



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



Date:	19 January 2022		
To:	<b>Dr MJ Phaahla, MP Honourable Minister of Health</b>	From:	<b>Ministerial Advisory Committee (MAC) on COVID-19</b>

**COVID-19 MITIGATION IN INSTITUTIONS OF LEARNING**

**Problem Statement**

Over the last two years of the COVID-19 pandemic, evidence has emerged to improve our understanding related to mitigation of the spread of SARS-CoV-2 in institutions of learning (Basic Education and Higher Education). The changing environment and nature of the pandemic has necessitated the migration from a pandemic to an endemic response. Physical distancing has received much attention as a mitigation strategy. This focus on physical distancing alone has had a significant negative impact on learning as the implementation thereof in the classroom is not always feasible. However, a bundle of interventions, not only physical distancing in isolation, has proven effective to reduce the spread of SARS-CoV-2.

**Evidence Review**

- Closures of institutions of learning in response to the COVID-19 pandemic present an unprecedented risk to learners’ education, protection and wellbeing, including nutrition.
- During the Fourth Wave, there was an increase in weekly incidence of laboratory-confirmed COVID-19 infections amongst hospitalised individuals in lower age groups (<20 years), compared to previous waves<sup>1</sup>. Although the proportion of individuals <20 years with COVID-19 infection among the hospitalised increased during the Fourth Wave, there was decreased severity of cases and COVID-19 associated deaths<sup>2</sup>.
- Decreasing minimum physical distancing requirements from 1.8 meters to 0.9 meters in United States school settings was not associated with an increase in COVID-19 cases among students or staff, provided that other mitigation measures, such as universal masking and hand sanitising, were implemented. There is no evidence available about the extent of the risk of COVID-19 transmission associated with a decrease of distance between children to less than 0,9 meters. Furthermore, it is difficult to assess the impact of any single prevention measure individually<sup>3</sup>.
- A bundle of mitigation policies, such as masking, ventilation, physical distancing (where possible), and hand hygiene, resulted in minimal clusters of SARS-CoV-2 infection and low rates of secondary transmission in schools, and prevented a larger community infection burden.

<sup>1</sup> National Institute for Communicable Diseases COVID-19 Hospital Surveillance Update. Week 1, 2022. [https://www.nicd.ac.za/diseases-a-z-index/disease-index-covid-19/surveillance-reports/weekly-hospital-surveillance-datcov-update/]

<sup>2</sup> DATCOV Hospital Surveillance for COVID-19 Insights on the Fourth Wave in South Africa – 14 January 2022. [https://sacoronavirus.co.za/2022/01/14/datcov-hospital-surveillance-for-covid-19-insights-on-the-fourth-wave-in-south-africa-14-january-2022/]

<sup>3</sup> Van den berg et al. *Effectiveness of 3 Versus 6 ft of Physical Distancing for Controlling Spread of Coronavirus Disease 2019 Among Primary and Secondary Students and Staff: A Retrospective, Statewide Cohort Study.*

Adherence to these and other public health and social measures should reduce the spread of the virus from the individual with SARS-CoV-2 to others in educational settings, whether learners or staff<sup>4</sup>.

- With the repeated waves of SARS-CoV-2 infection and because of rollout of COVID-19 vaccination to adults and children aged 12 years and older, there is a much higher rate of seroconversion (immunity) in the population, which is associated with reduced risk of symptomatic COVID-19 infection and of severe disease. Most South African children, adolescents and young adults have been exposed to COVID-19 and are now at a much lower risk of acquiring the disease in schools, colleges, and universities than at the start of the pandemic<sup>5</sup>.
- Thermal screening of the body surface to identify individuals who are infected with SARS-CoV-2 has limited value and should be halted<sup>6</sup>.

## Recommendations

- **All institutions of learning (Basic Education and Higher Education) should open at full capacity without rotational attendance. Institutions should ensure maximum feasible physical distancing between learners. However, there should be no minimum physical distance requirement.**
- In addition, there is a need to ensure adequate ventilation within classrooms (open windows), appropriate use of surgical or cloth masks, and good hand hygiene practices. All of these measures remain important.
- Thermal screening is not recommended.
- All eligible learners, educators and staff should be encouraged to be fully vaccinated and receive a booster dose when eligible, especially those with underlying risk factors including older age and co-morbidities.

## Rationale

- The harms of implementing restrictions on physical distancing exceed the possible benefits of reduced COVID-19 infections.
- Other public health and social measures are important to be implemented as a bundle of COVID-19 mitigating interventions, such as hand washing, mask wearing and good ventilation of the classrooms.
- The risk of possible transmission of SARS-CoV-2 should be balanced with the benefit of resumption of classes for all learners.

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<sup>4</sup> South African Paediatric Association, 2021. *Position statement: Return of South African Children to School during the 'Second Wave'*.

<sup>5</sup> Personal Communication: Professor Shabir Madhi

<sup>6</sup> Ministerial Advisory Committee on COVID-19. July 2020. Thermal Screening for COVID-19. [[https://sacoronavirus.co.za/wp-content/uploads/2020/08/MAC-thermal-screening-recommendations\\_6-July-2020.pdf](https://sacoronavirus.co.za/wp-content/uploads/2020/08/MAC-thermal-screening-recommendations_6-July-2020.pdf)]

Thank you for consideration of this advisory.

Kind regards,



**PROF KOLEKA MLISANA**

**PROF MARIAN JACOBS**

**CO-CHAIRPERSONS: MINISTERIAL ADVISORY COMMITTEE ON COVID-19**

**DATE: 19 January 2022**

**CC:**

- » **Dr SSS Buthelezi (Director-General: Health)**
- » **Dr N Crisp (Deputy Director-General: National Health Insurance)**