



May 28, 2021

Dear Premier Ford

In response to your letter of May 27, we are reiterating our call to re-open Ontario schools to in-person learning for the remainder of the 2020-21 academic year.

Since the start of the pandemic, the Canadian Paediatric Society has [spoken consistently](#) in support of in-person learning, which is crucial for the developmental, emotional, psychosocial and mental health of children and youth. We are disappointed that our input is being sought at this very late stage, when the urgency of a decision leaves little time for meaningful discussion.

The harms to child and youth mental health cannot be dismissed any longer. Do the models suggesting potential case increases—which your own advisors have described as “manageable”—outweigh the very real suffering that children and youth are experiencing right now?

We have attached our responses to your questions at the end of this letter. However, as paediatricians, our responsibility is to advocate for the holistic well-being of children and youth—physical, emotional, behavioural, developmental, and mental health—so we must ask an equally important question:

What are the risks to children and youth of **not** re-opening schools to in-person learning to finish the year?

Ontario’s children and youth are not in the same place they were a year ago. More than 14 months of restrictions, losses and sacrifices have taken their toll on our kids. While a minority are doing fine, too many are not. Many are in serious distress, presenting with anxiety, depression, suicidal thoughts, substance misuse, and eating disorders. Countless others are languishing, and we are gravely concerned about their well-being in the weeks, months, and indeed, years to come.

The public health measures designed to protect Ontarians from COVID-19 inadvertently harmed children and youth. While it was not the intention, it is certainly an outcome. The data from the first two school closures are overwhelming.<sup>1 2</sup> We are very concerned that the cumulative data that will emerge after this third closure will show devastating mental health consequences for children.

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<sup>1</sup> Cost KT, Crosbie J, Anagnostou E, Birken CS, Charach A, Monga S, Kelley E, Nicolson R, Maguire JL, Burton CL, Schachar RJ, Arnold PD, Korczak DJ. Mostly worse, occasionally better: impact of COVID-19 pandemic on the mental health of Canadian children and adolescents. *Eur Child Adolesc Psychiatry*. 2021 Feb 26:1–14. doi: 10.1007/s00787-021-01744-3. Epub ahead of print. PMID: 33638005; PMCID: PMC7909377.

<sup>2</sup> CMHO. [The impacts of COVID-19 on mental health needs. Evidence brief](#), May 25, 2021.

Just this week, our colleagues at Children’s Mental Health Ontario (CMHO) presented a comprehensive evidence brief<sup>3</sup> on the impact of COVID-19 on mental health to the Science Table. In addition, experts from the Royal Society of Canada have written a forthcoming policy brief on child/youth mental health<sup>4</sup> that was summarized in a letter to you this week, concluding that we are on the “cusp of a generational catastrophe.”

We cannot use adult metrics of well-being to assess the impact of the last 14 months on our kids. We cannot expect them to simply “push through.” Some proponents of continued online learning have said that a few weeks in school won’t make a difference. On the contrary, a few weeks matter a great deal to children and youth. **Every day matters.** Every day is an opportunity for social connections, for relationships, for moments that make the difference between a child who won’t leave his room and a child with hope for the future.

Many students are in the process of transitioning: Grade 6 kids heading to middle school; Grade 8s off to high school; and Grade 12s heading to post-secondary and the next phase of their lives. Closure is critical to their well-being and mental health. We already denied the 2020 cohort a chance to experience these milestones with their teachers and peers. After 14 months, there is no excuse to do it again.

Finally, we must remember that there is no “typical” Ontario family. Not every student has the same resources to help mitigate the challenges of learning from home—such as a proper and dedicated workspace with adequate technology and reliable Internet access, parents who work from home and/or who can support online learning, direct access to the outdoors or greenspace, and so on. The decision about re-opening schools to in-person learning must seriously consider the needs of children, youth, and families most vulnerable and most at risk of long-term harm.

We all agree that our children, youth, and education colleagues must be protected from viral transmission. We also know that community transmission is the most important driver of COVID-19 in schools. Canadian and international data suggest that schools have not been a significant source of transmission<sup>5 6 7 8 9 10 11</sup>.

Schools cannot be equated with indoor gatherings, as your letter suggests: They are controlled environments with limited and consistent contacts, and strict infection control measures (eg., cohorting, masking, physical

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<sup>3</sup> CMHO. The impacts of COVID-19 on mental health needs. Evidence brief, May 25, 2021. <https://cmho.org/wp-content/uploads/Evidence-Brief-May-2021-.pdf>

<sup>4</sup> Vaillancourt T, Szartmari P, Georgiades K et al. Royal Society of Canada, Working Group on Children and Schools. The impact of COVID-19 on the mental health of Canadian Children and youth. In press, May 2021.

<sup>5</sup> Theuring S, Thielecke M, van Loon W et al. BECOSS Study Group. SARS-CoV-2 infection and transmission in school settings during the second wave in Berlin, Germany: a cross-sectional study. medRxiv 2021.01.27.21250517

<sup>6</sup> COVID-19 in children and the role of school settings in transmission - first update. Stockholm: ECDC;2020. <https://www.ecdc.europa.eu/en/publications-data/children-and-school-settings-covid-19-transmission>

<sup>7</sup> Bark D, Dhillon N, St-Jean M et al. SARS-CoV-2 transmission in K-12 schools in the Vancouver Coastal Health Region: a descriptive epidemiologic study. medRxiv 2021.05.15.21257271; doi: <https://doi.org/10.1101/2021.05.15.21257271>

<sup>8</sup> Brandal Lin T, Ofitserova Trine S, Meijerink Hinta, Rykkvin Rikard, Lund Hilde M, Hungnes Olav, Greve-Isdahl Margrethe, Bragstad Karoline, Nygård Karin, Winje Brita A. Minimal transmission of SARS-CoV-2 from paediatric COVID-19 cases in primary schools, Norway, August to November 2020. Euro Surveill. 2021;26(1):pii=2002011. <https://doi.org/10.2807/1560-7917.ES.2020.26.1.2002011>

<sup>9</sup> Yung CF, Kam KQ, Nadua KD, et al. [Novel Coronavirus 2019 Transmission Risk in Educational Settings](https://doi.org/10.1093/cid/ciaa794). Clin Infect Dis. 2021;72(6):1055-1058. doi:10.1093/cid/ciaa794

<sup>10</sup> Vancouver Coastal Health exposures in schools. <http://www.vch.ca/covid-19/school-exposures>

<sup>11</sup> Fraser (B.C.) Health. [COVID-19 school cluster and transmission analysis](https://www.health.gov.bc.ca/covid-19/school-cluster-analysis), May 7, 2021.

distancing). Similarly, while your letter states that schools “were the sources of more outbreaks than workplaces or any other location,” this is misleading since the definition of outbreak varies across settings and does not reflect the proportion of school-related cases to overall cases<sup>12</sup>. To date less than 3% of all cases<sup>13</sup> in Ontario throughout the pandemic have been school-related<sup>14</sup>.

Many of our public health colleagues have said that opening schools in their jurisdictions is both prudent and recommended<sup>15 16 17</sup>. We support the leadership of regional Medical Officers of Health to determine the timing of local re-openings. However, if students in heavily populated areas are not able to return to in-person learning, the province-wide mental health crisis will not be abated.

As reaffirmed by your own Science Table and public health units, case numbers, positivity rates and reproductive numbers have all dropped considerably over the last few weeks. Vaccination rates are climbing steadily, and vaccines are proving safe and effective. After months of promising that school doors would be the last to close and first to open, it was disheartening to see your Roadmap to Reopen make no mention of schools or the needs of children and youth. This despite widespread consensus that school re-opening must be prioritized ahead of non-essential businesses.

The health and well-being of children and youth is our life’s work, and many of us are parents and grandparents. In our hospitals, our homes, and our communities, we see children and youth who are suffering. After asking them to make sacrifices for over a year, they need all of us to put them first. To that end, we urge you to also take steps immediately to ensure that the 2021-22 school year starts on time, is fully in-person, includes all sports and extra-curricular activities, and runs uninterrupted.

Sincerely,

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Daphne J Korczak MD MSc FRCPC (peds), FRCPC (psych)  
Chair, Canadian Paediatric Society Mental Health Task Force

Kimberly Dow MD FRCPC  
Board representative, Ontario

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<sup>12</sup> Ontario Agency for Health Protection and Promotion (Public Health Ontario). [Enhanced epidemiologic summary: COVID-19 outbreaks and cases in Ontario, by setting: February 16, 2020 to December 26, 2020](#). Toronto, ON: Queen’s Printer for Ontario; 2021.

<sup>13</sup> Government of Ontario. COVID-19. All Ontario: Case numbers and spread. <https://covid-19.ontario.ca/data>

<sup>14</sup> Government of Ontario. COVID-19 cases in schools and child care centres. <https://www.ontario.ca/page/covid-19-cases-schools-and-child-care-centres>

<sup>15</sup> Letter from Sick Kids and Council of Ontario Chief Medical Officers of Health, May 20, 2021. <https://twitter.com/PHAgencies/status/1395847290758340613/photo/1>

<sup>16</sup> CTV News. Mayor, Etches call for re-opening schools, May 26, 2021. <https://ottawa.ctvnews.ca/mayor-etches-call-for-reopening-schools-1.5443334>

<sup>17</sup> Global News. Kingston, Ont. board of health backs return to in-class learning as COVID-19 cases decline, May 26, 2021. <https://globalnews.ca/news/7895388/kingston-in-class-learning-return-covid-19/>

## ATTACHMENT: Responses to questions in letter of May 27, 2021

1. Yes, it is safe for students to return to school if the [guidelines for safe return](#) are followed.

For supporting evidence, please see the following, as well as references in #2, below:

- Honein MA, Barrios LC, Brooks JT. [Data and Policy to Guide Opening Schools Safely to Limit the Spread of SARS-CoV-2 Infection](#). *JAMA*. 2021;325(9):823–824. doi:10.1001/jama.2021.0374
- Walsh S, Chowdhury A, Russell S et al. [Do school closures reduce community transmission of COVID-19? A systematic review of observational studies](#). medRxiv 2021.01.02.21249146; doi: <https://doi.org/10.1101/2021.01.02.21249146>

2. Yes. See above re guidelines for safe return. There is a great deal of supporting evidence from other countries, including Europe (overall), Germany, Switzerland, Hong Kong, Norway, Australia, the United Kingdom, the United States, and Canada (British Columbia):

- COVID-19 in children and the role of school settings in transmission - first update. Stockholm: ECDC;2020. <https://www.ecdc.europa.eu/en/publications-data/children-and-school-settings-covid-19-transmission>
- Theuring S, Thielecke M, van Loon W et al. BECOSS Study Group. [SARS-CoV-2 infection and transmission in school settings during the second wave in Berlin, Germany: a cross-sectional study](#). medRxiv 2021.01.27.21250517
- Ulyte A, Radtke T, Abela I et al. [Clustering and longitudinal change in SARS-CoV-2 seroprevalence in 2 school-children: prospective cohort study of 55 schools in Switzerland](#). medRxiv preprint doi: <https://doi.org/10.1101/2020.12.19.20248513>
- Fong MW, Cowling BJ, Leung GM, Wu P. [Letter to the editor: COVID-19 cases among school-aged children and school-based measures in Hong Kong](#), July 2020. *Euro Surveill*. 2020;25(37):pii=2001671. <https://doi.org/10.2807/1560-7917.ES.2020.25.37.2001671>
- Brandal Lin T, Ofitserova Trine S, Meijerink Hinta, Rykkvin Rikard, Lund Hilde M, Hungnes Olav, Greve-Isdahl Margrethe, Bragstad Karoline, Nygård Karin, Winje Brita A. [Minimal transmission of SARS-CoV-2 from paediatric COVID-19 cases in primary schools, Norway, August to November 2020](#). *Euro Surveill*. 2021;26(1):pii=2002011. <https://doi.org/10.2807/1560-7917.ES.2020.26.1.2002011>
- [Transmission of SARS-CoV-2 in Australian educational settings: a prospective cohort study](#). *The Lancet Child & Adolescent Health*. 2020;4(11):P807-816.
- Bark D, Dhillon N, St-Jean M et al. [SARS-CoV-2 transmission in K-12 schools in the Vancouver Coastal Health Region: a descriptive epidemiologic study](#). medRxiv 2021.05.15.21257271; doi: <https://doi.org/10.1101/2021.05.15.21257271>

- Zimmerman KO, Akinboyo IC, Brookhart A, et al. [Incidence and secondary transmission of SARS-CoV-2 infections in schools](#). Pediatrics. 2021; doi: 10.1542/peds.2020-048090
- Hershov RB, Wu K, Lewis NM, et al. [Low SARS-CoV-2 Transmission in Elementary Schools — Salt Lake County, Utah, December 3, 2020–January 31, 2021](#). MMWR Morb Mortal Wkly Rep 2021;70:442–448. DOI: <http://dx.doi.org/10.15585/mmwr.mm7012e3>
- Ismail SA, Saliba A, Bernal, JL et al. [SARS-CoV-2 infection and transmission in educational settings: a prospective, cross-sectional analysis of infection clusters and outbreaks in England](#). The Lancet Infectious Diseases 2020;21(3):P344-53.
- Falk A, Benda A, Falk P, Steffen S, Wallace Z, Høeg TB. [COVID-19 Cases and Transmission in 17 K–12 Schools — Wood County, Wisconsin, August 31–November 29, 2020](#). MMWR Morb Mortal Wkly Rep 2021;70:136–140
- Yung CF, Kam KQ, Nadua KD, et al. [Novel Coronavirus 2019 Transmission Risk in Educational Settings](#). Clin Infect Dis. 2021;72(6):1055-1058. doi:10.1093/cid/ciaa794

3. There are no published data suggesting increased severity from this variant. If existing precautions and guidelines are followed, the risks of the variant do not outweigh the current and ongoing harms to students.

4. We have not seen the modelling on which the Science Table’s projections are based. Does it account for the current state of vaccinations among adults and teens aged 12 years and older? Does this modelling consider case counts only or hospitalization burden? An increase in cases will not necessarily overwhelm the hospital system. However, in order for us to provide feedback, we need more information on the details of the modelling.

5. We are only aware of this practice taking place in Singapore, despite the lack of data to support it. With current case counts and vaccination rates, combined with the lower risk for severe disease to children, the overall risks to children and youth are greater if they are not in school.

6. Our colleagues in Quebec have fully re-opened schools successfully with a single-dose strategy. One dose of vaccine significantly reduces the risk of illness. [Public Health Ontario data](#) (December 2020 to April 2021) show that only 0.06% of individuals who were partially vaccinated (14 days after first dose) became infected.

For supporting evidence, see:

- Ontario Agency for Health Protection and Promotion (Public Health Ontario). [Confirmed cases of COVID19 following vaccination in Ontario: December 14, 2020 to April 17, 2021](#). Toronto, ON: Queen’s Printer for Ontario; 2021.

7. Classroom settings are not equal to “indoor gatherings” as defined in Ontario’s reopening plan (for example, bars, restaurants, and private social occasions—none of which are essential activities). Classrooms are controlled settings where individuals have limited contact with a consistent group of people. Safety precautions, include masking and physical distancing, are taken.

