

Who are we?

MCRI is Australia's largest child health research institute and in the top 3 child health research institutes in the world. MCRI provides key research and policy contributions to improve the health and wellbeing of infants, children, and adolescents in Australia and globally.

COVID-19: MCRI has been a trusted resource for government, playing a pivotal role during the COVID-19 pandemic – where researchers and clinicians in infectious disease, vaccinology, and public/global health undertook over 100 research projects in the prevention and treatment of COVID, understanding infection and transmission, and responding to the mental health needs - unique to children. We provided evidence-based policy and practice recommendations to Australian health care systems and governments to drive vaccine delivery and prevention strategies and have been a part of the multiple parliamentary and senate inquiries into COVID-19.

Our COVID-19 children's research program

<https://www.mcri.edu.au/research/strategic-collaborations/flagships/covid-19/research>

Our COVID-19 research briefs

<https://www.mcri.edu.au/research/strategic-collaborations/flagships/covid-19/research/research-briefs>

Disclaimer: MCRI recognises that the information available to policy makers rapidly evolved over the course of the pandemic, and that it is critical to view this review in that context. We recognise the tireless efforts of the public health workforce in minimising mortality, especially early in the course of the pandemic. We have restricted our comments below to the impact of the pandemic and policies for children and adolescents, as closely as possible to the Terms of Reference for the Enquiry.

Why do children require separate investigation?

The direct and indirect impact of COVID-19 on infants, children and adolescents are inherently different to the adult population.

It became apparent early in the pandemic that **COVID-19 was largely a mild or asymptomatic illness in most children**. Some children did require hospitalisation, but these were relatively few. It is important to highlight that it is highly unusual for a respiratory viral pathogen to minimally affect children compared to adults; the opposite is almost always true (examples include respiratory syncytial virus, parainfluenza, human metapneumovirus and influenza). As a result, there have been less *reported* cases of long COVID in adolescents, noting the lack of Australian data collection on the health, social, education and economic impact of repeat and long COVID infections in children.

The greater impact on children was through the **indirect impact** related to the public health policies set in place to minimise the spread on the SARS-COV-19 virus. While these were thought necessary at the time, in fact the closure of schools and **disruption to educational systems** led to immediate effects on academic, emotional, and physical development, and mental health. These effects were compounded for children from disadvantaged backgrounds. As yet, the full impact of this profound disruption for society as a whole is not well understood – however emerging evidence suggests there are longer term and inequitable impacts across mental and physical health, as well as academic outcomes.

Similar impacts have been documented on the restricted access and uptake of **preschool and early childhood education and care**; noting the particular vulnerability of brain development in these early years and the consequent inequitable impacts on children's school integration and success. Research consistently emphasises that the early years of a child's life are critical for laying the foundations of learning and development.

Schools play a pivotal role in not only academic development but also in fostering social skills, emotional resilience, and physical health. The closure of schools during the pandemic has disrupted the traditional learning environment, hindering children's ability to grow and reach developmental milestones through crucial interactions with peers and educators. The impact is particularly pronounced in adolescents, whose brain development is highly sensitive to environmental stimuli and experiences.

The closure of schools has had substantial consequences on the mental health of children in Australia. Isolation resulting from lockdowns and social distancing measures has led to an increase in mental health issues such as **depression, anxiety, and social withdrawal**. Paediatricians in Australia are reporting waiting lists of over 18 months for developmental and mental health assessments. This limited access is also inequitably distributed across Australia.

The unequal effect of school and preschool closures on children from **disadvantaged backgrounds** further exacerbates existing educational disparities. The pandemic has exposed and magnified pre-existing **inequalities**, with vulnerable children disproportionately affected by a lack of access to essential educational tools and support.

No voice for children in decision-making during the pandemic

The needs of children and adolescents were largely neglected during the pandemic, and there was no mechanism for their **needs to be heard**. On the whole the voice of paediatricians as child health experts and advocates for children were not prioritised by policy makers.

The need remains for a comprehensive recovery plan to address the emotional, physical, and mental health impacts suffered by many children. Several immediate measures that were implemented have fallen way as the pandemic moves out of the political imperative. However, it is more important than ever to prioritise the well-being of children in the coming years. This includes an equity and child-oriented lens on all policies, and health and education policies that focus on a closing the **health and educational gaps resulting from the pandemic**. These efforts will require a multi-stakeholder approach involving government bodies, healthcare professionals, educators, and parents.

Critical considerations for future pandemic planning related to children and adolescents.

In the future, it will be necessary that adequate representation to ensure the best interests of children and their advocates are included in decision-making processes.

As the World Health Organization develops pre-approved pandemic-ready protocols, it is crucial to incorporate research on the benefits and potential harms of non-pharmaceutical interventions specific to children.

There are 2 important aspects to this planning. Firstly, public health policies instituted during a pandemic should recognise schools and early childhood education centres as **essential services**. Remote learning should be considered as a last resort to minimise disruptions to children's education, emphasizing the importance of in-person learning for their overall development.

Secondly, the next pandemic is likely to be respiratory and may preferentially target children. Collaborative efforts are needed to establish protocols that prioritize children in pandemic planning, including in the **development, testing and distribution of vaccines and therapeutics**. National and international agencies must work together to advocate for the inclusion of children, newborns, and pregnant individuals in high-quality trials to ensure their specific needs are addressed promptly.

Structural response from the Australian Government

MCRI welcomes the establishment of the **Australian Centre for Disease Control (ACDC)**. Childhood diseases (infectious and non-infectious) and the needs of children must be prioritised within the ACDC. The involvement of child health researchers and clinicians in decision-making processes, including participation in organizations like ACDC, is vital to advocate for the well-being of children.

As well as prioritising child and adolescent health within the ACDC, and to ensure a child-centric approach in pandemic responses, MCRI advocates for the **establishment of a Chief Paediatrician**. This dedicated position would ensure that the unique needs of children and young people are systematically integrated into all aspects of pandemic planning and response efforts.

Further information

The MCRI thanks the Department of the Prime Minister and Cabinet for the opportunity to provide this submission to the Inquiry. We would be pleased to provide further expert opinion to the Inquiry in any of the following themes in relation to the COVID-19 Response (paediatrics, mental health, epidemiology, public health, infectious disease, immunity, child development, and vaccine development and communication).

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