

Date: Friday 22<sup>nd</sup> April 2022  
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Dear Secretary of State,

At the start of the Spring term, we wrote to you to express our fears that it would be a term filled with illness and disruption. We also requested that you introduce a range of Covid protections in our schools to prevent this. You declined to do so and, as we predicted, the Spring term saw another wave of Covid wreak havoc with our children's education. In March, figures published by your department showed that on the 17<sup>th</sup> 202,000 pupils were absent from state schools due to Covid. Alongside this, around 48,000 teachers and 60,000 teaching assistants were also absent. Schools were struggling to find enough supply staff to cover the gaps. Locally we know that year groups had to be sent home, teachers had to cover multiple classes, and as supply teachers themselves became sick and were replaced by more supply, pupils faced weeks of inconsistency and rolling disturbance.

We understand that you have expressed your wish that schools get 'back to normal' after the huge upheaval of the last two years. We share your desire to see our young people returning to stable, uninterrupted education. But much as we would love it to be, the pandemic is not over, and yet again we have to write to you to say we fear we will continue to feel the impacts of Covid-19 in our schools. We therefore would like to ask you to introduce the Covid measures in our schools which would mitigate them.

This has only become more urgent as we approach what is of course the most vital term for those pupils in their exam years. This year's exam cohorts have faced Covid disruption throughout their courses, and with Covid protections now removed, now face the threat of further disruption and sickness throughout the exam period.

Your government's 'Living with Covid' plan tells us it is the success of the Covid-19 vaccination rollout which means we can now drop other Covid protections. We are pleased that the vaccination programme for our 5-11 year olds is finally underway. But we have to remind you that it has only just begun, and so far is only giving this age group their first dose. Frustratingly it only finally started after yet another wave of Covid had swept through our schools, meaning that, since pupils can't be vaccinated within 12 weeks of an infection, too many are now having to wait another 3 months to access even their first jab. Many pupils in our schools are not yet vaccinated.

We are relieved to see how significantly vaccination has brought down Covid hospitalisation and death rates. However, with increased rates of transmission, the number of hospitalisations and deaths is still high. At the time of writing this the government dashboard tell us that, in the UK, over 15,000 patients have been admitted to hospital with Covid in the

last week, and in the same time period almost 2,000 people have died within 28 days of contracting Covid.

We are also finding now that although vaccination brings down the risk of long Covid, it does not eliminate it. Data published in January's Lancet shows the risk being halved. ONS figures tell us that 1.7 million people in the UK were experiencing long Covid as of the 5<sup>th</sup> March this year, with almost half having suffered these symptoms for over a year. The ONS also tells us that 1 in 100 primary school pupils met all the criteria for long Covid at some point since March 2020.

The potential for serious long-term harm, as well as short-term illness and disruption, means that we find the new Covid guidance for schools both alarming and inadequate. The end of routine free testing means that schools have lost the chance to pick up the one third of cases which are asymptomatic. Inevitably there will now be pupils in our schools who are unknowingly spreading this disease. The new guidance for pupils to only take three days off school for a case of Covid-19 has no scientific basis. Three days into their illness they are still infectious, and again, this will lead to greater spread in schools, more sickness, more absences, and more disruption and lost learning.

The reason given for this short isolation period is that children on the whole experience Covid as a mild illness. This is true: most children will only have mild symptoms, or even be asymptomatic. But a minority will not be so lucky. ONS figures show that in the UK 33 children have died since January 1<sup>st</sup> this year with Covid-19 on their death certificate. Data from the Government dashboard shows that child hospitalisations have risen, not fallen, with the 'milder' Omicron variant. The initial findings of the NIHR funded study into long Covid, published in August last year, showed that 14% of children can go on to develop long Covid. Besides, a pupil may feel well enough to attend school on day 4 of their bout of Covid-19, but the other pupils and the staff they infect on their return may have a very different experience.

ONS data also shows that school staff have among the highest rates of long Covid. Since teachers and teaching assistants have high-contact occupations with little chance of social distancing this is unsurprising. Your recent Education White Paper talks of recruiting a high quality of teachers by making teaching an attractive occupation. This will be difficult to achieve while teaching carries such a high risk of contracting what can be a chronic, life-changing condition.

Guidance for schools makes it clear that we are now expected to deal with Covid-19 as we would any other respiratory disease. The problem is that Covid isn't just a respiratory disease: it may present with symptoms similar to a cold or flu, but it is a multi-systemic disease now being shown to damage not only the lungs, but also the liver, kidneys, male reproductive system, brain, immune system, vascular system and heart. In fact, infection with the SARS-CoV-2 virus can cause damage and dysfunction in all body systems and organs. Research shows that Covid-19 increases the risk of, among other things, heart attack, stroke, dementia, pulmonary embolism, pulmonary fibrosis, deep vein thrombosis and diabetes.

As adults: parents, educators and politicians, we have a duty of care towards our children and young people. Allowing a virus with such catastrophic potential to circulate unchecked in our schools goes against that duty of care. Schools should be a place where all children can learn in safety. With common long Covid symptoms being extreme fatigue and 'brain

fog', which manifests as problems with memory and concentration, it seems counterproductive to stress the need to raise all children's attendance levels, if once in school they are to be repeatedly infected with a virus which could have such devastating effects on their young bodies and minds. ONS data tells us that reinfections are 10 times higher in the Omicron variant period than they were in the Delta variant period, and locally we are hearing of children who are now on their fourth bout of Covid: without action being taken to break this cycle of infection it will simply continue, with each round of reinfection a risk to the health and futures of pupils and staff alike.

We must also note that the virus circulating at high levels in our schools does not limit itself to infecting staff and pupils, but is brought home to be spread through families and into the community. Both inside and outside schools it finds older and more vulnerable hosts, putting them at repeated risk through both the acute and long phases of the disease.

If we want to look after our young people's health, safeguard their futures, and give them the opportunity to gain an education in as 'normal' and undisrupted a way as possible, it is essential that we do everything we can to lessen the risks of Covid transmission in our schools.

We therefore request that you consider the following measures:

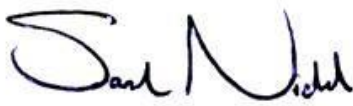
- The airborne transmission of Covid-19 in our schools needs to be combatted with layers of protections. Ventilation and air filtration are vital to halt the spread of this virus. We ask you again to provide adequate funding to improve ventilation systems in all schools which need this. You have previously replied that schools should fund these improvements for themselves, but this is far too important a mitigation measure to be left to be implemented only in those schools which can afford it.
- Likewise your provision of high efficiency particulate air (HEPA) filters to some schools, colleges and early years settings, while welcome, falls far short of the number which are required; and the Marketplace you have created through which schools can purchase such filters will also leave many schools, dealing with stretched budgets and rising heating bills, going without. Ventilation and filtration of the air our children breathe are key to combating this airborne virus and we ask again for adequate funding to achieve this.
- Face masks are a layer of protection which can be quickly and inexpensively stepped up and down in schools as Covid case numbers rise and fall, and we ask for new Guidance to recommend their use.
- An isolation period for positive cases which reflects the length of the infectious period of the virus needs to be reinstated. Current Guidance is for adults to stay at home for only 5 days, children for only 3. Data shared by UKHSA showed that 31% of people remain infectious 5 days after symptom onset or a positive test. This reduces to 6% at 7 days. To prevent the uncontrolled spread of the virus isolation periods need to be lengthened again.
- Free lateral flow tests need to be supplied to schools once more, so that asymptomatic and mild cases among staff and pupils can be detected and chains of transmission can be broken. Testing needs to happen within school communities whenever Covid prevalence is high.

By removing Covid protections the current Guidance for schools does not represent freedom from Covid, or a way to live with the virus within them. For our schools it represents an endless round of infections, illness and upheaval.

We want what you say you also want: a return to normality and stability for our schools and our young people's education. But this will never be achieved while Covid spreads unchecked through those schools.

New Guidance is needed which instates the layered measures necessary to reduce Covid transmission as far as is possible in our schools so that, after two years of near constant crisis, they can finally achieve the sustainable equilibrium which is in our children's best interests.

Yours sincerely,



Clr Sarah Nield  
**Lead Councillor for Schools, Brighton & Hove**

[Long Covid: Hidden lung damage spotted on scans - BBC News](#)

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[Liver problems common among COVID-19 patients, study finds - NIHR Oxford Biomedical Research Centre](#)

[Long COVID and kidney disease | Nature Reviews Nephrology](#)

[Covid Invades Cells in the Penis and Testicles of Monkeys, Study Says - The New York Times \(nytimes.com\)](#)

[COVID Brain Changes Show Parallels With Alzheimer's Disease | MedPage Today](#)  
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[SARS-CoV-2 is associated with changes in brain structure in UK Biobank | Nature](#)

[6-month neurological and psychiatric outcomes in 236 379 survivors of COVID-19: a retrospective cohort study using electronic health records - The Lancet Psychiatry](#)

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[COVID and the Heart: It Spares No One | Johns Hopkins \(jhu.edu\)](#)

[Heart-disease risk soars after COVID — even with a mild case \(nature.com\)](#)

[Patterns of myocardial involvement in children during COVID-19 pandemic: Early experience from northern Italy - PMC \(nih.gov\)](#)

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[Risks of deep vein thrombosis, pulmonary embolism, and bleeding after covid-19: nationwide self-controlled cases series and matched cohort study | The BMJ](#)

[Type 2 Diabetes Linked to 'Long COVID' As Both Cause and Effect - DSM \(diabetesselfmanagement.com\)](#)