

**Update from HSE for Early Learning and Care (ELC) and School Age Childcare (SAC) managers and school principals on the changes to COVID 19 testing and contact tracing for children, 3months to under 13 years (and inclusive of all children attending primary school)**

- In line with recommendations from the National Public Health Emergency Team, it has been agreed that from September 27<sup>th</sup> 2021, automatic contact tracing of asymptomatic close contacts in children aged over 3 months and less than 13 years, in ELC and SAC facilities, primary education and social and sporting groups is no longer recommended.
- This means that children aged between 3 months and 13 years who are identified as a close contact in ELC / SAC or education settings, social and sporting groups, or other non-household settings and who are **asymptomatic** will no longer be routinely required to restrict their movements.
- Automatic COVID 19 testing of **asymptomatic** close contacts identified in ELC / SAC or education settings, social and sporting groups will no longer take place; instead testing will focus on clinically relevant symptomatic disease. There will be transition to testing for public health action and surveillance as indicated on public health or clinical grounds.
- Cases and outbreaks in special educational needs settings, and respite care will still have a public health risk assessment, which may still require children to be identified as close contacts, be referred for testing and have their movements restricted. However they will generally be requested only to restrict their movements for five days, and be referred for one COVID 19 test.
- Children aged between 3 months and 13 years who are identified, as **household close contacts** and are not fully vaccinated or have not had a confirmed Covid-19 diagnoses in the last 9 months (even if they have no symptoms) will still need to restrict their movements and get a COVID 19 test. A child is a household contact if they were present over-night, in the household of a COVID 19 case while the case was infectious. This may be in their own home or someone else's home for example children who may have been on sleepovers with family or friends.
- Public Health advice remains the same for any child between 3 months and 13 years of age with [symptoms](#) consistent with COVID-19 - they should immediately [self-isolate](#),

should not attend childcare or school or socialise and follow current public health advice. Please see [here](#) for further information.

### **Ongoing Public Health advice**

If you are eligible for a COVID-19 vaccine, you are recommended to get a vaccine, further information on Covid-19 vaccines available at [www.hse.ie](http://www.hse.ie)

All infection, prevention, control and mitigation measures, as currently recommended for ELC / SAC, schools and sporting / social groups remain in place.

The focus of families and ELC / SAC, educational, sporting and social facilities should remain on identifying children with new symptoms, which could be consistent with COVID 19 and keeping such children isolated until the need for a test or assessment of their clinical needs can be made by their GP.

### **What does this mean for my facility / school?**

If you are an ELC / SAC or primary school facility this means that if you become aware of a case of COVID 19 who has recently attended your facility or school, you do not need to contact the HSE, and you will not be routinely contacted by the HSE.

A child who was previously identified as a close contact of a case of COVID 19 (other than a household close contact) and who does not have symptoms, will not be routinely recommended or required to restrict their movements and be tested from your facility/school.

Close observation of children for symptoms which are consistent with COVID 19 is recommended at all times.

All infection prevention and control measures, including pods and other mitigation measures should remain in place.

Any child who was previously identified as a close contact of a case from outside of the house or special educational needs / respite care setting and is currently out restricting their movements, can return to ELC / SAC facilities, schools, clubs etc provided that they have no symptoms of Covid-19 from Monday 27<sup>th</sup> September. They do not need to present for COVID 19 testing before returning. Children identified as close contacts within a special educational need school, special class or respite care, should remain restricting their



movements until 5 days of restricted movements are complete. Children identified as close contacts through a household case of infection for example a parent who has COVID 19, must remain restricting their movements.

### **Why are these changes being made?**

This advice is being provided because effective vaccines against COVID 19 are now available and a robust vaccination programme is underway in Ireland for children aged 12 years and older. Although precautions to prevent introduction and spread of the virus are still required, vaccines have proven to reduce the spread of COVID 19 and reduce the risk of severe disease and or hospitalisation in our communities.

### **Does this apply to for example special educational needs schools, or special educational needs classes within primary schools, or respite care?**

No. For these facilities and classes, the Public Health team will continue to contact you when they are notified of a confirmed case of COVID 19 who was infectious within your setting. A PHRA will be undertaken, which may still require children to be identified as close contacts, be referred for testing and have their movements restricted. However they will generally be requested only to restrict their movements for five days, and be referred for one COVID 19 test. This is to balance the observation period required for children for signs of infection, with testing at the most relevant time, whilst not prolonging restricted movements and the harms to children from these restrictions.

### **Children and COVID 19**

Since the start of the COVID 19 pandemic, we have learned that<sup>1</sup>:

- Children seem more likely than adults to have no symptoms or to have mild disease. Please see here for information on [symptoms](#)
- Investigation of cases identified in ELC/SAC and school settings suggest that child to child transmission in ELC/SAC settings and schools is uncommon and not the primary cause of Sars-CoV-2 infection in children, particularly in ELC/SAC settings and primary schools
- Children are rarely identified as the route of transmission of infection in to the household setting
- Children are not more likely than adults to spread infection to others