



WILLOWS
PRE-SCHOOL
Curiosity has its own reason for existing - *Einstein*

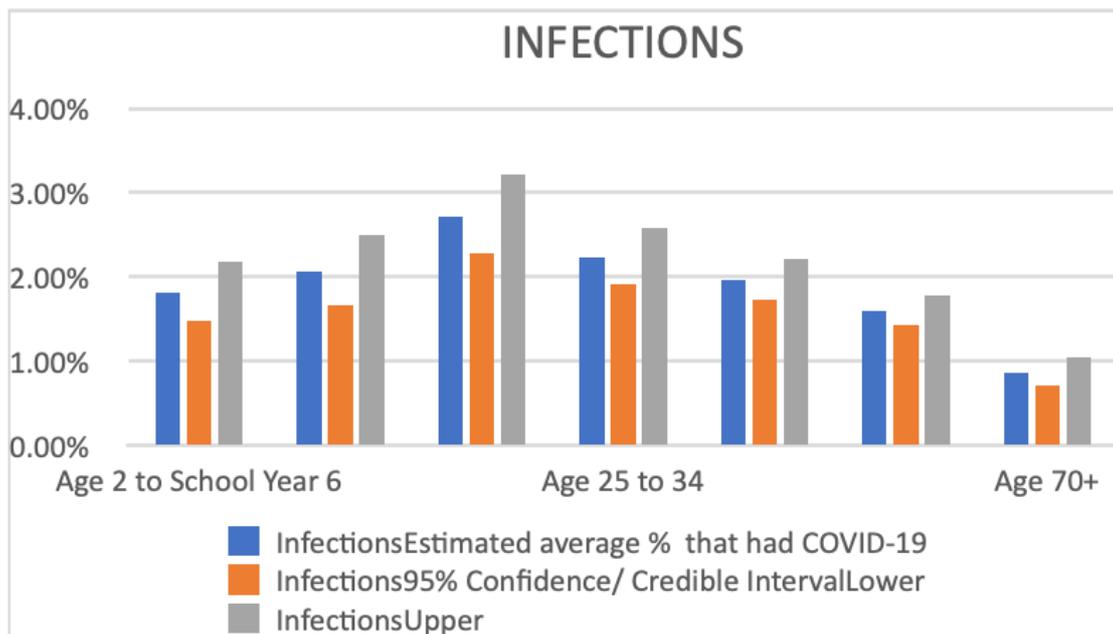
Willows Pre-School: COVID-19 Information

It is no secret that our Teachers and Children's lives have been turned upside down by this pandemic. Between remote schooling and playdates being cancelled, children's routines are everything but routine. The explosion in cases in London these last few weeks, together with what appears to be an inconsistent approach has brought with it a great deal of anxiety.

A great number of questions about coronavirus, and I am sure, if my own children are anything to go by (aged 7 and 14) would also benefit from age-appropriate answers that don't fuel the flame of anxiety. It also helps to discuss — and role model — things they can control, like hand washing, physical distancing, wearing masks and other health-promoting behaviours.

How does COVID-19 affect children?

It has been known for some time that very young children, can develop COVID-19, although the vast majority are asymptomatic. Those that do get sick tend to experience milder symptoms such as low-grade fever, fatigue, and cough. A very small number have had severe complications, and as predicted Children with underlying health conditions may be at increased risk for severe illness.



The data above taken from Public Health England clearly shows that very young children can be infected.

Parents know their children best and we would advise that If you suspect that your child develops symptoms, particularly if their fever lasts for more than a couple of days call the Doctor!

Are children any more or less likely than adults to spread coronavirus?

As stated above, most children who become infected with the COVID-19 virus have no symptoms, or they have milder symptoms such as low-grade fever, fatigue, and cough. Recent studies indicate that infected children had as much, or more, coronavirus in their upper respiratory tracts as infected adults.

The amount of virus found in children — their viral load — was not correlated with the severity of their symptoms. In other words, more virus did not mean more severe symptoms.

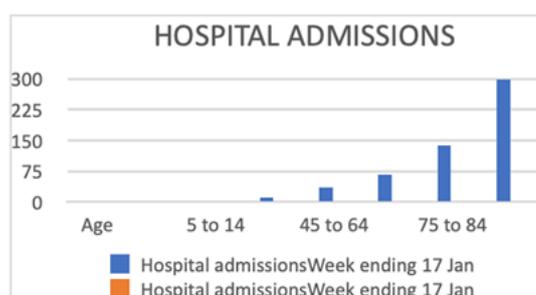
Whilst finding high amounts of viral genetic material — these studies measured viral RNA, not live virus — in children does not *prove* that children are infectious, I would take the view that we should assume children can transmit and err on the side of caution. It seems to me at least, that if children

can be infected and they have the presence of high viral loads we should assume that they can readily spread the infection to others. Moreover, I would think twice when going to supermarkets etc where children are not required to wear masks. My children always now wear masks.

I think it passes the Duck test:

If it looks like a duck, swims like a duck, and quacks like a duck, then it probably is a duck.

The graphs below show that whilst there is no doubt that young children can be infected and, in my opinion, spread the virus, this age groups contribution to hospital admissions is negligible.



There was a small but significant contribution to admissions from the 14 - 44 age group. This is of course the age group of our teachers and begs the question why they are not on the front line of the vaccine queue. I would urge to write to your local MP bringing it to their attention.

Willows has always and will continue to follow PHE guidelines. We also reserve the right to go further when we believe the safety of our staff can be increased.

I hope the above information gives a better understanding of the pandemic and where we are at this moment in time.