENDA

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<td>Primary schools experiences with reopening schools after lockdown in England</td>
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<td>Towards a reference document on building back resilient schools</td>
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<td>- Upcoming WHO guidance: school case investigation protocol</td>
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<td>- Update from the Research Network on COVID-19 and Educational Institution</td>
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<td>Wrap up and closing</td>
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1. Take-away messages from 3\textsuperscript{rd} TAG meeting that took place on 19 August 2020:
   ➢ Anshu Banerjee congratulated TAG Members for the publication of the Annexes
   ➢ Jerome Pfaffmann congratulated the TAG members for the great collective work done and contributions on the Annexes. Next step: implementation. TAG Members were requested to propose their ideas on how to disseminate the documents (requested by Valentina Baltag, who noted that WHO is planning to run webinars). UNICEF will ask the collaboration of Country Offices to disseminate the documents and work with the politics.
   ➢ The chair noted that dissemination should be done jointly with partners at country level.
   ➢ Participants who confirmed their DOI were unchanged in the meeting chat: Ana Bento, Ella Cecilia Naliponguit, Venkat Raman, Chris Castle, Rosalind Eggo, Chris Bonell, Habib Benzian, David Edward, Kristine Macartney, Bella Monse, Regina Lee, Shamez Ladahni, Maria Agnese Giordano

2. Approval of the agenda
   ➢ Agenda approved. However, Martin Weber proposed an addition to the agenda: plans for high-level European meeting. (The EURO report on opening schools can be found at 
   ➢ This was agreed.

3. Primary school experiences with reopening schools after lockdown in England

   Presentation by Dr Shamez Ladhani, Public Health England
   (shamez.Ladhani@phe.gov.uk)
The presentation focused on data from a national COVID-19 surveillance study in children since the start of the pandemic. The survey looks at infection rates among primary school children as part of the re-opening of schools in England.

- The proportion of positive cases went up, peaking in early April. Infants had the lowest rates of infection. At the time we were only recording when people came to a health centre.
- 2-5% of tests done in children were positive, compared to more than 20% in adults presenting to a health centre.
- Community testing found very few infections in children, less than 5%.
- Even during the peak of the epidemic, we found little SARS-CoV-2 in any childhood age groups among children who were unwell.
- Some children returned to school in June. In total 30% to 50% were allowed to go back.
- We started our study 8 June and recruited 138 schools with a total of 12 000 staff and students. There were a total of 89 weekly swabs and 49 bloods & swabs tests conducted.

The study found the following:

- There were very few infections and transmission events in 131 educational settings during the 4-6 week summer half-term from 01 June to mid-July 2020
- Where a SARS-CoV-2 positive case was identified, we did not find any additional cases within the household, class bubble or wider education setting when tested
- 12,047 participants in 131 schools had 43,039 swabs taken. SARS-CoV-2 infection rate was:
  - 3.9/100,000/week (1 per 25,674; 95% CI, 0.10 to 21.7) in students
  - 11.3/100,000/week (2 per 17,695; 95% CI, 1.40-40.8) in staff
  - SARS-CoV-2 antibody positivity
    - 10.6% (86/814; 95%CI, 8.5-12.9%) in students
    - 12.7% (167/1316; 95%CI, 10.9-14.6%) in staff (p=0.14).

SUMMARY: We found very few cases among children and no additional cases in the household, class bubble or wider education setting when testing was done. Children do get infected and develop antibodies but are not likely to get sick. Non-white ethnicity and having a history of COVID-19 like symptoms were significantly associated with seropositivity in both students and staff, but not school attendance or time spent in school during lockdown.

Presentation by Neisha Swaminathan Sundaram, London School of Tropical Medicine and Hygiene
(neisha.sundaram@lshtm.ac.uk)

- Presentation focusing on SARS-COVID 2 infection monitoring in the context of school reopening across English primary schools
- This study is nested within sKID and aims to assess implementation of surveillance and infection control in English schools, and facilitators and challenges involved in implementation.
- Data collection completed between 10 July and 05 August 2020
131 schools were contacted, 105 provided responses

Research activities included:
- An online survey with head teachers at all schools participating in the sKID study (n=105)
- An online survey with teachers and teaching assistants at all schools participating in the sKID study (n=930)
- An online survey with parents/guardians of children at school participating in the sKID study (n>2000)
- In-depth (telephone) interviews with head teachers at participating schools (n=14)
- In-depth (telephone) interviews with parents/guardians of children attending these schools (n=15)

Conclusions
- In terms of preventive measures, hand cleaning for staff and students were easy to implement, but requiring distance among staff members and students has proven to be difficult to implement. Maintaining space between seats and desks or scheduling more activities outdoors have also proven difficult to implement, often because of lack of space.
- Special education school: lack of guidance for children who bite and spit that create anxiety in the school environment
- Schools contacted also reported difficulty in obtaining PPE, cleaning supplies and government subsidies.
- Special educational institutions have reported lack of clear guidance, coupled with lack of funding.

What has worked well:
- Bringing children back to school
- “What makes a difference is really wanting the kids to come back. You set the tone, use a common sense and pragmatic approach and you need to inspire confidence” (I_H13)
- Contribution of motivated staff highly appreciated
- Operations and communications
- Focus on social and emotional wellbeing of students

Questions and Answers
- Question 1: With respect to the seropositivity study, is there any information on the school context in the regions, i.e., distancing, class/school size, hygiene measures etc., and was there any association between seropositivity and these school characteristics?
  - Answer: We have that for most schools but also have a repeat blood sample, which will give us more information about seropositivity. If we see an increase in seroconversion between beginning and end of term, we can look at school factors.
- Question 2: Is there any data on post infection sequelae/ complications?
  - There have been very few deaths. In four cases COVID-19 contributed to death. All above 10 years of age. Following up deaths. We also have surveillance for hyper inflammatory syndrome. 500 reports in UK. Following up to see which are COVID-19-related. The paediatric surveillance will be regularly updated with new data and links to access latest publications.
- Question 3: Did the schools in the study vary by access to school healthcare workers (school nurses)?
  - Answer: Schools in England tend to have very limited access to school nurses, who are shared nationally. This represents a challenge to have the blood taken.
Question 4: Questionnaire can be shared?
Answer: It will be made available online asap.

Question 5: Can you elaborate on the consequences of the first study? If transmission events are so rare in school, are recommendations for widespread closure still justified? Or is it too early to draw such conclusions?
Answer: We have several studies, to identify the movements of the virus between staff and students. Movements from staff to staff as well. Most of the student outbreaks were associated with having a parent at home who is a health care worker.

Question 6: What will happen next after processing these data. In terms of policy-implementation?
Answer: The information is directly fed into the governments and policy makers. That information is used to guide the information to reopen schools. It is done in real time. What we have given you is a clean version. They get real time versions.

Question 7: In Sydney we are into term 3, and in New South Wales there is community transmission. We are seeing index cases at school, and 20 cases in the community each day.
Answer: In the UK rates are going up in the community. We are seeing a huge increase in the 18-30 group and also younger teenagers and older adults. It is a very precarious situation. We should have staggered openings of schools; not open them all up at once. Every sneeze in every child needs testing, and this is creating panic among staff and parents. We will have to ride through this every couple of weeks and see where we are. Right now, it is pretty rough.

Question 8: When you look at testing data in UK, there is very little testing among children. You were testing symptomatic children. Does that mean more children are symptomatic?
Answer: From our viewpoint we believe children are just as likely to get infected as adults. It has taken longer for us to get there because they were better protected, had less exposure than adults. As time went on and more children were exposed, there were more infections. In children, infections are transient and tend to be asymptomatic or mild. If you swab them...the ones who should have tested positive tested negative. Now we are encouraging everyone to get tested so they can get back to school, and we may get a better picture. Children get very robust antibody responses but are less likely to be unwell or hospitalized.

NOTA BENE (Announcement from Chair): TAG Members are encouraged to indicate whether similar studies are being conducted in their country/region. It has been found in several studies that infrastructure-related measures have been easier to implement in several countries, while behavioural measures have been harder to implement. It would be interesting to see whether this has been different in other countries.

4. Resilience in educational institutions

Presented by Chris Castle, Chief of Section, Health & Education, UNESCO HQ
(c.castle@unesco.org)

- Background and recap of the comments and inputs received from the TAG on the draft school resilience paper
Decision to mainstream into existing tools and resources the concept of “build back resilient” in schools and educational institutions, rather than to develop another discreet resource, for example as part of:

- Global Standards for Health Promoting Schools
- Global Education Coalition toolkit and chapters on reopening schools and on resurgence planning
- Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector: [https://gadrrres.net/](https://gadrrres.net/)
- Tools and resources for educational planning, including those developed by UNESCO’s International Institute of Educational Planning (IIEP)

To facilitate this mainstreaming approach, a short 1-2 page reference document summarizing the importance of a longer-term vision and investment in the capacity of schools to be better prepared for future health and pandemic threats will be developed. UNESCO proposes to share this as draft with the TAG Members for review and comment in the coming week or so. TAG members will be asked to comment within five working days. Once finalized, it can also be adapted as a commentary piece as previously discussed.

5. Updates

- Update on protocols
  Isabel Bergeri, WHO HQ, bergerii@who.int

  - Presentation focusing on School and other educational institutions transmission of COVID-19 investigation protocol
  - WHO’s 3 pillars for COVID-19 sero-epidemiological investigations/ studies:
    - WHO is working with global network of laboratories and FIND on the development, evaluation and validation of serologic assays for SARS-CoV-2
    - Within WHO’s Solidarity II global collaboration, WHO is working with partners to facilitate the global sharing of well-characterized panels of sera to enable standardization of serologic assays worldwide, and to develop standardized serologic assays for collaborators to use
    - In collaboration with technical partners, WHO developed standardized early sero-epidemiological investigation protocols for COVID-19 (Unity studies) to better understand these characteristics (transmission dynamics & severity, infection/sero-prevalence) and how they may be used to inform public health measures ([https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/early-investigations](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/early-investigations)) and support countries to develop country specific protocols and implement them timely
  - The approach is country-oriented and includes:
    - **Standardized epi tools: 6 (soon 8) template protocols** → data rapidly and systematically collected → facilitates analysis across different settings globally
    - **Standardization / comparability of lab testing results : free** procurement by WHO of:
      - One manual for serological assay (best performing to date for enhanced surveillance or research purposes)
Common “reference” serum panels and reagents: small proficiency testing panel. Thanks to Solidarity II initiative!

Technical support: epidemiological, laboratory, data analysis and scientific writing directly to countries

Financial support for LMIC (WHO HQ/RO/CO with different partners: Pasteur Institute, US CDC, BMGF, etc.)

Standardized data collection & management platform: 2 templates ready in Go.Data
  - The ownership of the primary data remains firmly with the individual countries/sites
  - We need to have consensus and alignment on definitions used to be able to make regional comparisons and to have global overviews

There are eight protocols on the web. School transmission is one of them, but it has not been finalized. You can link to the generic protocol here: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/early-investigations. The school protocol will be circulated in draft form.

Update on the research network on COVID-19 and Educational Institutions

Russell Viner, UCL Institute of Child Health in London

The research network has two subgroups: transmission and broader impact. Two pieces of work are ongoing. The first is on the role of children and young people in transmission; how to appraise the evidence available. We have a nearly final draft. We believe it will be useful to policy makers in health and education.

The second is a systematic review on the impact of school closures on health and well-being outcomes in children and young people. We look at the broader impact, not only from COVID-19. This is a longer-term piece of work – we have to go through 16 000 papers.

Update on plans by the European Regional Office for a high-level meeting

Martin Weber, Programme Manager, WHO European Regional Office, weberman@who.int

A meeting at the European Regional Office took place in August. Seven Member States, shared experiences for opening schools. They will form a regional TAG, linking up with the global TAG. The main outcome is a Regional platform with Region-specific aspects. Country focal points are looking at what interventions countries are using. The University of Munich is leading evidence mapping and will try to do a rapid systematic review. We are looking to have a high-level meeting in early December and to try to have schools open after December.

Please find access to the EURO background document on opening schools here: https://www.euro.who.int/en/media-centre/events/events/2020/08/high-level-virtual-meeting-on-schooling-during-the-covid-19-pandemic/who-europe-background-document-in-
**Action points from the fourth TAG meeting:**

- Shamez Ladhani and Neisha Sundaram to share their Power Point presentations when feasible, given publication status. Shamez Ladhani to share the URL of the government website where data is available.
- TAG members to share with TAG secretariat information on studies, or results of the studies, on the feasibility of implementing public health measures in schools to prevent SARS-COV-2 transmission.
- A reference document on building back resilient to be shared by UNESCO, for comments from TAG members.
- WHO to share the draft of the school case investigation protocol and the Power Point presented by Isabel Bergeri.
- WHO to submit for internal approval the paper led by Russel Viner on Understanding the evidence on the role of children and young people in the transmission of COVID-19.

**Concluding comments and remarks:**
The chair expressed thanks to the TAG members.
The next 5th TAG meeting will take place on 21 October 2020 from 13:00 to 14:00 (Geneva Time). It will be chaired by UNESCO.