



Public Health
England

Protecting and improving the nation's health

COVID-19 surveillance in children attending preschool, primary and secondary schools

Short title: COVID-19 surveillance in school KIDs (code: sKIDs)

PHE R&D REGG Ref

NR0209

Protocol Version:

1.6

Date:

4 January 2021

Republished

4 May 2021

Sponsor:

Public Health England,
Wellington House
133-155 Waterloo Road,

London SE1 8UG

Chief Investigator:
Colindale

Dr Shamez Ladhani, Public Health England,

PHE Colindale:

Prof Mary Ramsay, Dr Gayatri Amirthalingam
Prof Maria Zambon, Zahin Amin-Chowdhury

PHE Coordinator

Dr Freja Krirsebohm, Dr Jessica Flood,
Felicity Aiano

Community Team:

Dr Joanne Beckmann, Dr Frances Baawuah,
Dr Shazaad Ahmad, Dr Ifeanyichukwu Okike,
Dr Andrew Brent, Dr Bernadette Brent,
Dr Joanna Garstan

Confidentiality Statement

Investigator Agreement

“I have read this protocol and agree to abide by all provisions set forth therein. I agree to comply with the International Conference on Harmonisation Tripartite Guideline on Good Clinical Practice”

Chief Investigator Name: Dr Shamez Ladhani



Chief Investigator Signature

4 January 2021

Date of Signature

Contents

1.0 Amendment History	5
2.0 Background and rationale	7
3.0 Objectives	7
4.0 Sites, participation and eligibility	8
5.0 Number of subjects	14
6.0 Compliance with guidelines	14
7.0 Ethical Approval.....	15
8.0 Target dates	17
Appendix 1	18
Appendix 2	20
Appendix 3	24
Appendix 4	26
Appendix 5	29
Appendix 6	32
The sKID Study	36
Appendix 7	39
Appendix 8	43
Appendix 9	45
Appendix 10	49
Appendix 11	50
Appendix 12	51
Appendix 13	54
Appendix 14	55
Appendix 15	58
Appendix 16	61
The sKID Study	65

Appendix 17 69
Appendix 18 71
Appendix 19 72
Appendix 20 74
Appendix 21 77
Appendix 22 78
Appendix 23 79
Appendix 24 81
Appendix 25 82
Appendix 26 84
Appendix 27 85
Appendix 28 86
Appendix 29 88
Appendix 30 89
Appendix 31 91
Appendix 32 93
Appendix 33 97
Appendix 34 98
Appendix 35 99

1.0 Amendment history

Amendment No.	Protocol version	Date issued	Author(s) of changes	Details of changes made
1	1.1	15/05/20	Shamez Ladhani	Minor edits, including providing participants with swab results when they become available
2	1.2	19/05/20	Shamez Ladhani	Amending the text to confirm all children attending preschool and school can participate in the surveillance
3	1.3	3/6/20	Shamez Ladhani	Removing restrictions on document disclosure in the confidentiality statement; extending the number of participating schools across England and allowing more flexibility with swab, saliva and blood sampling in the different settings; anonymised reporting to the ONS; addition of insurance and indemnity arrangements

Amendment No.	Protocol version	Date issued	Author(s) of changes	Details of changes made
4	1.4	28/6/20	Shamez Ladhani	Oral fluid testing for sKIDs swabs arm, questionnaires with last nasal swab in sKIDs swabs arm and for the second appointment for sKIDs bloods arm; removal of bleeding disorder as exclusion criteria for blood test
5	1.5	14/09/20	Shamez Ladhani	Addition of influenza-like illness (ILI) surveillance in primary school children (changes in red)
6	1.6	04/01/21	Shamez Ladhani	Blood sample from seropositive students and staff at 12 months (June/July 2021)

2.0 Background and rationale

From December 2019, a novel infection “severe acute respiratory syndrome coronavirus 2” (SARS-CoV-2) was identified in the Wuhan region of China. The infection was identified as the causal factor in a growing number of severe cases of pneumonia (1). This disease was subsequently named coronavirus disease 2019 (COVID-19). SARS-CoV-2 can cause severe disease similar to the previous SARS coronavirus from 2003. Severe disease is associated with pneumonia and damage to vital organs including lung, heart, liver, and kidney (1).

Very little is known about COVID-19 disease in children (1). In particular, we do not know if children attending preschool and educational settings might be asymptomatic carriers of SARS-CoV-2 and whether they develop immunity to the virus in the community. Understanding childhood carriage, transmission and immunity in children and the staff looking after them is critical for understanding how we can ease the lockdown for children and schools staff and support their safe return into preschool and educational settings.

We would like to approach families whose children continue to go to school and the school staff during the current lockdown in England. We have an opportunity to assess if they have developed COVID-19, whether they are carrying SARS-CoV-2 without any symptoms and whether they have already developed immunity against the virus. We will also be collecting oral fluid samples to validate antibody testing so that we can replace the need to have blood tests to test immunity in the future.

3.0 Objectives

3.1 Primary objective

- to monitor SARS-CoV-2 infection and antibodies in children who are currently attending preschool, primary and secondary school and the school staff

3.2 Secondary objectives

- to understand the role of children in the spread of SARS-CoV-2 in preschool and educational settings
- to validate oral fluid and capillary blood testing for SARS-CoV-2 antibodies in children and adults in some participating educational settings
- to evaluate the feasibility of more frequent swabbing in some participating educational settings
- to assess the frequency and aetiology of respiratory infections in participating primary schools during the 2020 to 2021 winter period
- to assess antibody persistence 12 months after the initial sampling

4.0 Sites, participation and eligibility

4.1 Sites

- we plan to recruit schools across England as the lockdown eases and more children return to school
- based on practical feasibility and accessibility, schools will be asked to participate in 1 of 2 arms of the study:
 - sero-surveillance (3 samples over 6 months) or
 - weekly nasal swabbing until the end of the summer term
 - in a subset of schools, to offer an online platform to request swabs for respiratory viruses and antibody testing if a student becomes unwell during the 2020 to 2021 winter period

4.1 Participation

- children who are currently attending preschool, primary and secondary school and staff will be invited to participate
- invitations will be sent via education settings (through email and/or letters) to staff and parents and/or guardians
- in all instances, informed consent will be obtained from staff and parents and/or carers prior to participation
- staff and parents and/or guardians will be provided an information sheet, consent form and a short questionnaire

- staff and parents and/or guardians will have an opportunity to ask any questions by telephone, email or in person (on the day of testing)
- we will ask parents and/or guardians to involve their children by explaining why this surveillance is being undertaken and how the children can help by taking part
- children will receive age-appropriate information sheets and will be encouraged to co-sign the consent form with their parents and/or guardians
- completed consent forms will be stored securely at PHE
- we will inform staff and parents and/or guardians that we may need to contact them again if additional information or sample(s) is/are required

4.2 Subject eligibility

Children who are currently attending preschool, primary and secondary school and staff.

4.2.1 Inclusion criteria

Students whose parents and/or guardians sign a consent form.

School staff who sign a consent form.

Participants who provide a blood sample should not have a bleeding disorder.

4.2.2 Exclusion criteria:

Children whose parents and/or guardians do not provide a signed consent form.

Staff who do not sign a consent form.

4.3 Procedures

4.3.1 Unique participant identifier

Following informed written consent, each participant will be allocated a unique participant number on enrolment to the study and a letter for the first visit (for example, sKID 6001A).

4.3.2 Questionnaires and tests

(a) Schools recruited for sero-surveillance

- parents and/or guardians of all children attending school will be asked to participate in the sero-surveillance

- the parents will be asked to attend the appointment with their children when the samples are taken whenever possible
- staff will also be asked to participate at the same time
- where possible, this will take place on site in school or childcare facility, either at drop off or pick up time, or at the local Child Development Centre after school
- where possible, testing will take place on a single day; alternatively, additional days may be agreed between the school and the investigators
- parents and/or guardians and staff will be asked to sign a consent form and complete a short questionnaire
- samples will be taken by experienced staff, wearing appropriate protective personal equipment as needed
- the samples taken at each visit will be decided with the individual schools when they agree to participate:
 - at a minimum, 1 nose swab (both nostrils) and 1 venous blood sample will be taken from all consenting participants
 - in some schools, an additional throat swab will be collected from all participants to assess whether 1 test is more sensitive than the other
 - in some schools, a capillary blood sample (finger-prick test) may also be collected in addition to the venous blood sample for validation of antibody testing – this could potentially reduce the need for venous blood sampling to test for antibodies in the future
 - in some schools, an oral fluid sample may also be collected for validation of antibody testing – this could potentially reduce the need for blood tests to test for antibodies in the future
- to minimise distress to the children, we will offer local anaesthetic cream for the blood test
- where a venous blood sample cannot be obtained either because venous sampling was difficult or unsuccessful or because the family refused the blood test, a finger prick test may be offered
- all samples will be labelled with the participant's unique identification number and sample date
- the samples will be appropriately packed and sent to PHE, where they will be processed and tested for SARS-CoV-2 infection and antibodies as appropriate
- staff and parents and/or guardians will be asked to report any infectious illnesses in their children to the surveillance team by phone, text or email, and the results of any tests performed (for example, SARS-CoV-2)
- participants will have additional appointments for the same tests as follows:

- Around 4 to 8 weeks after recruitment (around the end of the summer term, early to mid-July 2020)
- 4 to 6 months later (around the end of the autumn half-term or the end of the autumn term)
- a subset of participants will be invited to provide a further sample to assess persistence of immunity 12 months later (June/July 2021)
- the study will seek to achieve high levels of follow up among those enrolled. Where necessary this will include making special arrangements to conduct subsequent appointments where children are not in school on follow-up study visit days

(b) Weekly nasal swabbing

- where blood sampling for staff and/or students is not available or feasible, schools will be asked to take part in weekly nasal swabbing for SARS-CoV-2 infection
- participating schools will have a co-ordinator appointed, ideally the school nurse
- the co-ordinator will be provided with a copy of the protocol along with the instructions for taking nasal swabs
- the aim will be to ask staff will self-swab at school, ideally under supervision by the co-ordinator
- an adult will swab the students, ideally the school nurse, but this may be the parent of the child (under supervision) if needed
- the swabs will be dispatched by PHE to the school and delivered to the co-ordinator on an agreed day each week
- ideally, all staff and students will be swabbed over 2 days and the samples returned to PHE, where they will be prioritised for testing
- participants will be offered an oral fluid (saliva) test with the last nasal swab at the end of the summer term to test for SARS-CoV-2 antibodies

(c) Influenza-like illness (ILI) surveillance

- in a subset of schools, we will email parents of participating students with a link to request nasal and oral fluid samples for the student and all household members if the student is off school because they are unwell during the school term
- parents will be asked to complete a short questionnaire about the health of the student and other household members through a secure online link using Snapsurvey

- PHE will post the samples to the family for testing with instructions on how to take the samples and post them back to PHE
- the following samples will be taken:
 - nasal swab and oral fluid samples for the student and all family members as soon as they receive it
 - nasal swab for the student and all family members 7 days later
 - oral fluid sample for the student and all family members day 30 after the original test

4.3.3 Qualitative research

A social science researcher will contact some of the participating schools, including those with and without multiple repeated swabbing, and conduct interviews with staff, students and parents to assess their views on the research in the context of the implementation of transmission control measures.

The schools would ideally be a purposive sample of primary and secondary schools in a mixture of high and low incidence areas. Observations within each school will also include assessment of environmental measures for COVID-19 control. Some interviews may take place over the phone.

4.3.5 Testing and reporting samples for the school bloods and swabs visits

- the swabs will be tested in a PHE laboratory. Every attempt will be made to report the results of the SARS-CoV-2 swabs to individuals and schools as quickly as possible and no later than within 72 hours
- the results of positive swabs will be provided to the participant and the school coordinator so that early and appropriate actions are taken to ensure the safety of students and staff
- positive COVID-19 test results will also be reported to the track and trace team so that their medical records are appropriately updated
- national protocols will be followed if any participant tests positive, including self-isolation of the positive participant from school for 7 days
- additional investigations of students and staff may be agreed between the investigators and the school following identification of a positive participant
- participants with positive results and their household contacts may be approached for additional information and/or testing

- the blood samples from participating sites will be tested for SARS-CoV-2 antibodies using a validated assay at a PHE laboratory and reported back to the participants
- the results of the blood tests may take 1 to 4 weeks to report depending on the numbers of tests received by the PHE laboratory
- the oral fluid swabs will be tested over the summer and the results reported back to the individual participants
- any remaining serum sample at the end of the survey will be anonymised (only labelled with age and sex) and stored for future tests that might help us better understand virus infections and immunity in educational settings
- the surveillance will be co-ordinated by PHE Colindale

Influenza-like illness (ILI) surveillance

- the nasal swabs will be tested for SARS-CoV-2 and reported to the participants typically within 48 hours of receipt in the laboratory. Reporting will be done by phone, text and/or email as appropriate. If the nasal swab is positive for SARS-CoV-2, then the positive result will also be reported to the school headteacher, and the test and trace system. We will not report negative results to these entities
- we will test the oral fluid sample for SARS-CoV-2 antibodies if the student or any household member tests positive for the virus on their nose swab
- we will test for other respiratory viruses including influenza and respiratory syncytial virus, but this will take longer. We will not report the results of these virus tests to individual participants, but we will write a report with combined results of all the tests which we will forward to all the participants in due course

4.3.6 Data entry, analysis and presentation for the school bloods and swabs visits

The primary analysis in the sero-surveillance arm will be to estimate the rate at which enrolled participants seroconvert from antibody negative to antibody positive between the enrolment visit and subsequent visits. The primary aim of the weekly nasal swabs will be to estimate the rate of infection over time during the summer term.

The results of the surveillance will be reported to relevant authorities in PHE and the Department of Health and Social Care. A paper containing the overall results of the tests may be submitted for publication in a peer-reviewed journal. An anonymised copy of the dataset will be placed in the Office for National Statistics

Secure Research Service for the purposes of wider re-use for statistics and research purposes, subject to all relevant legal, statutory and policy requirements and safeguards.

4.3.7 Withdrawal of participants

Staff and parents and/or guardians are free to withdraw consent at any time without providing a reason and without any resulting detriment. The rights and welfare of the staff and families will be protected, and their medical and work and/or educational care will not be affected in any way.

5.0 Number of subjects

The aim is to recruit as many schools as possible across England, initially focussing on preschool and primary schools and, potentially extending to secondary schools. The number of subjects available for analysis will be dependent on several factors including: the number of enrolled schools, participation rates and attendance at school within participating schools, and follow up rates. The precision of estimates generated by the study will be dependent on the number of subjects included, the follow up time, the level of seroincidence and the design effect given how schools are sampled and/or enrolled.

6.0 Compliance with guidelines

As a public health body, PHE data collection role is strictly governed. All data will be collected and handled in accordance with PHE guidelines and policy: recommendations of the PHE Caldicott committee.

- General Data Protection Act (GDPR) and Data Protection Act 2018.
- Human Rights Act.
- Section 3 of the Health Service Regulations 2002.

7.0 Ethical Approval

This surveillance is being performed as part of PHE's responsibility to investigate the risk and transmission of SARS-CoV2 among children in educational settings. This information is critical for supporting national recommendations on easing the current COVID-19 lockdown and allowing children back to school safely. This work has been identified as a public health priority and is being undertaken as part of the Public Health England's response to the national outbreak of COVID-19 in England. The results will be used to provide an evidence base to inform national guidance and public health policy to help protect children and staff in educational settings. As such, this work falls outside of the Health Research Authority remit for ethical review. This is in accordance with the revised guidance in the Governance Arrangements for Research Ethics Committees (GAfREC) that was released in September 2011. This protocol been subject to an internal ethical review by the PHE Research Ethics and Governance Group, to ensure that it is fully compliant with all regulatory requirements.

For completeness, and as part of our duty of care, we are providing all participants a voluntary option to participate, a detailed information leaflet so that they are fully aware of what they are signing up for and a signed consent form to ensure that they have all the information they need to participate. PHE has legal permission, provided by [Regulation 3 of The Health Service \(Control of Patient Information\) Regulations 2002](#), to undertake this surveillance Regulation 3 states:

Communicable disease and other risks to public health

3. (1) Subject to paragraphs (2) and (3) and regulation 7, confidential patient information may be processed with a view to

- (a) diagnosing communicable diseases and other risks to public health;
- (b) recognising trends in such diseases and risks;
- (c) controlling and preventing the spread of such diseases and risks;
- (d) monitoring and managing
 - (i) outbreaks of communicable disease;
 - (ii) incidents of exposure to communicable disease;
 - (iii) the delivery, efficacy and safety of immunisation programmes;
 - (iv) adverse reactions to vaccines and medicines;
 - (v) risks of infection acquired from food or the environment (including water supplies);

(vi) the giving of information to persons about the diagnosis of communicable disease and risks of acquiring such disease.

(2) For the purposes of this regulation, “processing” includes any operations, or set of operations set out in regulation 2(2) which are undertaken for the purposes set out in paragraph (1).

(3) The processing of confidential patient information for the purposes specified in paragraph

(1) may be undertaken by—

(a) the Public Health Laboratory Service;

(b) persons employed or engaged for the purposes of the health service;

(c) other persons employed or engaged by a Government Department or other public authority in communicable disease surveillance.

PHE Research and Development and the Sponsors were consulted and confirmed that the work would be covered by Regulation 3 and hence does not require external research ethics approval.

PHE will indemnify all volunteers for any clinical negligence claims arising out of acting in accordance with the Study Protocol and under the direction of PHE, to the extent that the volunteer is not already covered by existing insurances which are either personal or through their employer.

7.1 Participant confidentiality

Personal data collected for the purposes of this surveillance may include name, date of birth, age and any relevant medical information required to assess testing for SARS-CoV-2 and antibody responses. The only people with access to this information will be the surveillance staff, or regulatory authorities who may wish to check the surveillance is being carried out according to appropriate guidelines. Every effort will be made to protect the participants’ identity. The samples will be identified only by a unique identification number. Data will only be used for the purposes of this study, stored in secure PHE facilities with restricted access. Identifiable data will be destroyed at the end of the study. An anonymised (that is, no individual can be identified) copy of the dataset may be placed in the Office for National Statistics Secure Research Service for the purposes of wider re-use for statistics and research purposes, subject to all relevant legal, statutory and policy requirements and safeguards. Anonymised data will be destroyed 3 years after the end of the project.

8.0 Target dates

- Recruitment to commence: 18 May 2020
- Completion of recruitment: at the end of the outbreak
- Completion of surveillance: when the last participant has their blood sample taken

Appendix 1

Sero-prevalence: email for parents and guardians

Dear X

We are contacting you because your child is currently attending preschool or school in England. Your school has given us permission to conduct this surveillance and to contact you. We are working with Public Health England to find out if children attending preschool or school might be infected with the coronavirus, SARS-CoV-2. We also want to find out if the children have developed antibodies against the virus. This information is important to decide how we can open the lockdown and allow children safely back to preschool or school.

Please find attached an information leaflet that provides more information for you and your child(ren). You can attend the tests with your child when you drop them or when you pick them up from school. We hope that you will be interested in helping us understand more about how this new virus affects children and those around them. If you are interested in your child taking part, then please call, text or email us. The school will inform you when the testing will take place.

Many thanks in advance,

XXX

Weekly swab: email for parents and guardians

Dear X

We are contacting you because your child is currently attending preschool or school in England. Your school has given us permission to conduct this surveillance and to contact you. We are working with Public Health England to find out if children attending preschool or school might be infected with the coronavirus, SARS-CoV-2. This information is important to decide how we can open the lockdown and allow children safely back to preschool or school.

Please find attached an information leaflet that provides more information for you and your child(ren). You can attend the test with your child when you drop them or when you pick them up from school. We hope that you will be interested in helping us understand more about how this new virus affects children and those around them. If you are interested in your child taking part, then please call, text or email us. The school will inform you when the testing will take place.

Many thanks in advance,

XXX

Appendix 2

Sero-surveillance: parent or guardian information leaflet

We are working with Public Health England to understand how the new coronavirus, SARS-CoV-2, affects children who go to preschool, primary or secondary schools. We also want to know whether children can be infected with the virus without developing any symptoms and whether they develop immunity against the virus. This information is important because it will help us decide how to bring all the children and staff safely back to school.

We are writing to you because your child is currently attending preschool or school. Your school has given us permission to conduct this surveillance and to contact you. Before you decide to take part, we would like you to understand why we are doing this, and what it would involve for you and your child. Please ask us if there is anything that is not clear.

1) Why are we doing this?

We know very little about how SARS-CoV-2 affects children, whether children can be infected with the virus without becoming unwell and what part children play in passing the virus to others.

2) What will happen if I agree for my child or children to take part?

We will ask you to sign a consent form and complete a short questionnaire about your child's health.

We will take the following samples:

- Nose swab – this will involve rubbing a soft cotton bud on the inside of each of your child's nostrils to test for the virus
- Blood sample – we will use local anaesthetic cream to numb the skin on the elbow or the back of your child's hand before we take a small blood sample (5 to 10 mls, a teaspoonful). The blood sample will be used to check if your child has antibodies against the virus
- In some schools: Throat swab – this will involve gently rubbing a soft cotton bud on the back of your child's throat to test for the virus
- In some schools: Saliva swab – this will involve collecting some saliva (spit) from your child using a small sponge on a stick that looks like a lollipop. The saliva swab will be used to test if we can measure your child's antibodies

against SARS-CoV-2 in the saliva by comparing the saliva results with the blood test results

- In some schools: A finger-prick test – this will allow us to collect very small blood samples to check if we can measure your child’s antibodies against SARS-CoV-2 by comparing the results with the blood test results

All samples will be taken by trained staff. Where possible, we will maintain physical distancing and staff will be wearing aprons, gloves and face masks when taking the samples.

3) What will happen next?

After the first appointment, we will ask you and your child to attend 2 more appointments where we will ask you to complete another short questionnaire and take the same samples again:

- 4 to 8 weeks after the first appointment (at the end of the school term)
- 4 to 6 months later (either the beginning and end of the next school term)
- In some schools: we are also asking your permission to take nose swabs from your child every week to help understand the risk and transmission of the virus in school settings.

We will contact you to arrange all your appointments.

If your child becomes unwell during the term, you should record their symptoms in the diary card provided. This will be collected with the final swab at the end of the term. This will help us understand the results of samples we take from you.

4) Will you tell me my child’s results?

We will tell you your child’s swab results as quickly as possible, but this may take a few days. Children rarely carry the virus and we expect very few children in the school (if any) to be infected the virus. If your child is infected with the virus, the school and the track and trace programme will be informed so that appropriate actions can be taken to protect the other students, staff and other contacts your child may have had. We will also inform your child’s GP so that your child’s medical records are appropriately updated. The school will ask you to keep your child at home for 7 days to stop the virus spreading to others. If your child develops any symptoms during those 7 days, then you should keep them at home for 7 days from the day of the first symptoms. Your child can then return to school as long as they are not unwell. We may contact your family for additional information and testing.

With regards to the blood tests, we will report the results to you as soon as we can, but it may take a few weeks. The results will tell you if your child has antibodies against the virus, which means that your child has been exposed to the virus before. Antibodies are proteins made by the immune system that help fight against infections, but this is not certain for SARS-CoV-2.

If taken: The results of the saliva/finger-prick test will take a few months, but they should be same as the swabs test and the blood test, so we will not give the same results from the saliva/finger-prick tests to you again.

5) What will happen to any remaining blood sample?

With your permission, we would like to store any remaining blood sample at Public Health England so that we may use it in the future for research on virus infections. The samples will be stored anonymously and it will not be possible to link the sample back to your child. You can choose what happens to any remaining samples on the consent form. Your child can still take part even if you ask us to have the samples destroyed after the tests are complete.

6) What are the benefits and risks of taking part?

We will report the results of your child's tests to you so that you will know if your child is infected with the virus or has antibodies against the virus. The overall results will help us make important decisions about how to ease the lockdown and allow all the children and staff back to school safely.

For some, having the swab and the blood test may cause temporary discomfort. The blood test may cause a little pain, bruising, redness, and swelling around the site, bleeding at the site, and rarely, an infection at the site of the blood draw. The local anaesthetic cream will help numb the skin where the blood sample will be taken from and all the samples will be taken by very experienced staff who work with children.

7) Do I have to take part?

Participation is completely voluntary and if you choose not to take part this will not affect the care or education that your child receives.

8) Will taking part in this study be confidential?

We will need to collect some personal information, including names, date of birth, contact details some health information about your child and other household members. We need this information to understand the results of the

tests that we perform and to contact you during the surveillance. Only those involved with this surveillance will have access to this information. Your child's questionnaire and samples will only be labelled with a unique code number and not with a name or date of birth. We will keep all information about you and your family safe and secure. We will write our reports in a way that no one can work out that your child took part in the study. All personal data will be stored in accordance with the [General Data Protection Regulations](#) (GDPR) and the [Data Protection Act 2018](#). An anonymised (that is, no individual can be identified) copy of the information may be placed in the Office for National Statistics Secure Research Service for additional analysis and statistics, subject to all relevant legal, statutory and policy requirements and safeguards.

9) Can we change our mind?

You can decide to withdraw your child at any time, without giving a reason. We would like to keep the information and results that we might already have collected unless you tell us not to.

10) What if there is a problem?

If you have any concerns, please talk to a member of our team.

If you are still unhappy, you can contact the Public Health England Complaints Manager, Strategy Directorate, Wellington House, 133-155 Waterloo Road, London, SE1 8UG or email: complaints@phe.gov.uk

Thank you for your time

sKID Surveillance Team: Name, Email, Telephone.

Appendix 3

Sero-surveillance: consent form for parents and guardians

COVID-19 Surveillance in KIDs (code: sKID)

	Initial
1 I confirm that I have read and understand the Parent/Guardian Information Sheet. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2 I understand that my child's participation is voluntary. I am free to withdraw my child at any time without giving a reason and without my child's care or education being affected.	
3 I understand that the information I provide, and my child's samples, will be labelled with a unique reference number and will not have my child's name or any personal details recorded	
4 I understand that the samples collected will be used to test for coronavirus, SARS-CoV-2, and for immunity against the virus	
5 I understand that my and my child's personal data will be stored in accordance with the Data Protection Act 2018 and the GDPR	
6 I agree for my child to have the nose swab taken. In some schools: throat swab, saliva swab.	
7 I agree for my child to have a blood test. In some schools: finger-prick test.	
8 I understand that if my child's swab is positive, the results will be reported to the school to ensure the safety of students and staff, my child's GP and the track and trace team	

The following are optional. You can still take part even if you do not consent to the 2 options below

- 8 I agree for any remaining blood sample from my child to be stored for future research on virus infections
- 9 I would like to be informed of my child's test results

Name of child: _____

Name of parent or guardian: _____

Signature: _____

Date: _____

Child's signature (optional): _____

Appendix 4

Sero-surveillance: short questionnaire for parents and guardians

Date:

Participant ref:

INFORMATION FROM PARENT OR GUARDIAN

- Parent or guardian name:
- Contact email address:
- Contact phone number:
- What are parent or guardian jobs:
- How many children are there in your household and what are their ages?
- Has any household member been tested positive for COVID-19? Yes / No
 - o If yes, date:
 - o If yes, was the test positive or negative:

INFORMATION ABOUT PARTICIPANT

- Name of child:
- Date of birth of child:
- Gender:
- Ethnicity (please tick):

White

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any other White background

Mixed / Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / Multiple ethnic background

Asian / Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Other ethnic group

- Arab
- Any other ethnic group (state below):

**Black / African / Caribbean /
Black British**

- African
- Caribbean
- Any other Black / African /
Caribbean

- Has your child got any medical conditions? Yes / No
 - If yes, please specify:

- Has your child been unwell with COVID-like symptoms since March 2020?
Yes / No
 - If yes, approximate date of symptoms:
 - If yes, what were the symptoms:

- Has your child tested positive for COVID-19? Yes / No
 - If yes, date:
 - If yes, was the test positive or negative:

- During the lockdown, how often did your child go to school?
 - Every day
 - Not every day but more than half the week
 - Less than half the week but more than 1 day
 - One day or less per week

ADDITIONAL FEASIBILITY QUESTIONS

We are trying to assess the practicalities of testing school children more regularly

**1. How frequently would you agree for your child to have a nose swab?
(tick one)**

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> At the beginning and end of each half-term |
| <input type="checkbox"/> Twice a week | <input type="checkbox"/> At the beginning and end of each term |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> The frequency of swabbing does not bother me |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> I wouldn't agree to have any more swabs done |

**2. How frequently would you agree for your child to have a throat swab?
(tick one)**

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> At the beginning and end of each half-term |
| <input type="checkbox"/> Twice a week | <input type="checkbox"/> At the beginning and end of each term |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> The frequency of swabbing does not bother me |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> I wouldn't agree to have any more swabs done |

**3. How frequently would you agree for your child to have a saliva swab?
(tick one)**

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> At the beginning and end of each half-term |
| <input type="checkbox"/> Twice a week | <input type="checkbox"/> At the beginning and end of each term |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> The frequency of swabbing does not bother me |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> I wouldn't agree to have any more swabs done |

**4. How frequently would you agree for your child to have a blood test?
(tick one)**

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> At the beginning and end of each half-term |
| <input type="checkbox"/> Twice a week | <input type="checkbox"/> At the beginning and end of each term |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> The frequency of swabbing does not bother me |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> I wouldn't agree to have any more swabs done |

Any further comments:

BEFORE YOU LEAVE

Please remember to keep a record of any illness and any test results done between now and your next appointment

**Thank you for taking
part in sKID**

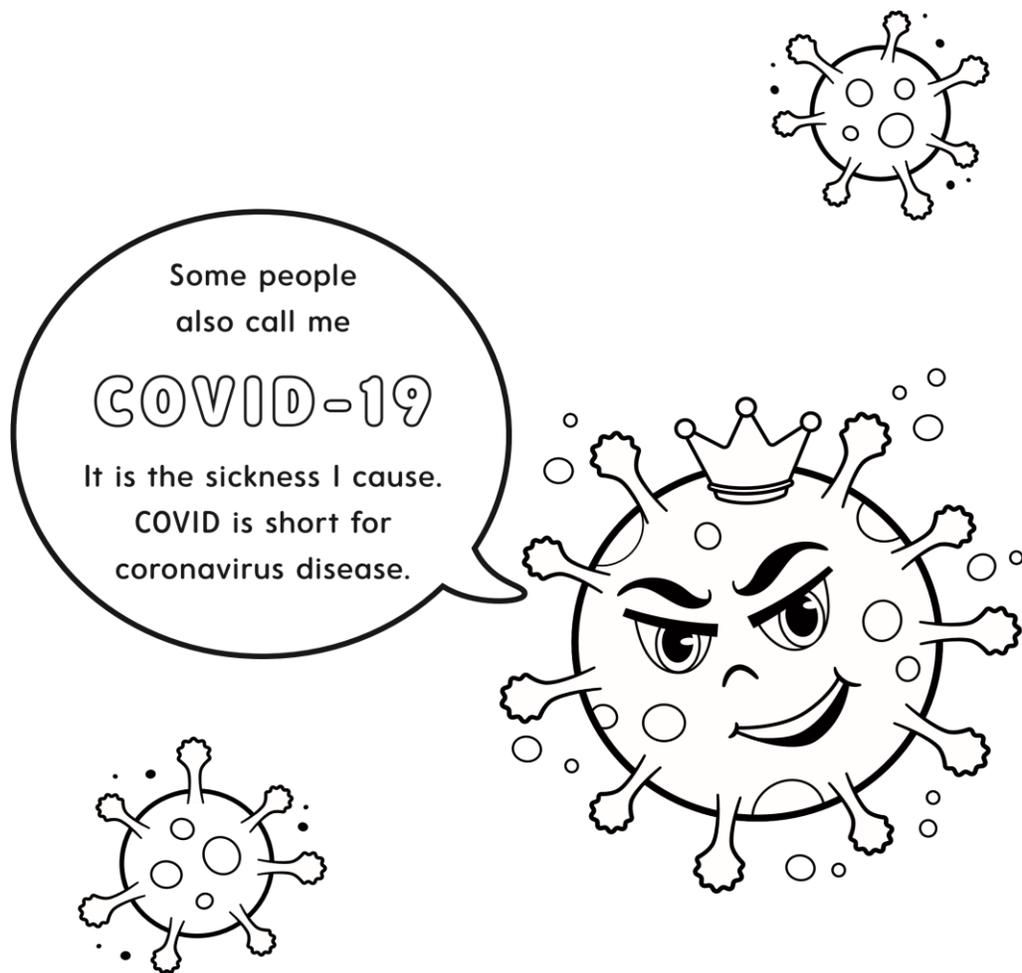
Appendix 5

Information leaflet for children under 10 years

COVID-19 sero-surveillance in KIDs (code: sKID) – information leaflet for children under 10 years of age

Background

You might have heard lots of people talking about something called the “coronavirus.” Coronavirus is a type of virus that can make you feel unwell.

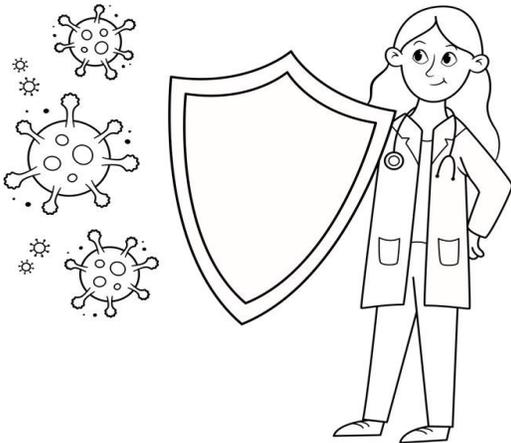


What do we do?

Doctors, nurses and scientists are working very hard to find out how children are fighting the virus and we need your help.

How you can help us?

We will ask you and your parents some questions about how you have been feeling. We will also ask for a small blood sample (teaspoonful). We will use a numbing cream to make sure it isn't too sore. We will also need a test from your nose and throat called a "swab". The swab test may be a little uncomfortable but it doesn't hurt. Taking a swab involves wiping the inside of your nose and the back of your throat with a cotton bud. This is what a swab looks like:



Do I have to take part?

You do not have to take part and, even if you say yes, you can change your mind at any time.

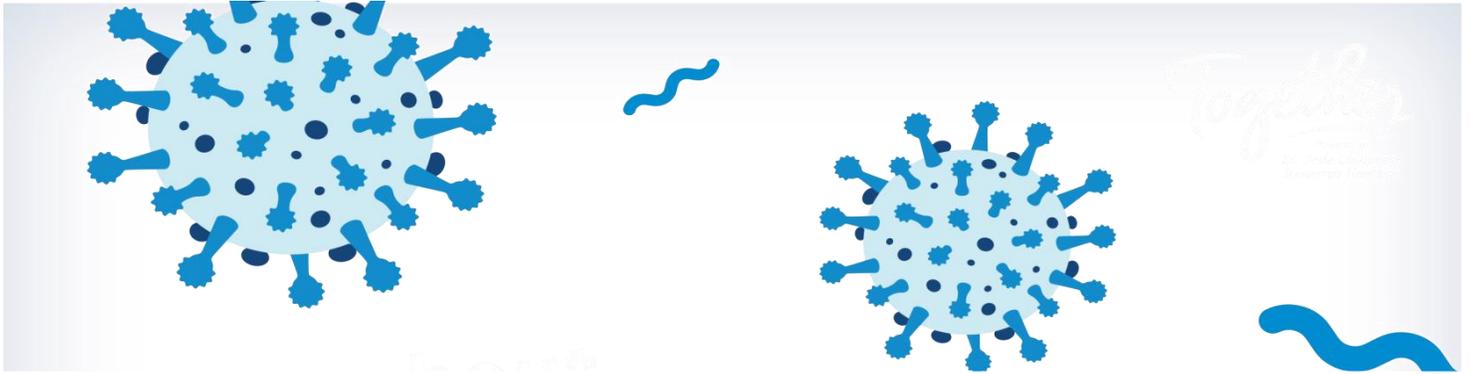
Who will do these tests?

The tests will be performed by nurses and doctors looking after children all the time. We are friendly but we might look a bit different than usual. To make sure we don't pass the coronavirus around we might have to wear special clothes for protection. Below you can see how we look with and without the special clothes on.



Appendix 6

COVID-19 sero-surveillance in KIDs (code: sKID) information leaflet for children aged 10 years and older



How do children fight against the Coronavirus



Coronavirus

PROTEIN

SPIKES

These make me look like I have a *corona*, which means crown.

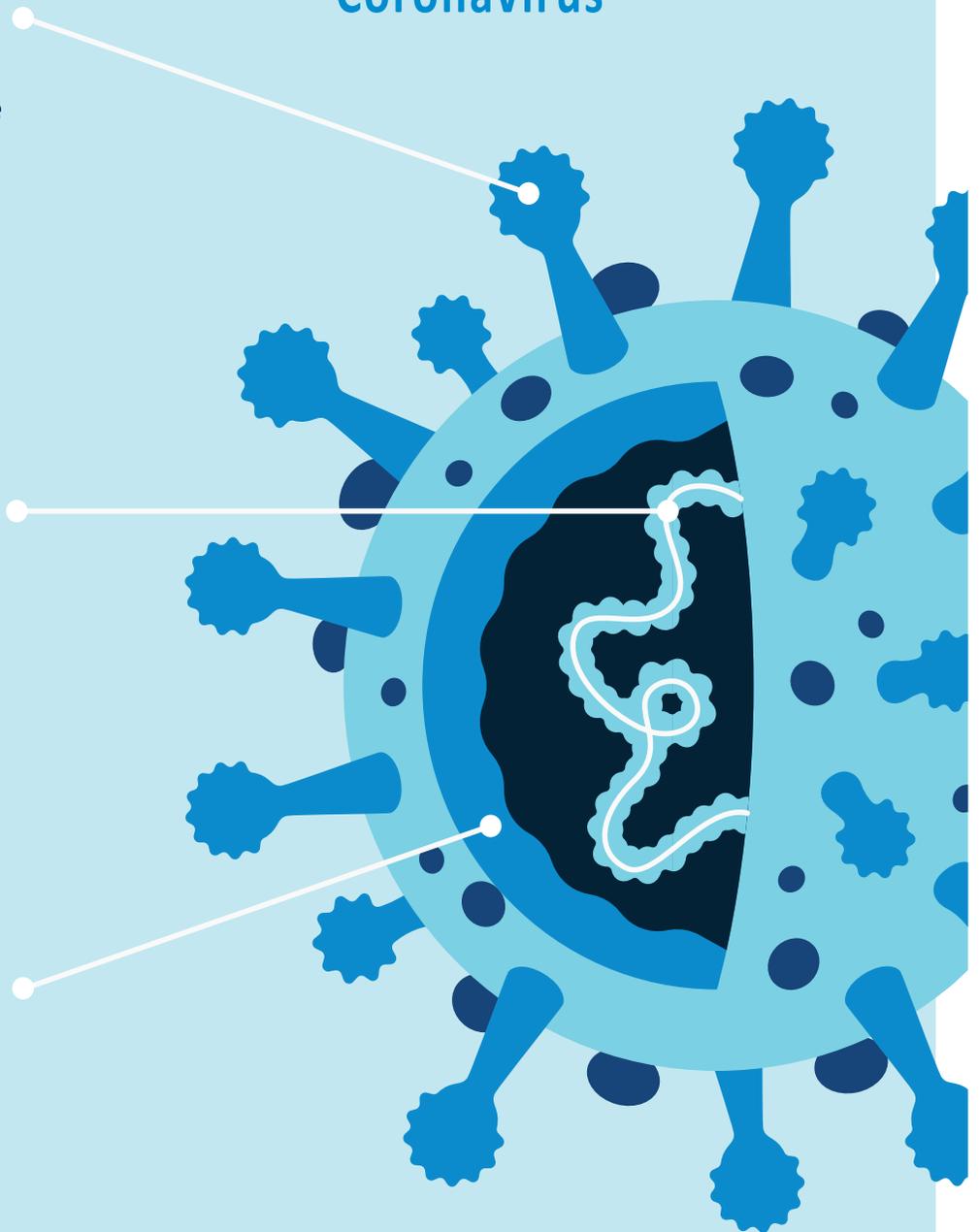
GENET

INFORMATION (RNA)

My RNA is what makes me different from other viruses.

ENVELO

This is my outer layer.



The sKID Study

We are asking for your help with a study to better understand coronavirus and how it affects children.

DID YOU KNOW?

Washing your hands for 20 seconds using soap and water helps break down my envelope so I don't make you sick.



The sKID Study

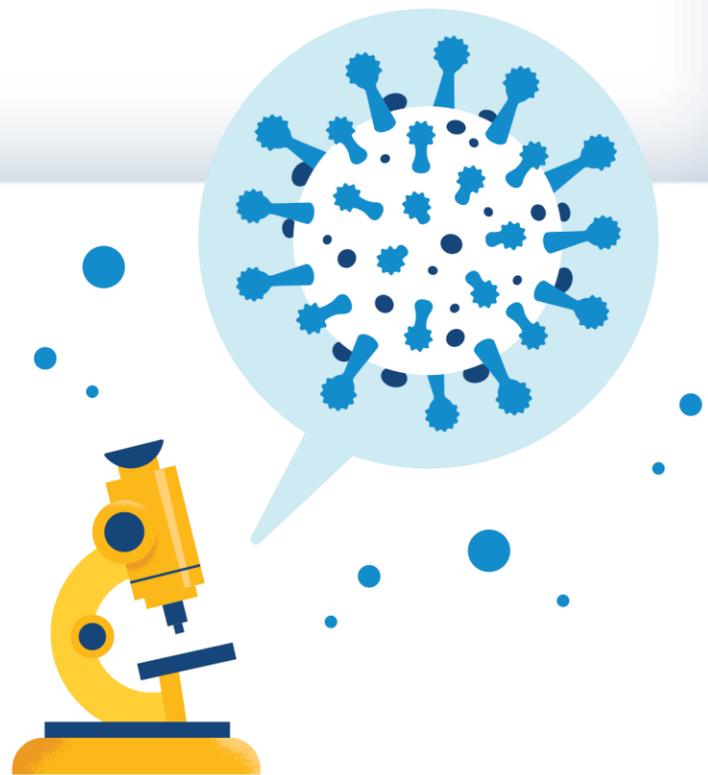
is a virus that can spread easily
from person to person.

It's also called COVID-19,
which stands for

Coronavirus Disease 2019

There are other types of
coronavirus, but the virus that
causes COVID-19 is a new type.

You also might hear it being
called “novel coronavirus”
because it is a new virus.



**Coronavirus and
Covid-19 disease
represents a global
public health
emergency. There is an
urgent need for
research to understand
the disease process in
children.**

The sKID Study

Background

You might have heard lots of people talking about something called the “coronavirus.” Coronavirus is a type of virus that can make you feel unwell.

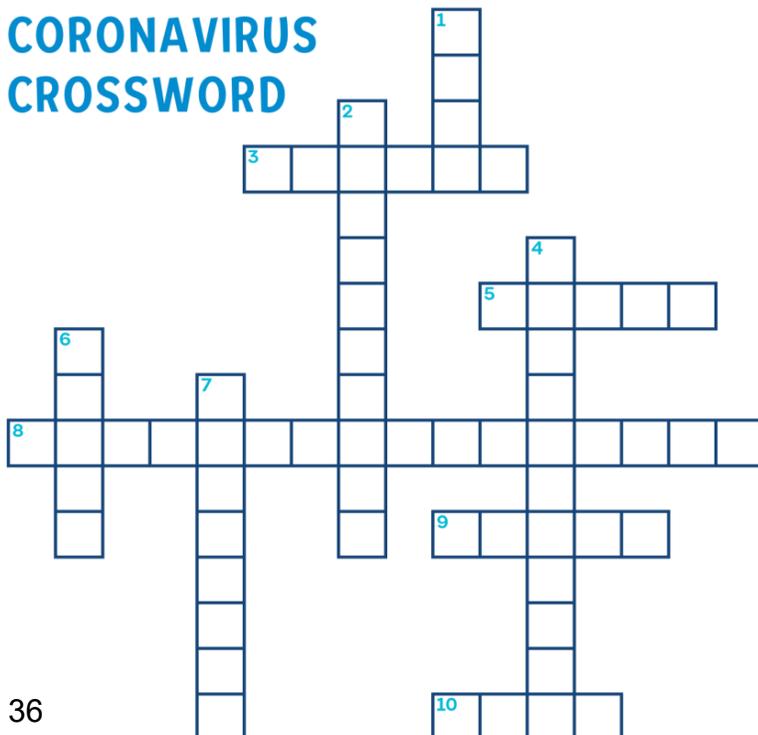
What do we do?

Doctors, nurses and scientists are trying to understand how children are fighting against the coronavirus and we need your help.

How you can help us?

If you agree to help us we will ask you and your parents some questions about how you have been feeling. We will also ask for a small blood sample (teaspoonful). We will use a numbing cream to make sure it isn't too sore. We will also need a test from your nose and throat called a “swab”. The swab test may be a little uncomfortable but it doesn't hurt. Taking a swab involves wiping the inside of your nose and the back of your throat with a cotton bud. A picture of the swab can be seen below.

CORONAVIRUS CROSSWORD



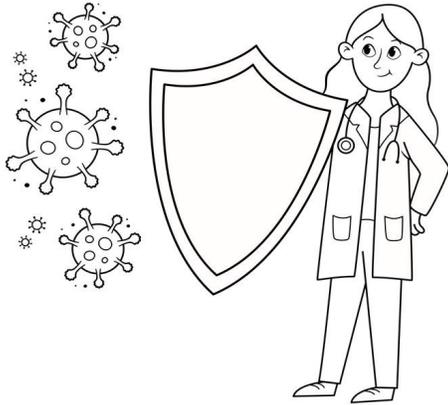
36

ACROSS

3. Cover your _____ and sneezes
5. A new virus
8. Staying away from people in your community
9. Body temperature above normal
10. Something you wear to keep from spreading germs

DOWN

1. _____ your hands
2. Staying home if you have symptoms
4. The virus that causes COVID-19
6. Where coronavirus gets its name
7. A disease that has spread across the world



Do I have to take part?

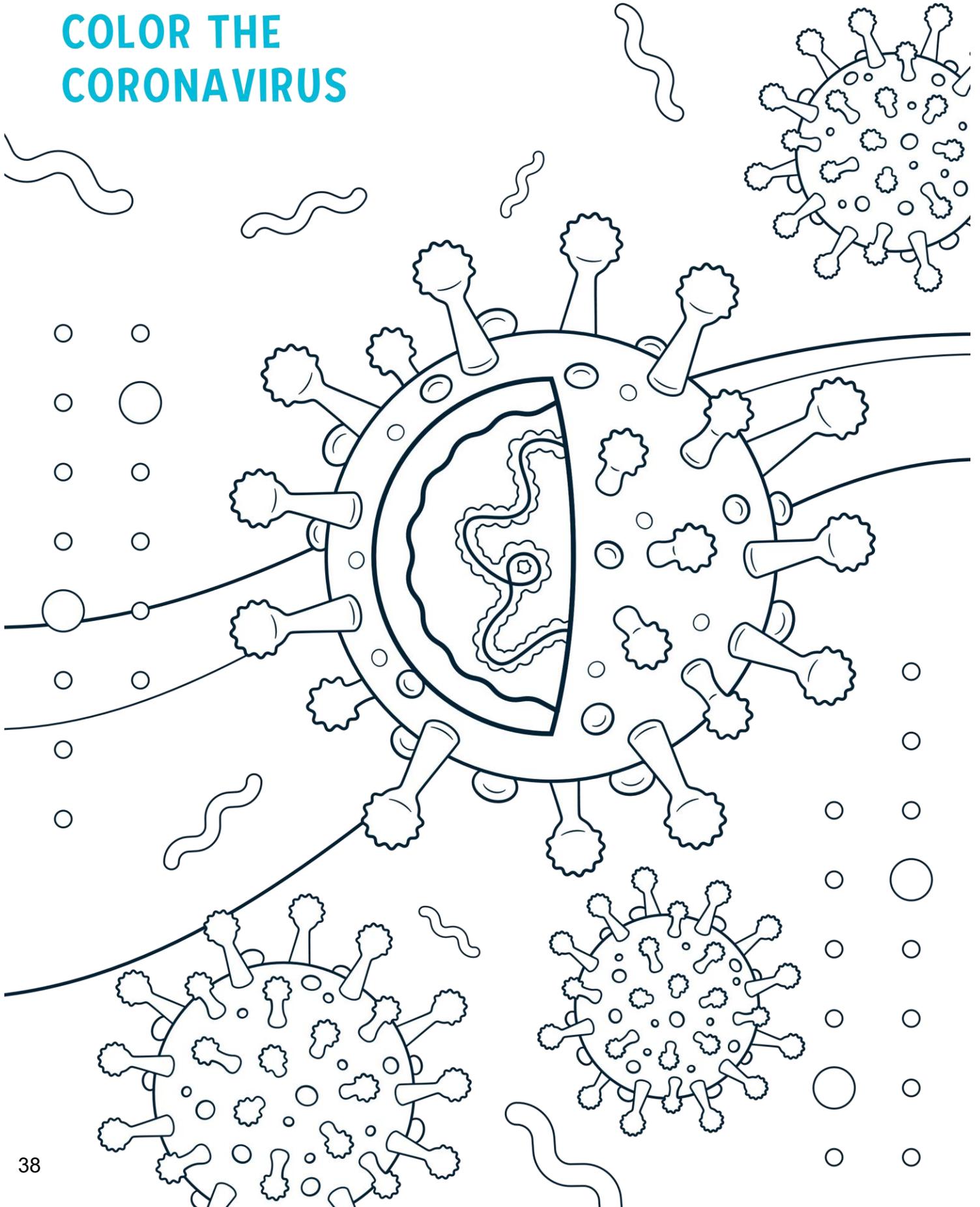
You do not have to take part and, even if you say yes, you can change your mind at any time.

Who will do the tests?

The tests will be performed by nurses and doctors with lots of experience of looking after children. We are friendly but we might look a bit different than usual. To make sure we don't pass the coronavirus around we might have to wear special equipment. Below you can see how we look with and without this special equipment on.



COLOR THE CORONAVIRUS



Appendix 7

Sero-surveillance: staff information sheet

We are working with Public Health England to understand how the new coronavirus, SARS-CoV-2, is transmitted in preschool, primary and secondary schools. We also want to know whether students and staff can the virus without developing any symptoms and whether they have developed immunity against the virus. This information is important because it will help us decide how to bring all the children and staff safely back to school after the lockdown.

We are writing to you because are a member of staff in the preschool or school. Your school has given us permission to conduct this surveillance and to contact you. Before you decide to take part, we would like you to understand why we are doing this, and what it would involve for you. Please ask us if there is anything that is not clear.

1. Why are we doing this?

We know very little about how the new coronavirus affects staff and children in preschool, primary and secondary schools. We do not know whether staff or children carry the virus without becoming unwell or how the virus is transmitted in these settings.

2. What will happen if I agree to take part?

If you agree to take part, we will ask you to attend an appointment at your preschool or school. For some preschool or schools, we may ask you to attend the local Child Development Centre.

We will ask you to sign a consent form and complete a short questionnaire about your health.

We will the take the following samples:

- Nose swab – this will involve rubbing a soft cotton bud on the inside of each of your nostrils to test for the virus
- In some schools: Throat swab – this will involve gently rubbing a soft cotton bud on the back of your throat to test for the virus
- In some schools: Saliva swab – this will involve collecting some saliva (spit) using a small sponge on a stick that looks like a lollipop. The saliva swab will be used to test if we can measure antibodies against SARS-CoV-2 in the saliva by comparing the saliva results with the blood test results

- In some schools: A finger-prick test – this will allow us to collect very small blood samples to check if we can measure any antibodies against SARS-CoV-2 by comparing the results with the blood test results
- Blood sample – we take a small amount of blood (5 to 10 mls, a teaspoonful) to test for antibodies against SARS-CoV-2

All samples will be taken by trained staff. We will maintain physical distancing where possible and all staff will be wearing aprons, gloves and face masks when taking the samples.

3. What will happen next?

After you attend the first appointment, we will ask you to attend 3 more appointments where we will ask you to complete another short questionnaire and take the same samples again:

- Around 4 to 8 weeks after the first appointment, around the end of the school term
- Around the beginning and end of the next school term
- In some schools: we are also asking your permission to take nose swabs every week to help understand the risk and transmission of the virus in school settings

We will contact you to arrange all your appointments.

We will also ask you to email us if you become unwell during this time so that we can keep a record of your illness. This will help us understand the results of samples we take from you.

4. Will you tell me my results?

We will tell you your swab results as soon as possible, but this may take a few days. If you are infected with the virus, the school and the track and trace programme will be informed so that appropriate actions can be taken to protect the other students, staff and other contacts you may have had. We will also inform your GP so that your medical records are appropriately updated. The school will ask you to self-isolate at home for 7 days to stop the virus spreading to others. If you develop any symptoms during those 7 days, then you should stay at home for 7 days from the day of the first symptoms. You can then return to school as long as you are not unwell. We may contact you for additional information and testing.

We will report the results of the blood tests to you after a few weeks. The results will tell you if you have antibodies against the virus, which means that you have been exposed to the virus before.

If taken: The results of the saliva/finger-prick test will take a few months, but they should be same as the swabs test and the blood test, so we will not give the same results from the saliva/finger-prick tests to you again.

5. What will happen to any remaining blood sample?

With your permission, we would like to store any remaining blood sample at Public Health England so that we may use it in the future for research on virus infections. The samples will be stored anonymously, and it will not be possible to link the sample back to you. You can choose what happens to any remaining samples on the consent form. You can still take part even if you decide to have the samples destroyed after the tests are complete

6. What are the benefits and risks of taking part?

We will report your results back to you, so you will know if you have antibodies against the virus. The overall results will help answer important questions and make decisions about how to ease the lockdown and allow all staff and children back to preschool or school safely.

Having the nose and throat swabs and the blood test may cause temporary discomfort. The blood test may cause a little pain, bruising, redness, and swelling around the site, bleeding at the site, and rarely, an infection at the site of the blood draw. However, the samples will be taken by very experienced staff.

7. Do I have to take part?

Participation is completely voluntary, and you can choose to take part or not.

8. Will taking part in this study be confidential?

We will need to collect some personal information about you, including your name, date of birth, contact details, some health information about you and other household members. We need this information to understand the results of the tests that we perform and to contact you during the surveillance. Only those involved with this surveillance will have access to this information. Your questionnaire and samples will only be labelled with a unique code number and not with a name or date of birth. We will keep all information about you and your family safe and secure. We will write our reports in a way that no one can work out that you took part. Your personal data will be stored in accordance with the [General Data Protection Regulations](#) (GDPR) and the [Data Protection Act 2018](#). An anonymised (that is, no individual can be identified) copy of the information may be placed in the Office for National Statistics Secure Research Service for additional analysis and statistics, subject to all relevant legal, statutory and policy requirements and safeguards.

9. Can we change our mind?

You can decide to withdraw at any time, without giving a reason. We would like to keep the information and results that we might already have collected unless you tell us not to.

10. What if there is a problem?

If you have any concerns, please talk to a member of our team.

If you are still unhappy, you can contact the Public Health England Complaints Manager, Strategy Directorate, Wellington House, 133-155 Waterloo Road, London, SE1 8UG or email: complaints@phe.gov.uk

Thank you for your time

sKID Surveillance Team: name, email, telephone

Appendix 8

Consent form for staff

COVID-19 Surveillance in KIDs (code: sKID)

	Initial
1 I confirm that I have read and understand the Staff Information Sheet. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2 I understand that my participation is voluntary. I am free to withdraw at any time without giving a reason	
3 I understand that the information I provide, and my samples will be labelled with a unique reference number and will not have my name or any personal details recorded on the samples	
4 I understand that the samples collected will be used to test for SARS-CoV-2 and for antibodies against the virus	
5 I understand that my personal data will be stored in accordance with the Data Protection Act 2018 and the GDPR	
6 I agree to have a nose swab taken. In some schools: throat swab, saliva swab.	
7 I agree to have a blood test. In some schools: finger-prick test.	
8 I understand that if my swab is positive, the results will be reported to the school to ensure the safety of students and staff, my GP and the track and trace team	

The following are optional. You can still take part even if you do not consent to the 2 options below:

9 I agree for any remaining blood sample to be stored for future research on virus infections	
10 I would like to be informed of my test results	

In some schools

11 I agree to have a nose swab taken every week during the school term

Name of Staff: _____

Signature: _____

Date: _____

Appendix 9

Short questionnaire for school staff

- Date: _____ Participant ref: _____
- Name: _____
- Contact email address: _____
- Contact phone number: _____
- Have you been unwell with symptoms that might have been due to COVID-19:
- If yes, approximate date of symptoms:
 - If yes, what were your symptoms:
- Has any household member been tested positive for COVID-19?
- If any other household members are working, what work do they do (for example, nurse working in hospital)?
- During the lockdown, were you working (tick the correct box):
- Full time at the school
 - Mainly at the school
 - Equally at school and at home
 - Mainly at home
 - Only at home
- During the lockdown, how much physical contact did you have with students (for example, teaching in class)
- Regular contact
 - Occasional contact
 - No contact
- What is your ethnicity?

White

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any other White background

Mixed / Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian

Asian / Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Other ethnic group

- Arab
- Any other ethnic group (state below):

Any other Mixed / Multiple ethnic background

Black / African / Caribbean / Black British

African

Caribbean

Any other Black / African / Caribbean

PLEASE TURN PAGE

ADDITIONAL FEASIBILITY QUESTIONS

We are trying to assess the practicalities of testing school staff more regularly

1. How frequently would you agree to have a nose swab in the future? (tick one)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> At the beginning and end of each half-term |
| <input type="checkbox"/> Twice a week | <input type="checkbox"/> At the beginning and end of each term |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> The frequency of swabbing does not bother me |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> I wouldn't agree to have any more swabs done |

2. How frequently would you agree to have a throat swab in the future? (tick one)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> At the beginning and end of each half-term |
| <input type="checkbox"/> Twice a week | <input type="checkbox"/> At the beginning and end of each term |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> The frequency of swabbing does not bother me |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> I wouldn't agree to have any more swabs done |

3. How frequently would you agree to have a saliva swab in the future? (tick one)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> At the beginning and end of each half-term |
| <input type="checkbox"/> Twice a week | <input type="checkbox"/> At the beginning and end of each term |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> The frequency of swabbing does not bother me |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> I wouldn't agree to have any more swabs done |

4. How frequently would you agree to have a blood in the future? (tick one)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> At the beginning and end of each half-term |
| <input type="checkbox"/> Twice a week | <input type="checkbox"/> At the beginning and end of each term |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> The frequency of swabbing does not bother me |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> I wouldn't agree to have any more swabs done |

5. How would you rate your overall experience today?

- | | | |
|----------------------|-------------------|------------|
| A. Very dissatisfied | B. Dissatisfied | C. Neutral |
| D. Satisfied | E. Very satisfied | |

Any further comments:

BEFORE YOU LEAVE

Please remember to keep a record of any illness and any test results done between now and your next appointment

**Thank you for taking part in
sKID**

Appendix 10

Report of swab results

Dear <<name>>,

Your and/or your child's nose and throat swab was positive for the coronavirus, SARS-CoV-2. We would advise you to stay or keep your child at home for 7 days starting from the day that the swab was taken.

If you and/or your child develop/s any symptoms during those 7 days, then please stay or keep your child at home for 7 days starting from the first day of the symptoms.

You and/or your child can return to school after 7 days if you and/or your child is well and has no symptoms. Otherwise, please wait until after the symptoms have gone before returning to school.

Report a Positive Antibody Result

Dear <<name>>,

Many thanks for taking part in the sKID study, I would like to thank you once again for your support. <<Your/your child's>> continued participation is essential to allow us to answer important questions about the spread of COVID in the community, what does the presence or absence of antibodies mean and how long do these last for. We are currently testing the serum samples with the **Abbott assay**.

Your Visit XX antibody level is positive.

This result implies that <<you have/your child has>> been infected with or exposed to SARS-CoV-2. The PHE evaluation of this test suggests that this result is likely to be true. It is however still possible to have a false positive result.

At this time, it is not known if this result means that <<you/your child>> cannot be re-infected with SARS-CoV-2, and if <<you/your child>> gets re-infected, then <<you/your child>> may still be infectious to others.

Appendix 11

Weekly nasal swabs: email for parents and guardians

Dear X

We are contacting you because your child(ren) is/are currently attending preschool or school in England. Your school has given us permission to conduct this surveillance and to contact you. We are working with Public Health England to find out whether students and staff might be infected with the coronavirus, SARS-CoV-2, during the summer term. This information is important to decide how we open the lockdown and allow children safely back to preschool or school.

Please find attached an information leaflet that provides more information for you and your child(ren). The nasal swabs will be performed at your child's school and you will have the opportunity to be present when the swab is taken. We hope that you will be interested in helping us understand more about how this new virus affects children and those around them. If you are interested in your child(ren) taking part, then please return the signed consent form with your child or by email. We will let you know you when the testing will take place so that you can attend with them.

Many thanks in advance,
XXX

Appendix 12

Weekly nasal swabs: parent and guardian information leaflet

We are working with Public Health England to understand how the new coronavirus, SARS-CoV-2, affects children, teachers and other study in preschool, primary or secondary schools. We also want to know whether children can be infected with the virus without developing any symptoms. This information is important because it will help us decide how to bring all the children and staff safely back to school.

We are writing to you because your child is currently attending preschool or school. Your school has given us permission to conduct this surveillance and to contact you. Before you decide to take part, we would like you to understand why we are doing this, and what it would involve for you and your child. Please ask us if there is anything that is not clear.

Why are we doing this?

We know very little about how SARS-CoV-2 affects children, whether children can be infected with the virus without becoming unwell and what part children might play in passing the virus to others.

What will happen if I agree for my child/children to take part?

If you agree for your child to take part, we will ask you to sign a consent form and complete a short questionnaire about your family and your child's health. We will arrange for your child to have a nose swab once a week until the end of the summer term. This will involve rubbing a soft cotton bud on the inside of each of your child's nostrils to test for the virus. Taking a nose swab is very simple and safe. The swab will be taken by the school nurse or equivalent. You will have the opportunity to attend the session with your child if you wish. If your child is anxious or concerned, we may ask your help in taking the nose swab. Where possible, physical distancing will be maintained, and aprons, gloves and face masks will be worn when taking the nasal swab.

What will happen next?

The nasal swabs will be taken around the same day every week. If your child becomes unwell during the term, you should record their symptoms in the diary

card provided. This will be collected with the final swab at the end of the term. This will help us understand the results of samples we take from you.

Will you tell me my child's results?

We will tell you your child's nose swab results as quickly as possible, but this may take a few days. Children rarely carry the virus and we expect very few children in the school (if any) to be infected the virus. If your child is infected with the virus, the school and the track and trace programme will be informed so that appropriate actions can be taken to protect the other students, staff and other contacts your child may have had. We will also inform your child's GP so that your child's medical records are appropriately updated. The school will ask you to keep your child at home for 7 days to stop the virus spreading to others. If your child develops any symptoms during those 7 days, then you should keep them at home for 7 days from the day of the first symptoms. Your child can then return to school as long as they are not unwell. We may contact your family for additional information and testing.

What are the benefits and risks of taking part?

We will report the results of your child's tests to you so that you will know if your child is infected with the virus. The overall results will help us make important decisions about how to ease the lockdown and allow all the children and staff back to school safely. For some, having the swab may cause temporary discomfort but this should last only a few seconds. A nasal swab involves inserting the tip of the cotton bud into each nostril. This is not the same as a nasopharyngeal swab, which involves inserting the swab deeper into the nasal passage and can be more painful.

Do I have to take part?

Participation is completely voluntary and if you choose not to take part this will not affect the care or education that your child receives.

Will taking part in this study be confidential?

We will need to collect some personal information, including names, date of birth, contact details some health information about your child and other household members. We need this information to understand the results of the tests that we perform and to contact you during the surveillance. Only those involved with this surveillance will have access to this information. Your child's questionnaire and samples will only be labelled with a unique code number and not with a name or date of birth. We will keep all information about you and your family safe and secure. We will write our reports in a way that no one can work out that your child took part in the study. All personal data will be stored in

accordance with the [General Data Protection Regulations](#) (GDPR) and the [Data Protection Act 2018](#). An anonymised (that is, no individual can be identified) copy of the information may be placed in the Office for National Statistics Secure Research Service for additional analysis and statistics, subject to all relevant legal, statutory and policy requirements and safeguards.

Can we change our mind?

You can decide to withdraw your child at any time, without giving a reason. We would like to keep the information and results that we might already have collected unless you tell us not to.

What if there is a problem?

If you have any concerns, please talk to a member of our team.

If you are still unhappy, you can contact the Public Health England Complaints Manager, Strategy Directorate, Wellington House, 133-155 Waterloo Road, London, SE1 8UG or email: complaints@phe.gov.uk

Thank you for your time

sKID Surveillance Team: Name, Email, Telephone

Appendix 13

Weekly nasal swabs: consent form for parents and guardians

COVID-19 Surveillance in KIDs (code: sKID)

	Initial
1 I confirm that I have read and understand the Parent/Guardian Information Sheet. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2 I understand that my child's participation is voluntary. I am free to withdraw my child at any time without giving a reason and without my child's care or education being affected.	
3 I understand that the information I provide, and my child's samples, will be labelled with a unique reference number and will not have my child's name or any personal details recorded	
4 I understand that the samples collected will be used to test for coronavirus, SARS-CoV-2	
5 I understand that my and my child's personal data will be stored in accordance with the Data Protection Act 2018 and the GDPR	
6 I agree for my child to have a nose swab taken every week during the school term	
7 I understand that if my child's swab is positive, the results will be reported to the school to ensure the safety of students and staff, my child's GP and the track and trace team	
8 I would like to be informed of my child's test results	

Name of child: _____

Name of parent or guardian: _____

Signature: _____

Date: _____

Child's signature (optional): _____

Appendix 14

Weekly nasal swabs: Short questionnaire for parents and guardians

Date:

Participant ref:

INFORMATION FROM PARENT OR GUARDIAN

Parent or guardian name:

Contact email address:

Contact phone number:

What are parent or guardian jobs:

How many children are there in your household and what are their ages?

Has any household member been tested positive for COVID-19? Yes / No

If yes, date:

If yes, was the test positive or negative:

INFORMATION ABOUT PARTICIPANT

Name of child:

Date of birth of child:

Gender:

Ethnicity (please tick):

White

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any other White background

Mixed / Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / Multiple ethnic background

Black / African / Caribbean / Black British

- African

Asian / Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Other ethnic group

- Arab
- Any other ethnic group (state below):

- Caribbean
- Any other Black / African / Caribbean

- Has your child got any medical conditions? Yes / No
 - o If yes, please specify:
- Has your child been unwell with COVID-like symptoms since March 2020? Yes / No
 - o If yes, approximate date of symptoms:
 - o If yes, what were the symptoms:

- Has your child tested positive for COVID-19? Yes / No
 - o If yes, date:
 - o If yes, was the test positive or negative:

- During the lockdown, how often did your child go to school?
 - o Every day
 - o Not every day but more than half the week
 - o Less than half the week but more than 1 day
 - o One day or less per week

- After the lockdown, how often is your child going to school?
 - o Every day
 - o Not every day but more than half the week
 - o Less than half the week but more than 1 day
 - o One day or less per week

ADDITIONAL FEASIBILITY QUESTIONS

We are trying to assess the practicalities of testing school children more regularly

1. How frequently would you agree for your child to have a nose swab? (tick one)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> At the beginning and end of each half-term |
| <input type="checkbox"/> Twice a week | <input type="checkbox"/> At the beginning and end of each term |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> The frequency of swabbing does not bother me |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> I wouldn't agree to have any more swabs done |

**2. How frequently would you agree for your child to have a throat swab?
(tick one)**

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> At the beginning and end of each half-term |
| <input type="checkbox"/> Twice a week | <input type="checkbox"/> At the beginning and end of each term |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> The frequency of swabbing does not bother me |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> I wouldn't agree to have any more swabs done |

**3. How frequently would you agree for your child to have a saliva swab?
(tick one)**

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> At the beginning and end of each half-term |
| <input type="checkbox"/> Twice a week | <input type="checkbox"/> At the beginning and end of each term |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> The frequency of swabbing does not bother me |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> I wouldn't agree to have any more swabs done |

**4. How frequently would you agree for your child to have a blood test?
(tick one)**

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> At the beginning and end of each half-term |
| <input type="checkbox"/> Twice a week | <input type="checkbox"/> At the beginning and end of each term |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> The frequency of swabbing does not bother me |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> I wouldn't agree to have any more swabs done |

Any further comments:

BEFORE YOU LEAVE

Please remember to keep a record of any illness and any test results done between now and your next appointment

**Thank you for taking part in
sKID**

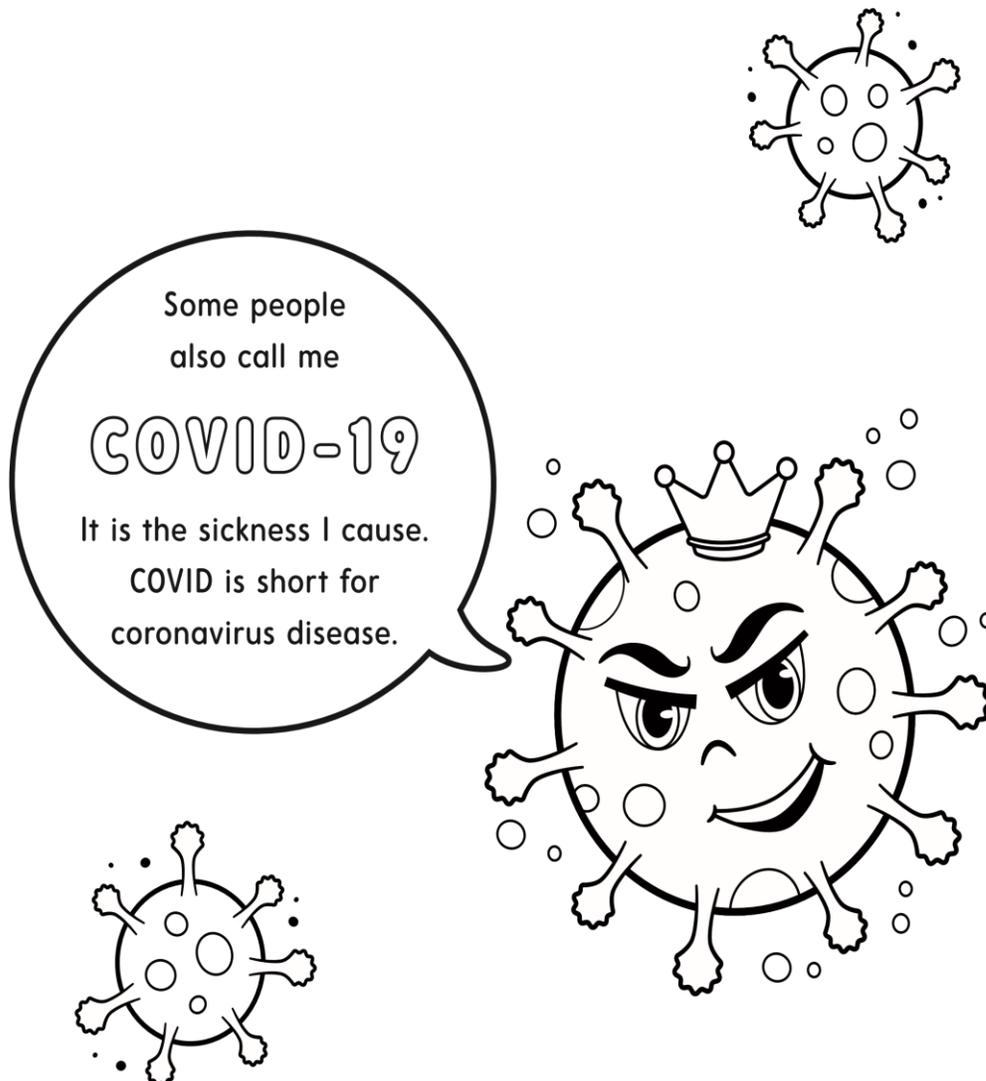
Appendix 15

Information leaflet for children under 10 years

COVID-19 Surveillance in KIDs (code: sKID) information leaflet for children under 10 years of age

Background

You might have heard lots of people talking about something called the “coronavirus.” Coronavirus is a type of virus that can make you feel unwell.

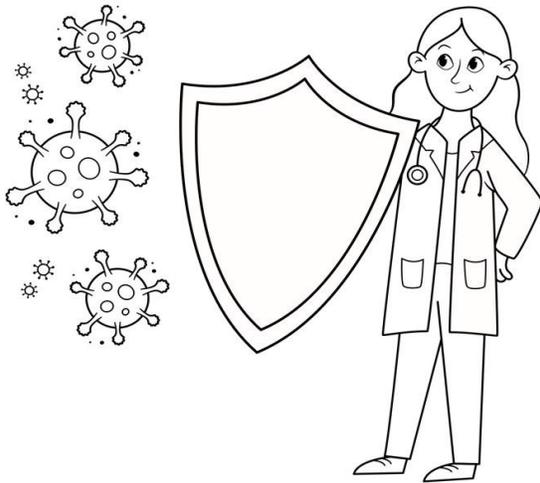


What do we do?

Doctors, nurses and scientists are working very hard to find out how children are fighting the virus and we need your help.

How you can help us?

We will ask you and your parents some questions about how you have been feeling. We need a test from your nose called a “swab”. The swab test may be a little uncomfortable but it doesn’t hurt. Taking a swab involves wiping the inside of your nose with a cotton bud. This is what a swab looks like



Do I have to take part?

You do not have to take part and, even if you say yes, you can change your mind at any time.

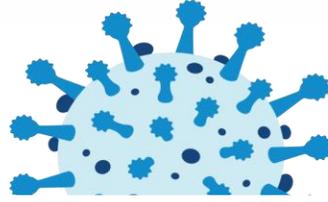
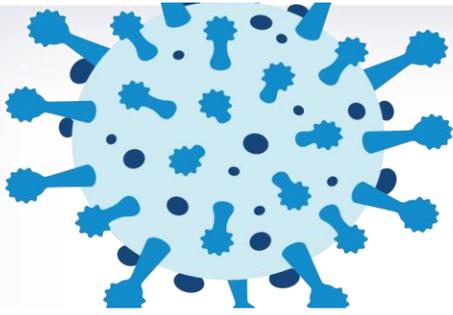
Who will do the tests?

The tests will usually be done by a nurse. To make sure they don't pass the coronavirus around, they might have to wear special clothes for protection. Below you can see how they might look like with and without the special clothes on.



Appendix 16

COVID-19 surveillance in KIDs (code: sKID)
information leaflet for children aged 10 years
and older



Together
We can do it!

How do children fight against the Coronavirus



Coronavirus

PROTEIN SPIKES

These make me look like I have a *corona*, which means crown.

GENETIC INFORMATION (RNA)

My RNA is what makes me different from other viruses.

ENVELOPE

This is my outer layer.



The sKID Study

We are asking for your help with a study to better understand coronavirus and how it affects children.

DID YOU KNOW?

Washing your hands for 20 seconds using soap and water helps break down my envelope so I don't make you sick.



The sKID Study

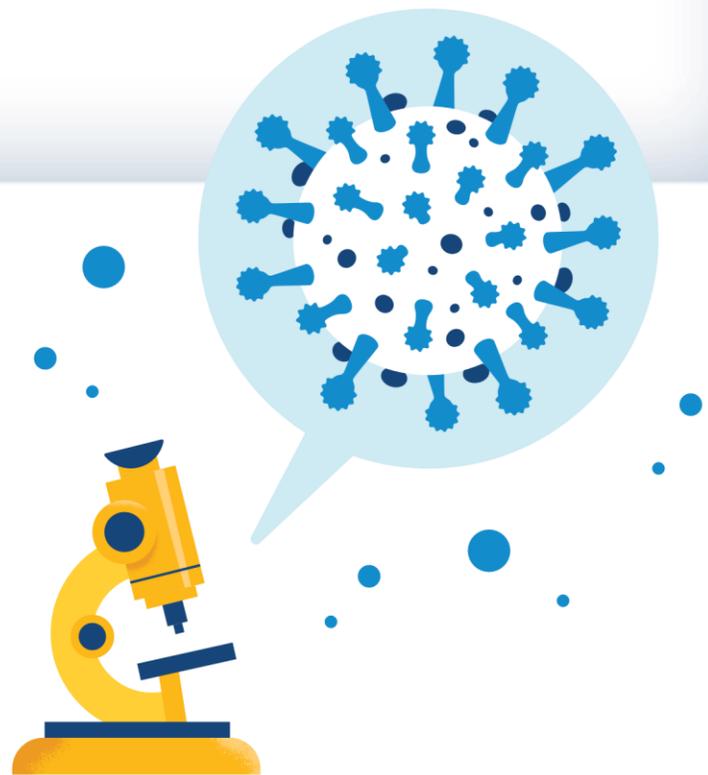
is a virus that can spread easily
from person to person.

It's also called COVID-19,
which stands for

Coronavirus Disease 2019

There are other types of
coronavirus, but the virus that
causes COVID-19 is a new type.

You also might hear it being
called “novel coronavirus”
because it is a new virus.



**Coronavirus and
Covid-19 disease
represents a global
public health
emergency. There is an
urgent need for
research to understand
the disease process in
children.**

The sKID Study

Background

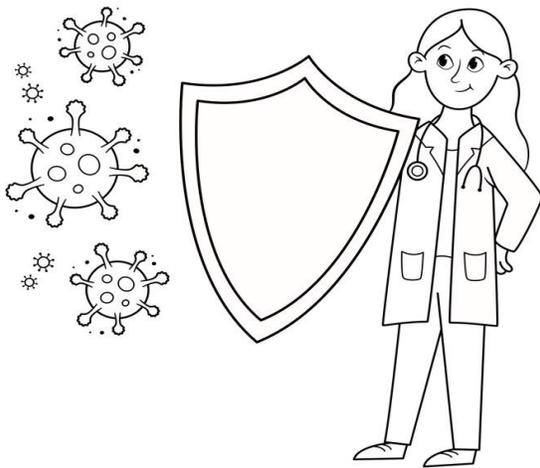
You might have heard lots of people talking about something called the “coronavirus.” Coronavirus is a type of virus that can make you feel unwell.

What do we do?

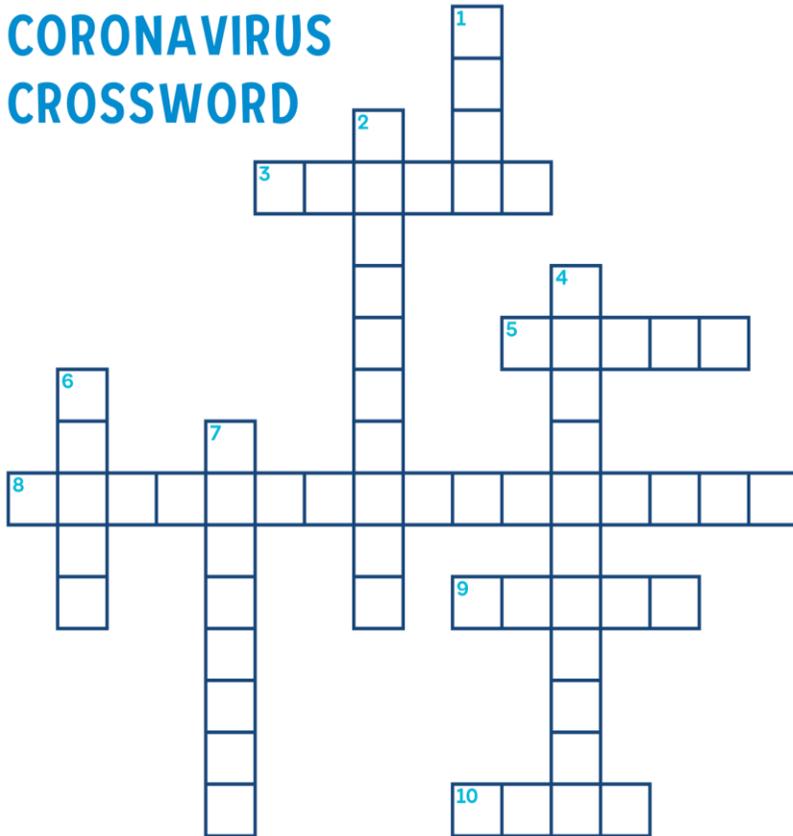
Doctors, nurses and scientists are trying to understand how children are fighting against the coronavirus and we need your help.

How you can

If you agree to help us we will ask you and your parents some questions about how you have been feeling. We will also need a test from your nose called a “swab”. The swab test may be a little uncomfortable but it doesn’t hurt. Taking a swab involves wiping the inside of your nose with a cotton bud. A picture of the swab can be seen below.



CORONAVIRUS CROSSWORD



ACROSS

3. Cover your _____ and sneezes
5. A new virus
8. Staying away from people in your community
9. Body temperature above normal
10. Something you wear to keep from spreading germs

DOWN

1. _____ your hands
2. Staying home if you have symptoms
4. The virus that causes COVID-19
6. Where coronavirus gets its name
7. A disease that has spread across the world

Do I have to take part?

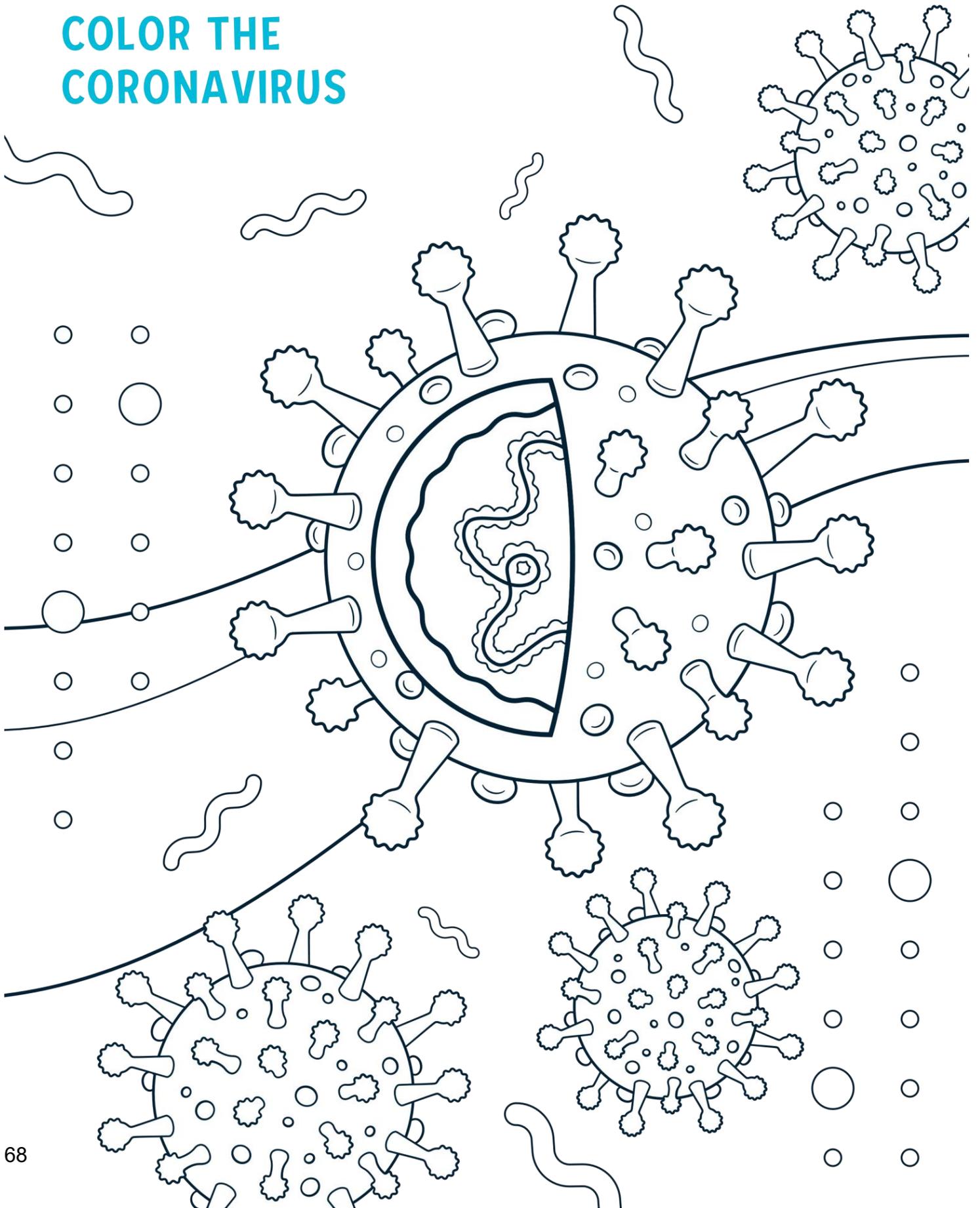
You do not have to take part and, even if you say yes, you can change your mind at any time.

Who will do the tests?

The tests will usually be done by a nurse. To make sure they don't pass the coronavirus around, they might have to wear special clothes for protection. Below you can see how they might look like with and without the special clothes on.



COLOR THE CORONAVIRUS



Appendix 17

Weekly nasal swabs: staff information sheet

We are working with Public Health England to understand how the new coronavirus, SARS-CoV-2, might be transmitted in preschool, primary and secondary schools. We also want to know whether students and staff can the virus without developing any symptoms. This information is important because it will help us decide how to bring all the children and staff safely back to school after the lockdown.

We are writing to you because are a member of staff in the preschool or school. Your school has given us permission to conduct this surveillance and to contact you. Before you decide to take part, we would like you to understand why we are doing this, and what it would involve for you. Please ask us if there is anything that is not clear.

1. Why are we doing this?

We know very little about how the new coronavirus affects staff and children in preschool, primary and secondary schools. We do not know whether staff or children carry the virus without becoming unwell or how the virus is transmitted in these settings.

2. What will happen if I agree to take part?

If you agree to take part, you will be asked to attend an appointment at your preschool/school. We will ask you to sign a consent form and complete a short questionnaire about your health. A nurse will show you how to take your own nasal swab. This involves rubbing a soft cotton bud on the inside of each of your nostrils to test for the virus and takes a few seconds only. Physical distancing will be maintained where possible and, if needed, the nurse will wear aprons, gloves and face masks.

3. What will happen next?

After you the first swab, you will be asked to provide a weekly swab around the same time every week until the end of the summer term. If you feel unwell during the term, you should record your symptoms in the diary card provided. This will be collected with the final swab at the end of the term. This will help us understand the results of samples we take from you.

4. Will you tell me my results?

We will tell you your swab results as soon as possible, but this may take a few days. If you are infected with the virus, the school and the track and trace programme will be informed so that appropriate actions can be taken to protect the other students, staff and other contacts you may have had. We will also inform your GP so that your medical records are appropriately updated. The school will ask you to self-isolate at home for 7 days to stop the virus spreading to others. If you develop any symptoms during those 7 days, then you should stay at home for 7 days from the day of the first symptoms. You

can then return to school as long as you are not unwell. We may contact you for additional information and testing.

5. What are the benefits and risks of taking part?

We will report the results of your tests to you so that you will know if you are infected with the virus. The overall results will help us make important decisions about how to ease the lockdown and allow all the children and staff back to school safely. For some, having the swab may cause temporary discomfort but this should last only a few seconds. A nasal swab involves inserting the tip of the cotton bud into each nostril. This is not the same as a nasopharyngeal swab, which involves inserting the swab deeper into the nasal passage and can be more painful.

6. Do I have to take part?

Participation is completely voluntary and you can choose to take part or not.

7. Will taking part in this study be confidential?

We will need to collect some personal information about you, including your name, date of birth, contact details, some health information about you and other household members. We need this information to understand the results of the tests that we perform and to contact you during the surveillance. Only those involved with this surveillance will have access to this information. Your questionnaire and samples will only be labelled with a unique code number and not with a name or date of birth. We will keep all information about you and your family safe and secure. We will write our reports in a way that no one can work out that you took part. Your personal data will be stored in accordance with the [General Data Protection Regulations \(GDPR\)](#) and the [Data Protection Act 2018](#). An anonymised (that is, no individual can be identified) copy of the information may be placed in the Office for National Statistics Secure Research Service for additional analysis and statistics, subject to all relevant legal, statutory and policy requirements and safeguards.

8. Can we change our mind?

You can decide to withdraw at any time, without giving a reason. We would like to keep the information and results that we might already have collected unless you tell us not to.

9. What if there is a problem?

If you have any concerns, please talk to a member of our team.

If you are still unhappy, you can contact the Public Health England Complaints Manager, Strategy Directorate, Wellington House, 133-155 Waterloo Road, London, SE1 8UG or email: complaints@phe.gov.uk

Thank you for your time

sKID Surveillance Team: name, email, telephone

Appendix 18

Weekly nasal swabs: consent form for staff

COVID-19 Surveillance in KIDs (code: sKID)

	Initial
1 I confirm that I have read and understand the Staff Information Sheet. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2 I understand that my participation is voluntary. I am free to withdraw at any time without giving a reason	
3 I understand that the information I provide and my samples will be labelled with a unique reference number and will not have my name or any personal details recorded on the samples	
4 I understand that the samples collected will be used to test for SARS-CoV-2	
5 I understand that my personal data will be stored in accordance with the Data Protection Act 2018 and the GDPR	
6 I agree to have a nose swab taken every week during the school term	
7 I would like to be informed of my test results	
8 I understand that if my swab is positive, the results will be reported to the school to ensure the safety of students and staff, my GP and the track and trace team	

Name of staff: _____

Signature: _____

Date: _____

Appendix 19

Weekly nasal swabs: short questionnaire for school staff

Date:

Participant ref:

Name:

Contact email address:

Contact phone number:

- Have you been unwell with symptoms that might have been due to COVID-19?
Yes / No
 - o If yes, approximate date of symptoms:
 - o If yes, what were your symptoms:
- Has any household member been tested positive for COVID-19? Yes / No
- If any other household members are working, what work do they do (for example, nurse working in hospital)?
- During the lockdown, were you working (tick the correct box):
 - Full time at the school
 - Mainly at the school
 - Equally at school and at home
 - Mainly at home
 - Only at home
- During the lockdown, how much physical contact did you have with students (for example, teaching in class)
 - Regular contact
 - Occasional contact
 - No contact
- Currently, were you working (tick the correct box):
 - Full time at the school
 - Mainly at the school
 - Equally at school and at home
 - Mainly at home
 - Only at home
- Currently, how much physical contact did you have with students (for example, teaching in class)
 - Regular contact
 - Occasional contact
 - No contact

PLEASE TURN PAGE

– What is your ethnicity?

White

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any other White background

Mixed / Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / Multiple ethnic background

Black / African / Caribbean / Black British

- African
- Caribbean
- Any other Black / African / Caribbean

Asian / Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Other ethnic group

- Arab
- Any other ethnic group (state below):

ADDITIONAL FEASIBILITY QUESTIONS

We are trying to assess the practicalities of testing school staff more regularly

1. How frequently would you agree to have a nose swab in the future? (tick one)

- Daily
- Twice a week
- Once a week
- Once a month
- At the beginning and end of each half-term
- At the beginning and end of each term
- The frequency of swabbing does not bother me
- I wouldn't agree to have any more swabs done

2. How frequently would you agree to have a throat swab in the future? (tick one)

- Daily
- Twice a week
- Once a week
- Once a month
- At the beginning and end of each half-term
- At the beginning and end of each term
- The frequency of swabbing does not bother me
- I wouldn't agree to have any more swabs done

3. How frequently would you agree to have a saliva swab in the future? (tick one)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> At the beginning and end of each half-term |
| <input type="checkbox"/> Twice a week | <input type="checkbox"/> At the beginning and end of each term |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> The frequency of swabbing does not bother me |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> I wouldn't agree to have any more swabs done |

4. How frequently would you agree to have a blood in the future? (tick one)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> At the beginning and end of each half-term |
| <input type="checkbox"/> Twice a week | <input type="checkbox"/> At the beginning and end of each term |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> The frequency of swabbing does not bother me |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> I wouldn't agree to have any more swabs done |

5. How would you rate your overall experience today?

- | | | |
|----------------------|-------------------|------------|
| A. Very dissatisfied | B. Dissatisfied | C. Neutral |
| D. Satisfied | E. Very satisfied | |

Any further comments:

BEFORE YOU LEAVE

Please remember to keep a record of any illness and any test results done between now and your next appointment

**Thank you for taking part in
sKID**

Appendix 20

Symptom diary

Parents or guardians: Please complete this form for every episode of illness your child had during the school term

Child's first name:

Child's last name:

Date of birth:

Your e-mail address:

Please shade the boxes for the days your child was off school because you were ill and if your child had any of the following symptoms of each day from the start of the illness until your child is better:

	Date:													
Day off school because unwell														
SYMPTOMS														
Fever														
Shivers/chills														
Cough														
Runny nose														
Sneezing														
Sore throat														
Shortness of breath/difficulty breathing														
Headache														
General muscle/joint aches/pains														
Unusually tired/fatigue/exhaustion														
Nausea (feel like vomiting)														
Vomiting														
Abdominal (tummy) cramps/pain														

Diarrhoea														
Rash (describe below)														
Loss of smell														
Loss of taste														
Other symptoms (describe below)														
Other symptoms (describe below)														

Please provide more information (for example, test results, anyone else unwell at home, hospitalisation, use another page if needed):

Appendix 21

sKIDs bloods: email to headteacher about second appointment

Dear Headteacher,

We are now approaching the end of the summer term and the staff and students participating in the sKIDs study will be having their second appointment for their tests. We would be grateful if you could send the attached questionnaires to the staff and students, respectively, to be completed and brought back to school on or before the day of testing. The amended protocol (version 1.4) including the attached questionnaire is available online on the [COVID-19: paediatric surveillance](#) webpage. We will report the results of the tests back to the individual participants, but it may take a few weeks before the results become available.

Please note that we will only be testing those who had consented to take part in the first round of the tests because we have been monitoring this group throughout the summer term. We will not be recruiting any new participants at the second appointment.

Thank you once again for taking part in the sKIDs study,

The sKIDs Team

Appendix 22

sKIDs Bloods: email to parent or guardian about second appointment

Dear Parent/Guardian of sKIDs Participant,

In anticipation of your next appointment as part of our COVID Surveillance in schools, we would be grateful if you would complete a very short questionnaire and ask your child to return it to school on or before their next appointment.

To remind you, we will be taking samples from your nose and throat to see if you are infected with SARS-CoV-2. We will also be taking a blood sample to test for SARS-CoV-2 antibodies. Regardless of your previous test results, this repeat test is crucial for us to have a better understanding of the role of schools in SARS-CoV-2 infection and transmission. We are working hard to gather as much data as possible to ensure the safety of staff and students in educational settings.

Many thanks for your time,

The sKID Team

Appendix 23

sKIDs sero-surveillance: second questionnaire for parents and guardians

Thank you for taking part in the sKIDs COVID-19 surveillance in schools. We are now reaching the end of the term and the second round of testing is very important to monitor changes in SARS-CoV-2 infection and antibody positivity rate in students. In order to better understand the test results, please complete the questionnaire and return it to the school on or before the day of testing.

Name of school:

Name of parent or guardian:

Email address of parent or guardian:

Name of child:

Date of birth of child:

- Since our first visit, has your child been unwell with symptoms that might have been due to COVID-19? Yes / No
 - If yes, approximate date of symptoms:
 - If yes, what were your child's symptoms:
- Since our first visit, has your child tested positive for COVID-19? Yes / No
 - If yes, was that on: nose swab / antibody test
 - If yes, what was the date of the test?
- Since our first visit, has any other household member been unwell with COVID-19 symptoms? Yes / No
 - If yes, approximate date of symptoms:
 - If yes, what were your symptoms:
- Since our first visit, has any household member tested positive for COVID-19? Yes / No
 - If yes, was that on: nose swab / antibody test
 - If yes, date of test:
- Since our first visit, on average, has your child been going to school (tick the correct box):
 - Everyday
 - 3 to 4 days a week
 - 1 to 2 days a week
 - 1 day or less a week
 - My child has not gone to school
- Since our first visit, how many days has your child been off school? _____ days (write 0 if full attendance)

- If your child has been off school, the reason was (tick one)
 - My child was unwell and had to take time off school
 - Another student in my child's bubble was unwell with possible COVID-19 symptoms
 - Another student in my child's bubble was unwell with confirmed COVID-19
 - A staff member in my child's bubble was unwell with possible COVID-19 symptoms
 - A staff member in my child's bubble was unwell with confirmed COVID-19
 - Other (please give details):

Thank you once again for taking part in sKID

If you have any questions, please email us:

sKIDs@phe.gov.uk

Appendix 24

sKIDs bloods: email to school staff about second appointment

Dear School Staff Participating in the sKIDs Study,

In anticipation of your next appointment as part of our COVID Surveillance in schools, we would be grateful if you would complete a very short questionnaire and bring it with you at the next appointment.

To remind you, we will be taking samples from your nose and throat to see if you are infected with SARS-CoV-2. We will also be taking a blood sample to test for SARS-CoV-2 antibodies. Regardless of your previous test results, this repeat test is crucial for us to have a better understanding of the role of schools in SARS-CoV-2 infection and transmission. We are working hard to gather as much data as possible to ensure the safety of staff and students in educational settings.

Many thanks for your time,

The sKID Team

Appendix 25

sKIDs sero-surveillance: second questionnaire for staff

Thank you for taking part in the sKIDs COVID-19 surveillance in schools. We are now reaching the end of the term and the second round of testing is very important to monitor changes in SARS-CoV-2 infection and antibody positivity rate among staff. In order to interpret the test results, please complete the questionnaire and bring it with you on the day of testing.

Name of school:

Name of staff:

Email address:

Age:

Sex: male / female

- Since our first visit, have you been unwell with symptoms that might have been due to COVID-19? Yes/ No
 - If yes, approximate date of symptoms:
 - If yes, what were your symptoms:

- Since our first visit, have you tested positive for COVID-19? Yes/ No
 - If yes, was that on: nose swab / antibody test
 - If yes, what was the date of the test?
- Since our first visit, has any household member been tested positive for COVID-19? Yes/ No
 - If yes, was that on: nose swab / antibody tests
 - If yes, which household member (partner, child, etcetera):
- Since our first visit, on average, how often have you been working in the school premises (tick one):
 - Every day
 - 3 to 4 days a week
 - 1 to 2 days a week
 - 1 day or less a week
 - I have not attended the school premises
- Since our first visit, how much contact do you have with students (for example, teaching in class) (tick one)
 - Regular contact /mainly student facing
 - Occasional contact /some student facing
 - No contact
- Since our first visit, how many days have you taken off work? _____ days

- If you took time off work, the reason was (tick one)
 - I was unwell with possible COVID-19 symptoms
 - Another staff member in my bubble was unwell with possible COVID-19 symptoms
 - Another staff member in my bubble was unwell with confirmed COVID-19
 - A student in my bubble was unwell with possible COVID-19 symptoms
 - A student in my bubble was unwell with confirmed COVID-19
 - Other (give details):

Thank you once again for taking part in sKID

If you have any questions, please email us:

Appendix 26

sKIDs Swabs: email to headteacher about second questionnaire and oral test

Dear Headteacher,

RE: 1. Questionnaires to be completed by the staff and student participants
2. SARS-CoV-2 antibody testing using oral fluid (saliva)

We are now approaching the end of the summer term and the staff and students participating in the sKIDs study will be having their final swabs. We would be grateful if you could send the attached questionnaires to the staff and students respectively to be completed and brought back to school on the day of the final swabbing. These forms can be returned with the swabs by courier. You may or may not wish to photocopy the forms for your records.

Additionally, at Public Health England, we have developed an oral fluid (saliva) test to measure antibodies against the novel coronavirus SARS-CoV-2 and can be done at the same time as the last nose swab. The amended protocol (version 1.4) is available online on the [COVID-19: paediatric surveillance](#) webpage. We would like to offer the test to the thousands of staff and students taking part in the sKIDs study across the country and we will be reporting the results back to the individual participants, but it may take a few weeks before the results become available.

The attached document provides the participating staff and students with more information about the oral fluid (saliva) tests and an option to consent for the test on the questionnaire page. Please note that the saliva test is only being offered to those who took part in the nose swab surveillance because we have been monitoring this group throughout the summer term.

We will be sending out instructions with a video link on how to take an oral fluid (saliva) swab with the next pack of saliva swabs. Both the samples need to have the same unique participant number (for example, AXW1) for each participant with the date of sample and placed in the same bag. All other processes will remain the same. We will pick up all the samples at the end of the swabbing session as previously arranged

We thank you once again for taking part in this important Public Health England study,

The sKIDs team.

Appendix 27

sKIDs swabs: email to parents and guardians about second questionnaire and oral fluid test

Dear Parent/Guardian,

RE: 1. Questionnaires to be completed by the staff and student participants
 2. SARS-CoV-2 antibody testing using oral fluid (saliva)

Thank you for taking part in the sKIDs study. We are now approaching the end of the summer term and the last nose swab will be due soon. In order to better understand the results of the tests, we would be grateful if you could please complete the attached questionnaire and send it back to school with your child. It is important that your child has the complete form for the final nose swab.

We have also developed an oral fluid (saliva) test to measure SARS-CoV-2 antibodies at the national reference laboratory at Public Health England. The test involves placing and rotating a small sponge into the mouth for 2 minutes, similarly to the motion and timing of toothbrushing. We are offering the test to thousands of staff and students taking part in the sKIDs study and we will be reporting the results of the antibody test to all those who agree to take part, but it may take a few weeks before the results become available.

If you would like to take part in the saliva antibody test, please sign the top of the questionnaire and hand it to the team taking final nose swab at the school. We will email you with the results as soon as they become available. If you have any questions, please email us at skids@phe.gov.uk.

Thank you once again for taking part in this important Public Health England study,

The sKIDs Team.

Appendix 28

sKIDs swabs: second questionnaire for parents and guardians

Please complete the questionnaire and return the completed questionnaire to school on the day of testing.

If you would like your child to have the oral fluid (saliva) test for antibodies against the novel coronavirus SARS-CoV-2, please sign and date here:

Signature: _____ Date: ____ / ____ / _____

Name of school:

Name of parent or guardian:

Email address of parent or guardian:

Name of child:

Date of birth of child:

- Since the first swab, has your child been unwell with symptoms that might have been due to COVID-19? Yes / No
 - If yes, approximate date of symptoms:
 - If yes, what were your child's symptoms:
- Since the first swab, has your child tested positive for COVID-19? Yes / No
 - If yes, was that on: nose swab / antibody test
 - If yes, what was the date of the test?
- Since the first swab, has any other household member been unwell with COVID-19 symptoms? Yes / No
 - If yes, approximate date of symptoms:
 - If yes, what were your symptoms:
- Since the first swab, has any household member tested positive for COVID-19? Yes / No
 - If yes, was that on: nose swab / antibody test
 - If yes, date of test:
- Since the first swab, on average, has your child been going to school (tick the correct box):
 - Everyday
 - 3 to 4 days a week
 - 1 to 2 days a week
 - 1 day or less a week
 - My child has not gone to school

- Since the first swab, how many days has your child been off school? _____ days
(write 0 if full attendance)

- If your child has been off school, the reason was (tick one)
 - My child was unwell and had to take time off school
 - Another student in my child's bubble was unwell with possible COVID-19 symptoms
 - Another student in my child's bubble was unwell with confirmed COVID-19
 - A staff member in my child's bubble was unwell with possible COVID-19 symptoms
 - A staff member in my child's bubble was unwell with confirmed COVID-19
 - Other (please give details):

Thank you once again for taking part in sKID

If you have any questions, please email us:

Appendix 29

sKIDs Swabs: email to school staff about second questionnaire and oral fluid test

Dear Staff Member,

RE: 1. Questionnaires to be completed by the staff and student participants
 2. SARS-CoV-2 antibody testing using oral fluid (saliva)

Thank you for taking part in the sKIDs study. We are now approaching the end of the summer term and the last nose swab will be due soon. In order to better understand the results of the tests, we would be grateful if you could please complete the attached questionnaire and hand it in to the team when you have your final nose swab.

We have also developed an oral fluid (saliva) test to measure SARS-CoV-2 antibodies against the novel coronavirus SARS-CoV-2 at the national reference laboratory at Public Health England. The test involves placing a small sponge into the mouth for 2 minutes and can be done at the same time as the nose swab. We are offering the test to thousands of staff and students taking part in the sKIDs study and we will be reporting the results of the antibody test to all those who agree to take part, but it may take a few weeks before the results become available. If you would like to take part in the saliva antibody test, please sign the top of the questionnaire and hand it to the team taking final nose swab at the school. We will email you with the results as soon as they become available. If you have any questions, please email us at skids@phe.gov.uk.

Thank you once again for taking part in this important Public Health England study,

The sKIDs Team.

Appendix 30

sKIDs swabs: second questionnaire for staff

Please complete the questionnaire and bring it with you on the day of the last swab

If you would like to have the oral fluid (saliva) test for antibodies against the novel coronavirus SARS-CoV-2, please sign and date here:

Signature: _____

Date: ____ / ____ / _____

Name of school:

Name of staff:

Email address:

Age:

Sex: male / female

- Since the first swab, have you been unwell COVID-19 like symptoms? Yes/ No
 - If yes, approximate date of symptoms:
 - If yes, what were your symptoms:
- Since the first swab, have you tested positive for COVID-19? Yes/ No
 - If yes, was that on: nose swab / antibody test
 - If yes, what was the date of the test?
- Since the first swab, has any household member been unwell with COVID-19 like symptoms? Yes/ No
 - If yes, was that on: nose swab / antibody tests
 - If yes, which household member (partner, child, etcetera):
- Since the first swab, has any household member been tested positive for COVID-19? Yes/ No
 - If yes, was that on: nose swab / antibody tests
 - If yes, which household member (partner, child, etcetera):
- Since the first swab, on average, how often have you been working in the school premises (tick one):
 - Every day 3 to 4 days a week 1 to 2 days a week
 - 1 day or less a week
 - I have not attended the school premises
- Since the first swab, how much contact do you have with students (for example, teaching in class) (tick one)
 - Regular contact /mainly student facing
 - Occasional contact /some student facing
 - No contact
- Since the first swab, how many days have you taken off work? _____ days
- If you took time off work, the reason was (tick one)

- I was unwell with possible COVID-19 symptoms
- Another staff member in my bubble was unwell with possible COVID-19 symptoms
- Another staff member in my bubble was unwell with confirmed COVID-19
- A student in my bubble was unwell with possible COVID-19 symptoms
- A student in my bubble was unwell with confirmed COVID-19
- Other (give details):

Appendix 31

sKIDs-ILI: letter to participating families

Dear sKIDs Participants,

Thank you for taking part in the sKIDs surveillance by PHE. The first report is now online on the [COVID-19 surveillance in school KIDs \(sKIDs\): pre and primary schools](#) webpage. We hope that the children are now all back at school. With the winter season approaching, children are more likely to develop respiratory infections and it will be difficult to know whether the infection is due to the novel coronavirus, SARS-CoV-2, or other viruses such as influenza. In order to better understand respiratory infections in young children during the coming winter period, we are offering to send you and each member your household members a nose swab and an oral fluid (saliva) test at home if your child becomes unwell and is unable to go to school during school time .

How do I take part?

From 01 October 2020, please click on the link below if your child is:

- Taking part in the sKIDs surveillance AND
- Is unable to go to school because of an infection during the school term

What will happen next?

- When you click on the link below, we will ask you to give us some information about your child's illness and symptoms and other household members too. We will ask you to give the same information a week later.
- We will send you a kit with nasal swab tests (to test for the novel coronavirus, SARS-CoV-2) and oral fluid (saliva) tests (to test for antibodies against SARS-CoV-2) for your child and everybody in the household by post. For everyone in the household, we would like you to send us a nasal swab and oral fluid on the day you receive the box, a nasal swab a week later and an oral fluid test 30 days later. We will provide you with instructions on how to take the both types of swab at home and how to return them to us by post
- We will tell you the result of the coronavirus test for each family member typically within 48 hours of receiving the nasal swabs in our laboratory.
 - If any swab is positive for the novel coronavirus, everyone in the household will have to self-isolate according to government guidelines
 - If your child tests positive, we will also have to inform your school of the positive result so that we can help protect the other students and staff who might have had contact with your child. We will also inform the test and trace team of the result.

- If the swab is negative for coronavirus, then please follow the guidance provided by your school as to when your child can go back to school again. We will tell try and test as many families as we can but we are limited in the number of families we can recruit, so please bear with us if we are unable to recruit your family into the skids-ILI surveillance. We will keep you posted on the skids-ILI website.

What does this study add?

- We will also test the nose swabs for other respiratory viruses but this will take several days. It is likely that your child will already have recovered from the infection by this time because viral respiratory infections are generally mild in young children and they usually get better within a few days without any treatment.
- We will not report the results of these other virus tests directly to your family, but we will write a report with combined results of all the tests which we will forward to all the participants in due course.
- If any family member tests positive for SARS-CoV-2 on their nose swab, we will test the oral fluid (saliva) samples for antibodies against the virus. This test is laborious and we are testing many thousands of samples very week, so it may take several weeks before we report the results of antibody tests back to you

Please remember that, we will be visiting your school at the end of the term for further SARS-CoV-2 samples to be taken. We will contact you closer to the time with details

If you would like us to send you the swabs for coronavirus (SARS-CoV-2) testing, click [here](#).

Appendix 32

sKIDs-ILI: questionnaire

- Your details (so that we can contact you with the test results):
 - o First name, last name, phone, mobile (for results), full postal address, postcode, email
- Name of your child’s school:
- Your child’s school year:
- Child taking part in sKIDs:
 - o First name, Last name, Date of birth, Gender
 - o Ever tested positive for COVID-19 with a swab? If yes, approximate date?
 - o Date first became unwell:
 - o Did your child have contact with a confirmed case of COVID-19?
 - if yes, date of last contact, where (school, at home, elsewhere: specify....)
 - o Did your child have contact with a suspected case of COVID-19?
 - if yes, date of last contact, where (school, at home, elsewhere: specify....)
- List of symptoms and number of days for each symptom:

Symptom	When did it start?	Symptom still present?
Fever	_____ days ago	Yes <input type="checkbox"/> No <input type="checkbox"/>
Shivers/chills	_____ days ago	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cough	_____ days ago	Yes <input type="checkbox"/> No <input type="checkbox"/>
Runny nose	_____ days ago	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sneezing	_____ days ago	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sore throat	_____ days ago	Yes <input type="checkbox"/> No <input type="checkbox"/>
Shortness of breath/ difficulty breathing	_____ days ago	Yes <input type="checkbox"/> No <input type="checkbox"/>
Headache	_____ days ago	Yes <input type="checkbox"/> No <input type="checkbox"/>
General muscle/joint aches/pains	_____ days ago	Yes <input type="checkbox"/> No <input type="checkbox"/>
Unusually tired/fatigue/exhaustion	_____ days ago	Yes <input type="checkbox"/> No <input type="checkbox"/>
	_____ days ago	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nausea (feel like vomiting)	_____ days ago	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vomiting	_____ days ago	Yes <input type="checkbox"/> No <input type="checkbox"/>

Abdominal (tummy) cramps/pain	_____ days ago	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diarrhoea	_____ days ago	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	_____ days ago	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rash (describe below)	_____ days ago	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Loss of smell	_____ days ago	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Loss of taste	_____ days ago	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	_____ days ago	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other symptoms (specify:)	_____ days ago	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other symptoms (specify):	_____ days ago	Yes <input type="checkbox"/>	No <input type="checkbox"/>

You can tell us more about the illness here: _____

If possible, we would like more detailed information about your child's illness. You can help us by downloading or printing this document <<link to word document for symptom diary above>>, completing it for the illness episode and emailing it back to us (skids-ili@phe.gov.uk) as a Word document, scanned document or even as a picture taken with your phone

- How many other members are there in the household? [number]
- For each member:
 - o First name, last name, date of birth, gender, relationship to child
- Is anyone else also in the house unwell? Y/N
 - o If yes, how many? [number]
 - o For each member:
 - First name, last name
 - Ever tested positive for COVID-19 with a swab? If yes, approximate date?
 - Ever tested positive for COVID-19 antibodies? If yes, approximate date?
 - Recently had contact with a confirmed case of COVID-19?
 - if yes, date of last contact, where (school, at home, elsewhere: specify....)
 - Recently had contact with a suspected case of COVID-19?
 - if yes, date of last contact, where (school, at home, elsewhere: specify....)Date first became unwell
- List of symptoms and number of days for each symptom [as 4 above]:

Thank you once again for taking part in sKIDs.

We will post the swabs to you within the next 24 hours with instructions on how to take the swabs and how to return the samples back to us by post.

We will also ask you to complete a short follow-up questionnaire after one week. This will help us understand how long children and their family members become unwell with different respiratory viruses.

If you have any problems returning the swabs to us or if you have any questions about the tests, please contact us: skids-ili@phe.gov.uk

Day 7 Questionnaire

Dear sKIDs Participant,

You reported that your child was unwell a week ago and completed a short questionnaire about their illness. We would be grateful if you would kindly take the time to complete a short follow-up questionnaire by clicking on this link:

Question:

1. Does your child develop any new symptoms since you completed the last questionnaire? If yes, please describe here:

2. Did anyone else in the household become unwell since you completed the last questionnaire? If yes, how many? [number]

For each member:

First name, last name

Date first became unwell:

List of symptoms and number of days for each symptom [as 4 in previous questionnaire]:

Please remember to return the Day 7 nasal swabs and the Day 30 oral fluid (saliva) samples for all family members to Public Health England using the packaging provided.

Appendix 33

sKIDs-ILI: email to school headteacher explaining the study

Dear Headteacher,

Thank you once again for taking part in the sKIDs COVID-19 surveillance in school kids by PHE. The first report is now online on the [COVID-19 surveillance in school KIDs \(sKIDs\): pre and primary schools](#) webpage. With the winter season approaching, children are more likely to develop respiratory infections and it will be difficult to know whether the infection is due to the novel coronavirus, SARS-CoV-2, or other viruses such as influenza which commonly circulate in winter. In order to better understand respiratory infections in young children during the coming winter period, we are offering to send swab tests at home to families when a participating sKIDs child becomes unwell and is unable to school. We are calling this the sKIDs-ILI surveillance. We will test all household members twice for SARS-CoV-2; initially when first requested by the family and a second time a week later.

If any swab is positive for the novel coronavirus, everyone in the household will have to self-isolate according to government guidelines. If a child from your school tests positive, we will inform you of the positive test result so that you can take the appropriate measures to help protect the other students and staff who may have had contact with the student.

If you have any questions about the surveillance, please contact us: skids-ili@phe.gov.uk.

The sKIDs Team.

Appendix 34

sKIDs-ILI: email to School headteacher in case of a positive result

Dear Headteacher,

RE: sKIDs-ILI

In [September] we notified you of the sKIDs-ILI surveillance by PHE to better understand respiratory viral infections in primary school children. We have been testing students who are taking part in the sKIDS surveillance and a student in your school has tested positive for the novel coronavirus, SARS-CoV-2 on [date]. We have informed the family and, in line with current government guidelines, everyone in the household will have to self-isolate. We would therefore be grateful if you could take the necessary steps in line with current guidance to inform and isolate students and staff who might have had contact with the student whilst they were in school.

If you have any questions, please contact us: skids-ili@phe.gov.uk.

The sKIDs Team.

Appendix 35

Letter or email to parents and staff for 12-month sampling

Dear Staff / Parent,

RE: HOW LONG DO COVID-19 ANTIBODIES LAST AFTER INFECTION?

Public Health England would like to thank you for taking part in the sKIDs COVID-19 surveillance in school kids study which started in June 2020. The information we have collected over the last 12 months has played an important part in helping keep schools open for staff and students during the pandemic.

We are writing to you because we want to find out how long COVID-19 antibodies last after infection in children and how that compares with adults. You/your child had COVID-19 antibodies in the first blood test that was taken in June 2020. We would like your permission to arrange one more blood test in June or July 2021 to check antibody levels after 1 year. We will also use some of the blood sample for other immune tests such as cellular immunity against the virus. These tests will help us better understand how long children and adults might be protected against COVID-19.

You can decide whether you want to / you want your child to provide the blood sample. We will contact you to answer any questions that you may have about the blood test and arrange a convenient time and place for the blood sample to be taken. This may be at your or your child's school or home. The blood sample will be taken by an experienced member of staff. We will report your blood test results back to you when we complete all the tests.

In the meantime, if you have any questions, please do not hesitate to contact us at skids@phe.gov.uk or telephone: xxx.

Thank you for your time,

The sKIDs Team.

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000

www.gov.uk/phe

Twitter: [@PHE_uk](https://twitter.com/PHE_uk)

www.facebook.com/PublicHealthEngland

© Crown copyright 2021

Version 1.6

OGL

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published May 2021

PHE gateway number: GOV-8147



PHE supports the UN Sustainable Development Goals

