

## **COVID-19 – School attendance guidance for children undergoing cancer treatment and children with non-cancerous blood disorders**

Version 1.0  
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ANZCHOG has worked in close consultation with Australian and New Zealand paediatric infectious disease experts and paediatric immunologists to develop this guidance, in the absence of complete and accurate evidence. Regional differences and individual circumstances must be considered along with this guidance. A child's treating team can provide specific advice.

### **These recommendations are for locations where there is ongoing community transmission of SARS-CoV2.**

#### **For all regions:**

- Those in contact with your child, including parents, siblings 12 years and older, and grandparents, should be fully (two doses) vaccinated as an important preventative measure.
- Standard preventative measures also remain very important for your child when returning to face to face contact. These include mask wearing where possible, handwashing, and maintaining social distancing.

#### **CURRENT RETURN TO SCHOOL RECOMMENDATIONS**

As lockdown restrictions are lifted in affected regions and school/pre-school/daycare resumes for children and adolescents, careful consideration regarding attendance for immunocompromised populations is needed.

A staged approach to school return may be recommended by your child's treating team, depending on the level of local community transmission and vaccination levels e.g. this may mean delaying school return by 2-3 weeks until community vaccination targets reach 80% in some settings.

#### **Children 12 years or older undergoing treatment for cancer or non-cancerous blood disorders**

- School attendance should be considered for all **fully vaccinated** (2 or 3 doses of vaccine) children 12 years or older undergoing treatment for cancer or non-cancerous blood disorders who would have been considered as safe for school pre-pandemic.
- Caution is recommended in returning to school for unvaccinated/partially vaccinated children 12 years and older who are receiving anti-cancer treatment, other than those children who are receiving low intensity therapies e.g. maintenance treatment for Acute Lymphoblastic Leukaemia (ALL), especially in the setting of risk factors for more severe COVID-19 infection. Risk factors include children with other diseases or medical conditions (for example obesity, adrenal insufficiency/hypopituitarism, chronic neurological disease or chronic lung disease), during periods of neutropenia/intensive phases of treatment.

#### **Children younger than 12 years of age undergoing treatment for cancer or non-cancerous blood disorders**

- Caution is recommended in returning to school for children younger than 12 years who are receiving anti-cancer treatment, other than those children who are receiving low intensity therapies e.g. maintenance treatment for Acute Lymphoblastic Leukaemia (ALL), and/or who have risk factors for more severe COVID-19 infection including those with other diseases or medical conditions (for example obesity, adrenal insufficiency/hypopituitarism, chronic neurological disease or chronic lung disease).

#### **Children who have previously received cancer treatment, a bone marrow or stem cell transplant or CAR T Cell therapy**

- School attendance should be considered for all fully vaccinated children who have completed cancer treatment or undergone a bone marrow/stem cell transplant or CAR T cell therapy who would have been safe for school pre-pandemic.

## **Siblings**

- School attendance for siblings is generally recommended especially if fully vaccinated and can practice preventative measures (mask wearing, handwashing, social distancing etc).
- An individualised approach is required for younger children with a profoundly immunosuppressed household member e.g. a sibling undergoing intensive anti-cancer therapy.

## **FREQUENTLY ASKED QUESTIONS**

### **My child's school is now re-opening. Is it safe for my child to attend?**

If your child is 12 years or older **and fully vaccinated** and your doctor had advised that it was safe for your child to attend school prior to the onset of the COVID-19 pandemic, we are advising that it is now safe for your child to attend school when they are re-opened. If your child is younger than 12 years, please discuss returning to school with your child's treating team.

### **There are more outbreaks of COVID-19 in schools and day-care. Is my child at greater risk of contracting COVID-19?**

Although more children are catching the Delta variant of COVID-19, most children, including those with cancer, experience mild or no symptoms, and only a very small number require hospitalisation.

### **Are there additional preventative measures recommended for my child when they return to school?**

It is very important that those in contact with your child, including parents, siblings 12 years and older, and grandparents, are fully vaccinated as an important preventative measure. A booster dose of vaccine is under consideration for some groups such as those over age 65 years. Studies show that transmission of COVID-19 within the family home is one of the most common ways children contract the virus. The general recommended preventative measures will also be very important for your child when returning to face to face contact. These include mask wearing, handwashing, and maintaining social distancing. Schools may also introduce additional measures like increased air ventilation and holding classes outdoors where possible.