AUTUMN 2021
Round 2: Preliminary Results

Participants from May-September 2021

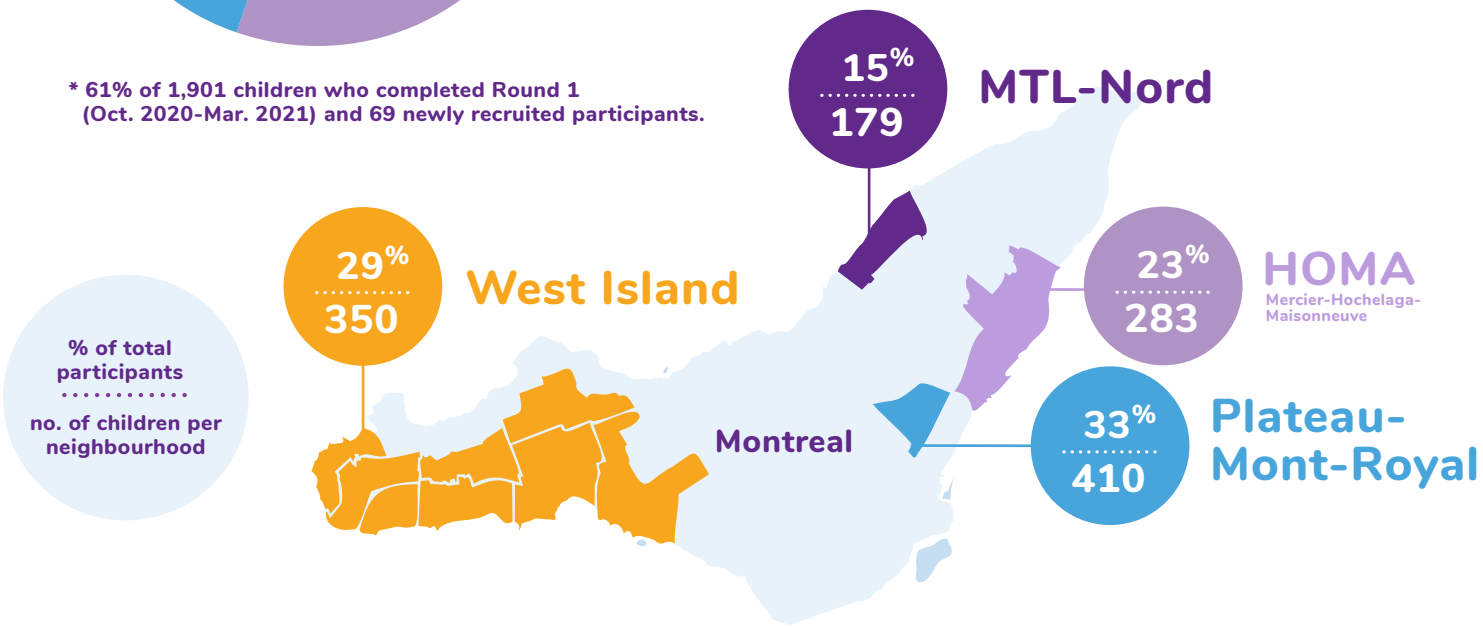
* 61% of 1,901 children who completed Round 1 (Oct. 2020-Mar. 2021) and 69 newly recruited participants.

51% female sex at birth

49% male sex at birth

845 children aged 2-13

377 adolescents aged 14-17



30 daycares	285	CPE
25 primary schools	567	Primary School
10 secondary schools	370	Secondary School

no. of children per establishment type

Please note that these results have not been peer reviewed yet, readers should be aware that any aspect of the research, including the results and conclusions, may change as a result of peer review.

AUTUMN 2021

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Seroprevalence due to SARS-CoV-2 infection

9.7% average

The average seroprevalence among participating children was 9.7% (91/936) compared to 5.8% (95/1632) in Round 1 of the study. It ranged from 6.1% in the West Island to 15.1% in Montréal-Nord.

Seroprevalence among 287 household members of seropositive children was 12.2% (35/287) and there was clustering of seropositive cases within households.

By sex at birth

11.1% female
8.4% male

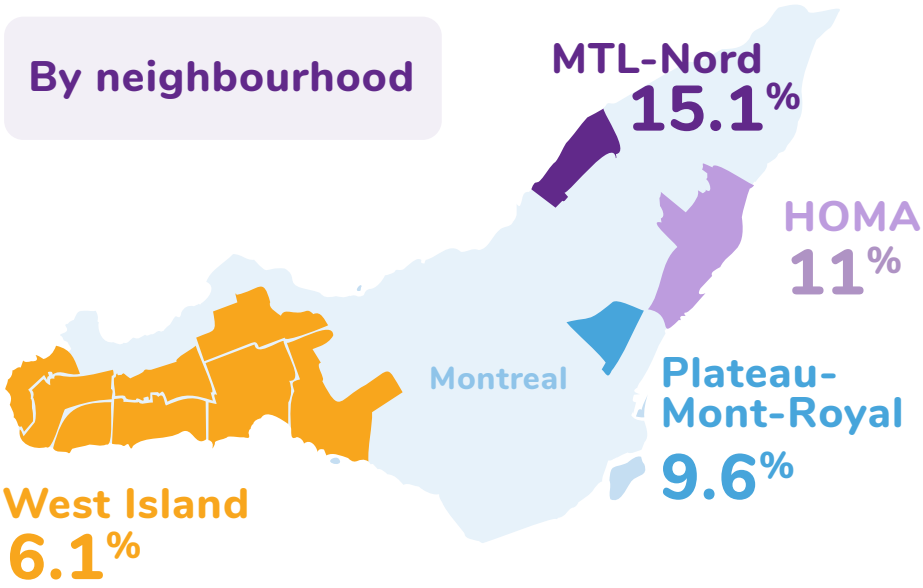
By type of establishment

9.1% CPE

11.5% Primary School

7.5% Secondary School

By neighbourhood



? What is seroprevalence?

A seroprevalence study aims to estimate the proportion of people who have produced antibodies in response to a virus, such as SARS-CoV-2, the virus that causes COVID-19. At the laboratory, a test is conducted that measures specific antibodies in the blood that are produced to fight a SARS-CoV-2 infection. Normally, these antibodies stay in the blood, even after the infection disappears, allowing us to determine if a person has been exposed to the virus.

The figures on this page are based on the serology tests of 936 participants. Please note that these results have not been peer reviewed yet, readers should be aware that any aspect of the research, including the results and conclusions, may change as a result of peer review.

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Seroconversion due to SARS-CoV-2 infection

Seroconversion refers to a change in the presence of antibodies.

875 participating children were tested in two rounds of the study. Children's blood samples were taken 2-10 months apart (mean = 6 months).

6.6%

Positive seroconversion means that a child's sample was negative in Round 1 but positive in Round 2.

5.3%

Negative seroconversion means that a child's sample was positive in Round 1 but negative in Round 2.

5.3% of participants who had detectable antibodies in Round 1 no longer had detectable antibodies from SARS-CoV-2 infection in Round 2. Although antibodies are not the only measure of protection against infection, this may suggest these participants no longer have enough protection to ward off reinfection.

Vaccination

86%

of children (2-17 yrs old) were vaccinated or likely to be vaccinated when a COVID-19 vaccine becomes available for them.

The top reason given among parents who were likely to vaccinate their child.

> To help stop the spread

The top reason given among parents who were unlikely to vaccinate their child.

> There is not enough information about safety

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Behaviour & Emotional Health

compared to before COVID-19 began

Less time on physical activity

42%

of children, as reported by their parents

Less socially connected

64%

of children, as reported by their parents

Less time with friends in-person

69%

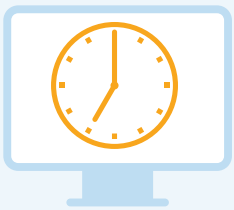
of children, as reported by their parents

Difficulties

with emotions, concentration, behaviour or with relationships with other people

42%

of children, as reported by their parents



Screen time

compared to before COVID

58%

of children spent more time on screens for non-educational purposes.

as reported by their parents

At least 1h/day :	Watching television	Playing video games	Using social media
secondary school children	45%	31%	48%
primary school children	17%	14%	4%
CPE children	11%	3%	0%

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Adolescents

In addition to the questionnaire for parents, all adolescents aged 14-17 years were invited to complete a short questionnaire. It aimed to assess the self-reported impact of the pandemic on the health and habits of adolescents. 198 of 377 eligible adolescents completed this optional questionnaire.

Vaccination
against COVID-19

93%

of adolescents were vaccinated or likely to get vaccinated against COVID-19 at the time of the survey.

76.5%
have received at least 1 dose

71.0%
were fully vaccinated as of October 24th.*

*As reported by the Institut national de santé publique du Québec, among 12-17 yrs old in Montreal.

Top reasons adolescents were likely to get vaccinated.

- I want life to go back to normal
- I want to protect my family
- I want to help stop the spread

Top reasons adolescents were unlikely to get their child vaccinated.

- There is not enough information about safety
- If I get COVID-19, I won't get seriously ill
- I'm worried about side effects

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encore STUDY

CHILDREN AND COVID-19
MONTREAL SEROPREVALENCE STUDY

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Adolescents

Questionnaire completed by adolescents 14-17 years old

Exercise

54%

of adolescents exercised less than 3 times a week.

14% exercised daily for at least 30 min.

Sleep

% of adolescents that got between 8-10 hours of sleep

55% on weekends

27% on weekdays

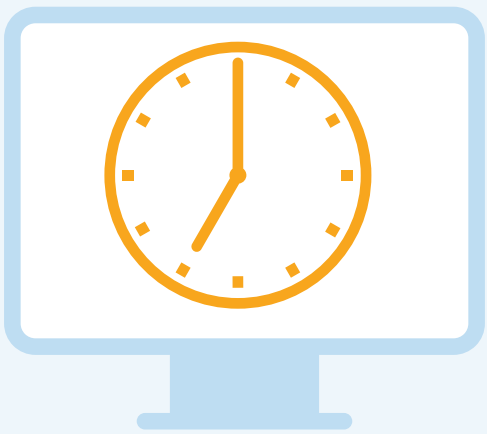
Mental health

% of adolescents that reported experiencing (in the past 2 weeks):

55%	40%	40%	35%	33%
Tiredness	Anxiety	Difficulty focusing	Worriedness	Loneliness

Screen time

compared to before COVID



51%

of adolescents spent more than 4 hours per day watching TV or online media.

33%

spent more than 4 hours per day on social media.

> 4h/day

Boys were almost 10 times more likely to play video games > 4 hours per day.

> 4h/day

Girls were nearly 2 times more likely to use social media > 4 hours per day.