COVID 19

# NEWSLETTER

## Belgian Paediatric COVID-19 Task Force

**25/3/2021**

***Disclaimer:***
*The Belgian Paediatric COVID-19 Task Force (PTF) critically reviews the most recent scientific literature.*
*Advices and guidelines reflect the state of the art at a particular time.*
*They can be updated based on new developments. Implementation is at your own responsibility.*

- **Did anything change in the Task Force's position on children and schools?**
  A CDC report and MMWR study have recently shown that schools (esp. kindergartens and primary schools) that correctly implemented safety strategies (wearing masks, physical distancing, hand hygiene, proper ventilation and strict isolation/quarantine) had much lower SARS-CoV-2 transmission than in the community.

  In the light of the suspected higher transmissibility of the new variants (with a same gradient between children and adults) and the current epidemiological situation, we do understand the government's decision to let pupils in the 5th and 6th year of primary school wear a mask at this moment and to advice against eating with different bubbles in refectories.

  The Task Force still concludes that schools are a factor in the epidemic, but that **children are 'followers in the epidemic' and not the main motor**. Also (young) children are more susceptible when infected with the new variants, but still less than adults. Therefore, and because of the many 'wellbeing reasons', we have argued, together with UNICEF, with the different responsible ministers that we still think that schools should be fully open after the Easter Holidays, if strict preventive measures are imposed and adhered to.

- **What about children and vaccination?**
  Of course the Task Force hopes – together with everyone – that vaccination will continue as fast as possible. Children cannot be vaccinated at the moment, with the exception of the 16-18 years old (only with Pfizer), in exceptional cases (certain children with neurodevelopmental delay…). Close contacts of immunocompromised patients (NL) / (FR) can – in exceptional circumstances – be prioritized on request of the treating physician. Several vaccination studies in children are ongoing and results are expected by the end of this year. Keep in mind that COVID-19 remains a mild disease in children, even with underlying comorbidities and that only those in the risk group list should stay at home.

- **A movie on 'child friendly testing' was developed.**
  You can find it here for kinderen/enfants and infirmièr(e)/verpleegkundige.


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- **A 'short communication' by the Antwerp Paediatric Infectious Diseases group, in collaboration with Sciensano, demonstrated that bronchiolitis WAS a nearly 'absent' disease in COVID-19 times… until recently.** You can read the article here and explore together with us why this was the case. However – as was also the case in Oceania – the number of bronchiolitis (RSV and non-RSV) is going up in the last few weeks. We speculate that you can push the curve forward, but not stop it anymore once it enters the exponential phase.

- **What about Palivizumab administration this year?**
  Since a lot of us are experiencing more and more RSV admissions, The Belgian Academy of Paediatrics and all its members have proactively asked RIZIV/INAMI whether a second time Synagis (5 doses) can be administered exceptionally in the event of a late RSV season in the at-risk population.

  Together with Sciensano we defined that once we reach 214 positive RSV tests per week in the surveillance laboratories, we can speak of an RSV season (this is not yet the case). The RIZIV/INAMI confirmed that if a new RSV season would start, Synagis can be administered again with a maximum of 5 times. The numer of reimbursements is by law not limited 'per year', but 'per season'.

  We will keep you informed if the RSV numbers reach the threshold of 214 cases / week.
  So far this is not the case. You can follow the current RSV situation here in NL and FR.

- **We repeat that the number of children that are severely sick, is small, but the Task Force is continuously updating the guideline for children with COVID-19 or MIS-C (also called PIMS-TS).** Even with the new variants this finding still 'stands'. You can still find the guideline on the Sciensano website in FR and in NL.

- **The Institute of Tropical Medicine (ITM) has launched the 3d round of the online survey on the impact of COVID-19 on maternal and newborn care.**
  ITM is aiming at healthcare workers providing care to women and their babies: antenatal, intrapartum and postnatal care. **We kindly ask all paediatricians to take 15 minutes to fill in this survey** and hope that by contributing to this research your voice will be heard and your efforts will be better understood and acknowledged. All the study publications, reports and survey tools are available here.

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- **Children <6 are still exempt from testing in the following circumstances:**
  - No testing when presenting symptoms, unless severe symptoms or possible cluster
  - No testing upon return from travel
  - No testing if 'high risk contact' within the household (since all members are already in quarantine anyway)

  This approach is still supported by the most recent literature, such as this recent Lancet article. Intrafamily transmission is still more frequent than transmission in daycare. Also staff in daycares did not have a higher risk of infection than the control group. A clear 'decision tree' on testing of children under 6 is also available on the Sciensano website in NL and FR.

- **As usual we end with an update on the quarantine strategy for children. Most of it is unchanged:**
  'High risk' contacts should be tested on **day 1** (unless when the 'high risk contact was >4 days ago: in that case only a test on day 7 is needed) and on **day 7** to stop the quarantine (if no test: the quarantine is 10 days). Children <6 who have a positive household contact **still don't need to be tested, but – since they are not tested – they remain in quarantine with their family, until 10 days after the last high risk contact** *(i.e. 17 days after onset of symptoms - or positive test, if asymptomatic - of the household contact, unless the child is isolated from the infected parent/sibling). To understand this a bit better, an overview can be found here in NL and in FR.* More info in NL and in FR is available. The CLB algorithms and ONE and PSE procedure are up to date. The clearest 'decision trees' on quarantaine and testing of children are probably still the ones on the Sciensano website in NL and FR. *'Low risk contacts' can go to school, but not to gym or swimming classes. All hobby's cannot be performed for 14 days.*

  *DURATION OF QUARANTAINE:*
  In view of the increased transmissibility of the new variants the RMG decided in February that in case of **high-risk** contacts **outside of the household**, children <6 years need to be tested as well. A child in day-care / elementary school is a high-risk contact in case of a cluster (several cases in the same group with no link outside of the group – e.g. not if two children that are siblings are tested positive) or if the teacher is positive. Daycare centres and kindergartens however still DO still NOT HAVE TO BE CLOSED unless the caregiver/teacher is positive or 2 children in the same bubble are positive.

  In primary school children sitting next to index cases in the class room or during lunch breaks (indoor), should be classified as **high-risk contacts**. **Depending on the CLB/PSE risk assessment, the entire class can also be classified as high risk.**

- **Info and FAQ's on COVID-19 and children.**
  You can find all procedures in Dutch and in French.
  All FAQ's can still be found here: Dutch and French.

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New questions are still welcome on covidpediatrie@gmail.com

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