**Briefing for Education Leads and Head Teachers**

**Early Learning from the COVID-19 Carlisle Incident, July 2020**

Dear colleagues,

During July and early August 2020, the Public Health team at Carlisle County Council led the strategic response to a number of complex clusters of COVID-19 cases that occurred in the Carlisle district.

I have been asked to provide a briefing for those working in and with the education sector; considering any risks to schools reopening as a result of this incident and highlighting lessons learnt/relevant considerations.

I hope you find the following information useful, however if you have any questions, please let me or another member of the Public Health Team know.

Can I take this opportunity to thank all those involved in the response for their tireless work in containing the incidents and to our residents, who responded to our guidance and instructions.

Claire King

Consultant in Public Health (and Strategic Lead, Carlisle Incident, July 2020)

[Claire.King@cumbria.gov.uk](mailto:Claire.King@cumbria.gov.uk)

Please note I am on leave 10 – 21 August 2020. Any urgent queries during this time, please email [Public.HealthEnquiries@cumbria.gov.uk](mailto:Public.HealthEnquiries@cumbria.gov.uk)

1. **Has the Carlisle Incident highlighted any risks that should be considered when risk-assessing schools opening in September 2020?**

Overall, the learning we have from the Carlisle incident indicates that there is no increased risk to schools and other educational settings opening fully in September, based on assessment via the points below.

* We have developed a local track and trace system in Cumbria. This has been operational since June 2020. We are one of the first Local Authority areas in England to have this in place. It has meant we have been able to track transmission at an individual level and learn what factors were associated with transmission.
* Whilst we have seen an increase in the number of positive cases in the Carlisle area, the actual numbers remain very low compared to other areas of the Country where local restrictions have been put in place. An interactive map is available [here](https://www.arcgis.com/apps/webappviewer/index.html?id=47574f7a6e454dc6a42c5f6912ed7076) to compare weekly cases across areas of England.
* As part of our efforts to manage the incident, we encouraged a large number of people who had visited pubs and bars to get tested. Over 2000 people accessed testing via the mobile testing unit in Carlisle in July. Less than 1% of these people tested positive. This shows that there is very low levels of the virus in the general community.
* Some of the young people who tested positive had been in educational settings during the time they could have been infectious to others, however there was no evidence of transmission occurring in these settings. This is likely to be due to the excellent prevention measures that educational settings have in place.
* Transmission of the virus was most likely to occur when individuals from different households were in prolonged close contact with each other in an indoors setting (homes, vehicles, pubs/bars). Whilst this may indicate increased risk in settings where there are very young children who cannot maintain social distancing, evidence still suggests young children are less likely to spread the virus to adults. There were no clusters in the Carlisle incident linked to young children.
* Other social events associated with transmission of the virus included barbeques, house parties and funerals. We do not know how long individuals spent indoors together as part of these events.
* Alcohol consumption appeared to be a common factor in situations where transmission of the virus had occurred.
* Whilst there was a high % of positive cases who did not have symptoms (around 80%), tracking indicated that most transmission occurred via individuals who were symptomatic (e.g. they had a temperature or a cough). The practice of isolating children with symptoms in educational settings will help to minimise transmission. In addition, a large national study; the Real-time Assessment of Community Transmission (REACT) Study[[1]](#footnote-1) also found 81% of people who tested positive did not have symptoms. Therefore this finding from the Carlisle incident is in keeping with what we expect to see.

1. **Early learning from the Carlisle Incident – July 2020: considerations for Educational Settings**

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|  | **Key learning point** | **Considerations** |
| **1** | Approximately 80% of the young people who tested positive DID NOT have COVID-19 symptoms. Sometimes young people said they had other symptoms such as ‘tiredness and a headache’. These could have been caused by a temperature, but young people do not tend to check.  One child who tested positive reported a loss of taste and smell. | * Many children and young people will only experience mild symptoms, but they could be a sign of a temperature. * Routine temperature checking in schools and other educational settings is not advised, but parents should be encouraged to check their child’s temperature and ask about other symptoms if the child says they are feeling ill. * If a child goes off their food, or isn’t eating normally, this could be a sign of changes to their sense of taste and smell. Again, consider asking the child about this if they aren’t eating normally. |
| **2** | The greatest risk of transmission appeared to involve individuals who DID have symptoms, in particular a cough and/or temperature | * This reinforces the public health guidance that an individual should be isolated immediately in the setting if they develop symptoms. * If you have members of staff supporting children with symptoms in your setting whilst waiting for collection (and 2 metres distancing cannot be maintained), it is recommended that staff wear personal protective equipment. |
| **3** | Sharing transport, such as cars and taxis was a high risk activity, especially if one of the people in the vehicle had symptoms of COVID-19 | * Public Health are advising taxi drivers in Cumbria to wear face coverings and to encourage their passengers to do the same. School transport however is exempt from the requirement for passengers to wear face coverings, therefore social distancing should be encouraged as much as possible. * Children with symptoms should not be transported with other children (unless from their own household). |
| **4** | Young people were sometimes reluctant to share details of close contacts when asked, especially if they knew they had not followed social distancing guidance or isolated when they had symptoms | * It is very important that we can contact close contacts so we can instruct them to isolate. Encourage staff, young people and families to cooperate fully with any test and trace service that contacts them. If there are concerns about scams, be aware that genuine test and trace services will not ask for any card or bank details. * People will not be penalised or ‘told-off’ if they have not followed social distancing guidance. Our aim is solely to ensure all people that need to isolate are doing so in order to contain the spread of the virus. * If families, young people or staff do not wish to provide details of close contacts, we may contact educational settings to ask for assistance in providing reassurance to the individual and stressing that people are ‘not in trouble’. * Young people who had tested positive were good at using their own communication channels (such as text and WhatsApp) to contact friends and tell them to get tested, so if they are refusing to give details to contact tracers, encourage them to do this instead. |
| **5** | 15-20% of the contact details given by people attending pubs and bars were incorrect or false. This made it difficult to contact trace effectively. | * Whilst we appreciate that this activity happens outside of the educational setting, where possible please encourage staff, families and young people to ensure they give accurate contact details when they attend pubs, bars and restaurants. |
| **6** | Young people were more likely to get tested quickly if they could access a mobile testing unit nearby. During the week commencing 20/07/20, 1750 people accessed testing at Brunton Park in Carlisle | * The mobile testing provision is currently being transferred from the military to a civilian provider (Mitie). We are working with them to develop testing schedules and we will share these once confirmed. |
| **7** | One of the reasons we were able to contain the incidents was because in Cumbria we have developed local contact tracing services in addition to the national test and trace service. We are one of the first Local Authority areas in England to have done this.  The local services were able to obtain additional information and identify links between cases and settings that was not possible at a national level. This allowed us to provide more bespoke local advice regarding testing, isolating and contact tracing.  This meant there were occasions where the local advice was different to the advice someone had previously been given by the national test and trace service. | * In the event of an incident or suspected cluster/outbreak, advice given by local public health, health protection and contact tracing services will overrule advice given by national services because the local advice has been enhanced to respond to situations we are aware of. |
| **8** | There were excellent examples of educational settings acting quickly to communicate messages to students and staff e.g. within 24 hours of becoming aware of a positive case in a young person, Gen2 had ensured all their learners had been spoken to by their tutors, who were provided with information via ‘hot topic’ and ‘toolbox talks’ briefings. | * Quickly ensuring all staff and learners receive clear advice and have the opportunity to discuss emerging incidents is important in helping to respond quickly to possible outbreaks. * As part of COVID-19 planning, schools and other educational settings should consider developing a communication plan that can be used in the event of an incident. |

06/08/2020

1. https://www.imperial.ac.uk/medicine/research-and-impact/groups/react-study/ [↑](#footnote-ref-1)