

COVID-19 in school-aged children

Children can and do get COVID-19 and are at risk for severe illness from the virus. Even when illness isn't severe, children may suffer from long-term health effects and may spread the virus to other people. COVID-19 also severely disrupts learning, school attendance, and involvement in extracurricular activities.



Since the beginning of the pandemic, 78,112 Utah children ages 5-18 have been diagnosed with COVID-19, with 632 needing to be hospitalized (36 needed ICU care). Of those requiring hospitalization in that age group, 55 developed multisystem inflammatory syndrome in children (MIS-C). MIS-C is a serious condition that can lead to death. Almost 92% of all pediatric cases of COVID are among school-aged children in Utah.

After schools opened last year, the number of children who got COVID-19 increased quickly and dramatically.

As the new school year is about to begin, we are seeing substantially higher case counts among school-aged children than we saw at the start of school last year. Right now, the delta variant is the dominant strain of the virus in most of the COVID-19 cases throughout Utah. We anticipate there will be significantly more spread of the virus this year compared to last in schools because the delta variant spreads more easily and universal masking in schools is not required.

Right now, children are getting COVID-19 at about 2-5 times higher rates than what we saw at the beginning of last school year.

Children get COVID-19 at rates similar to what we see with any other age group. When schools opened for in-person instruction last year, we saw the greatest increase of COVID-19 cases in children ages 14-17 compared to other school-aged children AND also when all non-school ages were combined. There was also a large increase in case rates of COVID-19 for younger children after schools opened last year.

If we make a projection taking today's rate, and applying the same % increase we saw in the first month of school last year:

Age in years	Number of cases for every 100,000 kids in age group Sept. 1, 2020	Number of cases for every 100,000 kids in age group Oct. 1, 2020	% increase in COVID-19 in the first month of school last year	Number of cases for every 100,000 kids in age group Aug. 5, 2021	Projected number of cases for every 100,000 kids in age group in first month of school in 2021
5-10	22.5	65.7	192%	114.2	333.4
11-13	49.4	112.4	126%	104.3	235.7
14-17	82.1	255.7	211%	129.3	402.1
All other non-school ages combined (Utahns age 0-4 and 18+)	93.2	229.7	145%	175.9	431.0

Data notes: Incidence rates of COVID-19 are 7-day case rates per 100,000 population. These estimates could be higher or lower than what may actually happen due to a number of factors; including the availability of vaccines, variants which spread more easily, lack of universal masking in schools, and possible changes to in-person attendance levels this school year compared to last.

Children ages 12-18 have low vaccination rates.

Right now, children ages 12-18 are eligible to receive the COVID-19 vaccine. Although 70% of adults in Utah have received at least one COVID-19 dose, there are no health districts with more than 60% of children ages 12-18 vaccinated against COVID-19. Four health districts have less than 20% of these children vaccinated, with the lowest percentages in TriCounty and Central Utah Health Districts at only 13%.

	Jurisdiction	People received at least on dose	Percent received at least one dose	People fully vaccinated	Percent fully vaccinated
<20%	TriCounty	1,450	20.4	937	13.2
	Central Utah	1,840	18.2	1,345	13.3
	Southwest Utah	5,791	21.3	3,957	14.6
	Southeast Utah	992	23.4	724	17.1
<40%	Utah County	28,737	35.2	20,691	25.3
	Bear River	8,289	36.5	5,903	26
	Wasatch County	1,649	38.5	1,252	29.2
	Weber-Morgan	11,794	39.7	8,707	29.3
	Tooele County	3,786	40.7	2,894	31.1
	San Juan	729	38.6	604	32
<60%	Salt Lake County	64,935	54	53,130	44.2
	Davis County	24,340	55.5	20,221	46.1
	Summit County	2,987	65.1	2,454	53.5

Updated 8/12/2021

The Utah Department of Health recommends a layered prevention approach to minimize the impact of COVID-19 exposures and outbreaks in school settings and maximize opportunities for children to participate in in-school learning and extracurricular activities.

