Universal Health Organisation (UHO)

People's Health in People's Hands



To: Health authorities and Covid task forces at all administrative levels

Subject: Did closure of schools check transmission or flatten education?

The mainstream Covid narrative in India has portrayed the nearly-2-year closure of schools as somehow necessary to manage Covid spread. We raise several questions in this context.

- 1. Sweden was an outlier being perhaps the only nation which did not close schools during the pandemic.
- 2. With this strategy only 1 child in 1,30,000 required ICU admission, with no child death. There were no excess deaths among school teachers either. [Ludvigsson JF, Engerström L, Nordenhäll C, Larsson E. Open schools, COVID-19, and child and teacher morbidity in Sweden. N Engl J Med 2021;384:669-71]
- 3. India on the other hand had one of the longest duration of school closures.
- 4. This did not check the transmission among school children as revealed by serosurveys in cities like New Delhi children below 18 years had over 80% had protective antibodies indicating that the virus had run through this population silently without excess morbidity or mortality among children even during the more virulent alpha and delta waves. As these surveys were done before vaccine roll out in children this herd immunity is due to natural infection and not vaccine induced. This also questions the rationale and science of rolling out vaccination against Covid-19 in this group.
- 5. This indicates that we could not check transmission among children and unnecessarily caused huge, educational and social setbacks by closing schools and educational institutions.
- 6. This establishes that Covid-19 hardly affects children adversely. If vaccination is to be justified in children than excess admissions and deaths, if any, from Covid-19 in children should be put up in the public domain and debated. Without this basic information risk-benefit or cost-benefit analysis of vaccination of children cannot be undertaken.
- 7. During the omicron wave, the so called "third wave" no excess admission of children were seen in hospitals or ICUs. The further spread of this mutant would have raised the natural immunity level still higher among school children and the general population. What then, is the basis of administering inadequately tested "vaccines" for children?



