

Paediatrics

COVID19 - Vulnerable Children

Information for patients, relatives and carers

Children at increased risk from COVID19

[COVID-19](#) is a worry for all parents and people in the UK as there are no vaccines against the infection and immunoglobulin preparations do not offer any specific protection. We understand this is might be a particularly worrying time for you and your family as your child has additional health needs. We recommend finding a balance between being cautious and maintaining normal routines and plans. Data from China and Italy suggests that children have a milder form of the disease than adults, although we do not understand why this is the case. Only two in every 100 diagnosed cases of coronavirus in China have been in children aged less than 18 years. From what we currently know so far, there are not a large number of deaths in China or Italy, even in immunosuppressed children or teenagers who we would expect to be more at risk.

Although we do not yet understand whether any groups of children are at more risk than others, the current NHS advice is that it is likely that children vulnerable to influenza will also be more vulnerable to COVID-19. We urge caution if your child has one of these conditions, (see list below), although we do not have data to quantify the risk at this time. Seek medical attention through the usual route if you/your child develop any of the following symptoms:

- fever
- cough
- shortness of breath
- fatigue
- vomiting and diarrhoea (less common)
- aches and pains

Our national paediatric services are well set up and have detailed plans to treat and support all children who have severe COVID-19 infection. There is a national plan in place for the management of children requiring intensive care management (PICU).

Please inform your healthcare provide in advance if you have been in contact with a person with a confirmed case of COVID -19.

Minimising risk:

- maintain good hygiene in particular washing your hands for 20 seconds with soap and water
- avoid touching your mouth and nose
- avoid people who are coughing and sneezing,
- clean and disinfect frequently touched objects and avoiding large crowds

Mask advice:

- it is not currently recommended to wear face masks. Masks are generally not effective, most people do not have appropriate training for a good fit, they need replacing regularly and there is probably greater risk of contaminating your face from your hands adjusting a mask than the benefit from wearing one. The exception is a healthcare setting when you are given a mask, shown how to wear it and it is disposed of appropriately.

Self-isolation:

- isolation to prevent exposure at the current time is not recommended unless you have had a BMT or have SCID and have already been advised to take precaution to prevent all infection. For all other patients, isolation is only required if:
 - you know you have been in contact with someone with symptoms AND you have contacted NHS 111 (NHS 24 in Scotland) and they have advised you to do so, or
 - you have symptoms following a known contact and NHS 111 / NHS 24 has advised you to do so

Please note this advice may change and you should follow the general advice given by the Government, <https://www.gov.uk/guidance/travel-advice-novel-coronavirus>.

Patients should call or email their clinician for further advice if they are concerned. There is also useful information on the following websites.

<http://www.piduk.org/whatarepids/management/coronavirus>

<https://www.asthma.org.uk/about/media/news/Coronavirus/>

<https://www.epilepsy.org.uk/info/daily-life/safety/coronavirus>

It is also important that you continue to make sure current medications are administered, including if they are immunosuppressive so you can manage the underlying conditions.

Conditions that may increase susceptibility to Covid-19

- any and all other diseases that impair oxygen uptake and delivery, from congenital heart and circulatory diseases, to anaemias
- any and all premorbid pulmonary disorders, including chronic lung disease, severe asthma, bronchiectasis, cystic fibrosis etc. - In particular those children receiving home oxygen or mechanical respiratory support
- chronic kidney disease
- congenital or acquired immunodeficiency, including secondary to immunosuppressive treatment for malignancy, kidney disease, inflammatory conditions, transplant etc (steroids, chemotherapy, monoclonals*)
- chronic liver disease
- diabetes
- severe neurologic or neurodevelopmental disorders (NNDD), such as severe epilepsy and cerebral palsy
- asplenia or hyposplenia, e.g. sickle cell disease or post-splenectomy

*should include: corticosteroids (treatment for more than two weeks or those who have received multiple courses of oral steroids totalling more than three weeks in the last six months), MMF, tacrolimus, cyclosporin, sirolimus, azathioprine, methotrexate, etoposide and all agents for treatment of malignancies, monoclonals including etanercept, rituximab, infliximab, omalizumab etc – if in doubt, consider it high risk)

This list is not comprehensive and conditions should be considered on a case by case basis. There is limited data available so we are erring on the side of caution.

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:

imperial.communications@nhs.net

Wi-fi

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Paediatrics
Published: March 2020
Review date: June 2023
Reference no: 1903
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