



## StrongSchoolsNC

# What Are We Learning About Children, Schools, and COVID-19?

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*NCDHHS is using the latest research to help NC make decisions about how we should operate our schools during the COVID-19 pandemic. We will continue to follow new data and science as it is available to learn more. **For the research behind the information below, refer to the CDC's regularly updated [Science Brief](#).***

### **Children appear to be less likely to acquire and spread COVID-19 than adults.**

- Children, particularly younger children, appear to be less likely than adults to become infected with COVID-19, even after being exposed to someone with COVID-19.
- Young children can spread the virus, however children under 14 years of age may be less likely to spread COVID-19 to others when compared with older teens and adults.
- Newer findings suggest that younger children may be more likely to get COVID-19 from an adult than to spread infection to adults.
- Spread of COVID-19 is much more likely within a household than not within a household (e.g., in schools).

### **Most children have very mild illness, but while rare, some children can develop severe symptoms. We are learning more about children who are at higher risk for severe illness.**

- Children infected with COVID-19 generally have mild or no symptoms.
- Although rare, children can have severe disease. Those with underlying medical conditions are at increased risk of severe illness from COVID-19.
- Our African American and LatinX communities and children are disproportionately affected by COVID-19.
- While very rare (<0.1%), some children can develop complications like Multi-system Inflammatory Syndrome in Children (MISC-C).

### **With prevention measures in place, increasing evidence suggests low rates of COVID-19 transmission in primary and secondary school settings even with high rates of community transmission.**

- There is little evidence that schools have contributed to increase rates of community transmission; countries that have reopened their schools did not see large rises in infection at a population level.
- Overall, studies in the US and internationally have demonstrated limited disease transmission from child-to-child and very limited to no transmission from child-to-adult in the in-person school setting.
- North Carolina's ABC collaborative found rates of secondary transmission during in-person school instruction significantly less than the surrounding communities and no cases of student-to-staff transmission.

### **Preventive measures are important to success of in-person learning**

- School systems that use face coverings and other preventive measures show low rates of transmission.
- Mask use and hand-hygiene remain critical prevention measures.
- Higher rates of spread of the virus have been seen in out of school social gatherings and sports.
- CDC recommends all students remain at least 3 feet apart in classroom settings where prevention measures are strictly followed, with at least 6 feet recommended between adults and between students in specific settings and situations (e.g., when masks cannot be worn such as when eating), including middle and high school students in communities where transmission is high and cohorting is not possible.