From kindergarten onwards, school plays an indispensable role in instruction and socialization. After the containment and the summer vacations, the need for a return to class, face-to-face teaching and a collective life is essential for all pupils. The efficiency of home-school telework, which is very uneven among the population, justifies an evaluation of learning achievements and pedagogical reinforcement. Everything must be done to ensure that the persistence of the Covid-19 epidemic does not disrupt the start of the September school year so eagerly awaited by the majority of children, parents and teachers.

It is important to address the legitimate fears that parents still have about the risk to their children. According to recent epidemiological data, pediatric forms of Covid-19 worldwide account for only 1 to 5% of all cases. Children infected with CoV-2-SARS are most often asymptomatic or mildly reached [1]. In France, only 1% of hospitalizations for Covid-19 involve children. Moreover, studies confirm that children are weak transmitters, especially before the age of 10 years. Pupil-to-pupil transmission of SARS-CoV-19 is rarely observed in schools, as is intra-school transmission from pupils to adults [2]. The rare cases of infection observed in students come from the home environment and not from the school. These data need to be recalled in order to approach the new school year with confidence.

Furthermore, it is imperative to implement from day one the hygiene measures detailed in the Ministry of National Education's health protocol for students and adults working in schools [3]. The learning of "barrier gestures" by children allows them to be involved as promoters and defenders of prevention. It is also necessary to inform and involve parents, whose participation in the fight against the epidemic in schools is essential. The obligation to wear a mask extends to all students in the Collège and Lycée, inside and outside the school, to all school staff and to parents. Hand washing with soap, which is preferable to hydro-alcoholic solutions, should be carried out in primary school in the presence of an adult. A distance of one meter between students in classrooms and dining halls should be observed when appropriate. Likewise, the mixing of students must be reduced by organizing displacements and avoiding groupings. In addition to these measures, the premises and equipment are regularly ventilated and disinfected several times a day.

It should be clear what to do in front of a child with signs suggestive of Covid-19. The child should stay at home if he or she is feverish (temperature \( \geq 38^\circ\text{C} \)) or if a person is carrying the virus in the family home. In the classroom, it is the responsibility of the school physician to manage screening around a case and appropriate exclusion procedures while avoiding excessive class closures. Routine screening for asymptomatic cases is of no interest in children. RT-PCR tests should be performed from primary school onwards in children who are symptomatic or exposed to a positive case. In kindergarten children, symptomatic cases should be distinguished from seasonal infections. The exclusion period for confirmed cases is 14 days but could be reduced.

In the current context of health crisis, the National Academy of Medicine recommends:

- not to delay the start of the school year for the education and psycho-social well-being of children;
- to reinforce the role of school medicine for information, health education and screening activities;

- to set up an investigation protocol in each establishment with rapid access to screening tests, immediately applicable in the event of the occurrence of a case, in conjunction with the Regional Health Agency;

- to promote flu vaccination campaigns in schools starting in October.

References

1. Communiqué of the National Academy of Medicine "Health measures for the reopening of schools, middle schools, high schools and nurseries", April 23, 2020.

