

CHILDREN AND COVID-19: What you need to know

6 November 2020

The Coronavirus Disease (COVID-19) continues to affect the lives and livelihoods of people all around the world. This factsheet will focus on its impact on the lives of children.

How does the COVID-19 pandemic affect the lives of children?¹

All children, of all ages, and in all countries, are being affected, in particular by the socio-economic impacts and, in some cases, by mitigation measures. This is a universal crisis and, for some children, the impact will be lifelong. Moreover, the harmful effects of this pandemic will not be distributed equally. They are expected to be most damaging for children in the poorest countries, and in the poorest neighbourhoods, and for those in already disadvantaged or vulnerable situations.

- Globally, 188 countries have imposed countrywide school closures, affecting more than 1.6 billion children and youth. This poses a grave concern over potential losses that may accrue in learning for today's young generation, and for the development of their human capital.
- While the direct effect of COVID-19 mortality is limited among children, the indirect effects on child survival are widespread, stemming from strained health systems, household income loss, and disruptions to care-seeking and preventative interventions like vaccination. According to a study covering 118 low- and middle-income countries by the Johns Hopkins Bloomberg School of Public Health, an additional 1.2 million under-five deaths could occur due to reductions in routine health service coverage levels and an increase in child wasting².
- As many as 132 million people may go hungry in 2020, of that 36 million children.
- Due to COVID-19 measures, approximately 80 million children under the age of 1 in at least 68 countries may miss out on receiving life-saving vaccines.
- An additional 124,000 children could be infected with HIV if prevention services are disrupted for 6 months
- The COVID-19 crisis could lead to the first rise in child labour after 20 years of progress. Child labour decreased by 94 million since 2000, but that gain is now at risk. Among other impacts, COVID-19 could result in a rise in poverty and therefore to an increase in child labour as households use every available means to survive.
- Lockdowns and other restrictions of movement come with a heightened risk of children being exposed to violence. This includes heightened tensions in the household, added stressors placed on caregivers, economic uncertainty, job loss or disruption to livelihoods, and social isolation. Children may also increasingly witness intimate partner violence.

Can children get COVID-19?

Yes. Children under the age of 18 can and do get COVID-19, accounting for about 8.5% of the reported cases globally³. There have been relatively few deaths within this age group compared to other age groups, and symptoms are often milder. However, cases of critical illness among children have been reported. As with adults, pre-existing medical conditions have been suggested as a risk factor for severe disease and intensive care admission in children.

¹ <https://data.unicef.org/covid-19-and-children/> Accessed on 26 October 2020.

² [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30229-1/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30229-1/fulltext) Accessed on 26 October 2020.

³ <https://www.who.int/publications/i/item/considerations-for-school-related-public-health-measures-in-the-context-of-covid-19>

In the African region, cases have been reported in children of all ages, ranging from newborns to adolescents.

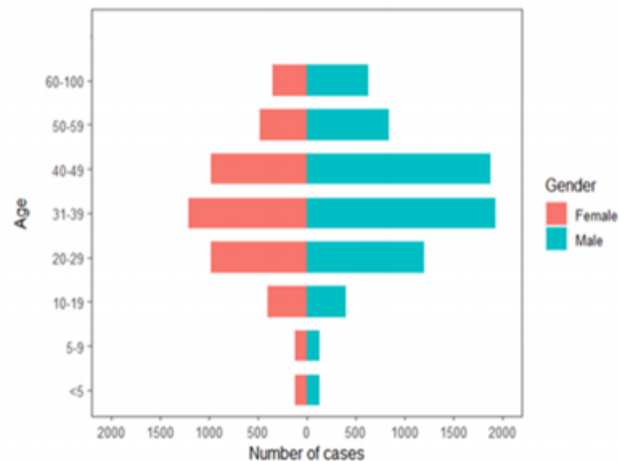


Figure 1. The distribution of confirmed COVID-19 cases by gender and age group
Data as of 25th February - 15th September 2020 (n = 11842)⁴

Children under 10 years of age appear to be less frequently affected than adults. The number of infections in children appears to increase with age as they move into adolescence and young adulthood.

How serious is COVID-19 when children contract the virus?

Among those children tested for COVID-19, most cases are mild or asymptomatic (meaning the child is either not very unwell or shows no symptoms). However, some children can and do get severe symptoms from COVID-19, and some have even died from complications of COVID-19.

Children with chronic conditions are thought to be at higher risk of severe symptoms when infected with COVID-19. One of the more serious but less frequent complications of COVID-19 in children is an inflammatory condition known as Multisystem Inflammatory Syndrome (MIS). This can have very severe implications, including organ failure and even death.

Can children spread COVID-19?

The extent to which children contribute to the transmission COVID-19 is not well understood. However, transmission by children is thought to be possible, although current evidence suggests that children are less likely than adults to be the main transmitters of the infection.

How can children be protected from COVID-19 and maintain their well-being?

The same public health measures applied to adults should be emphasized in children:

- Hand hygiene with either soap and water or alcohol-based sanitizer
- Physical distancing of at least 1m to reducing the rates of infection and transmission in children.
- When coughing or sneezing, it is important to cover mouth and nose using the crook of their elbow and not by hands. If available, children should use a tissue to cover their mouth and nose and throw used tissues in the trash.

⁴ WHO (2020) COVID-19 Situation Report for the WHO African Region, External Situation Report 29, 16 September 2020.
https://apps.who.int/iris/bitstream/handle/10665/334326/SITREP_COVID-19_WHOAFRO_20200916-eng.pdf

Mask wearing in public

Children aged **5 years and under** should not be required to wear masks. This is based on the safety and overall interest of the child and the ability of the child to safely and appropriately use a mask. However, there may be local requirements, or times when mask is necessary.

Children aged **6 and up** should follow the same principles as adults for wearing masks, including:

- Children who are in general good health should wear a **fabric mask**.
- First, wash hands for at least 20 seconds if using an alcohol-based hand rub, or at least 40 seconds if using soap and water, before putting on the mask.
- Make sure the mask is clean, and the right size to cover the child's nose, mouth and chin.
- Children should be taught how to wear the mask properly (e.g. using the loops to put on and remove the mask, and not pulling it under the chin or into their mouth).
- They should store the mask in a bag or container.
- Do not share the mask with others.
- A household member who is sick or has tested positive with the virus that causes COVID-19 should be isolated from everyone else if possible.
- If the child comes within 1 metre of the sick person at home, the adult and child should wear a mask during that time.

Children with underlying health conditions, such as cystic fibrosis or cancer, should wear a **medical mask** in consultation with their medical providers. It is important to manage the interaction with general population for children with immunosuppression as they are prone to contracting infectious diseases, including COVID-19.

For children with developmental disorders or disabilities, masks should not be mandatory and need for them to wear masks should be assessed on a case by case basis.

Children should not wear a mask when playing sports or doing physical activities, such as running, jumping or playing on the playground, so that it doesn't compromise their breathing.

When organizing these activities for children, it is important to encourage all other critical public health measures: maintaining at least a 1-metre distance from others, limiting the number of children playing together, providing access to hand hygiene facilities and encouraging their use

The use of masks by children and adolescents in schools should only be considered as one part of a strategy to limit the spread of COVID-19. Strategies in schools should also include regular decontamination of relevant areas of schools, adequate ventilation (i.e. opened windows or well maintained and cleaned air conditioning systems), contact tracing and appropriate risk assessments.

Well-being

Children should be encouraged to eat a healthy diet, exercise, interact with their family and friends, considering the public health measures, and try to maintain their routines for study, play and sleep.

Parents and guardians should try to explain to children the current COVID-19 situation and the need for the various measures in simple terms. They should also listen to and try to alleviate the worries and concerns expressed by their children.

Should children go to school during the COVID-19 pandemic?

Based on the current available data and the latest recommendations from WHO, UNICEF and UNESCO (2020), school closures have clear negative impacts on child health, education and development, family income and the overall economy. Also, while school-going children can get

infected, the rates of infection, severe disease and death in children are much lower than in adults. Therefore, the current recommendation (as of October 2020) is that children should go to school once the school is open, taking into account a child's individual health conditions, the type of transmission in the local area and ensuring the appropriate public health measures in schools.

If the child or a member of their household is sick with flu-like symptoms or with confirmed COVID-19, it is important that the child does not go to school as he/she may transmit the infection to others.

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