

# NEWSLETTER

Belgian Paediatric COVID-19 Task Force

26/1/2021

**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.*

- **A School Surveillance Report by Sciensano confirms that children are followers in the epidemic, and not the motor.** You can read the whole report in [NL](#) or [FR](#). The report shows that the **increase in case numbers in schools/school-aged children <16 after the re-opening of schools, did not precede the start of the second wave** in the general population, **but rather followed it**. Among the children, infections seem to happen more often in secondary school than in primary school and kindergarten.

Educational staff members seem to be mostly infected by colleagues, and not by children. Also reassuring are two recent studies from [Sweden](#) and [Norway](#) that demonstrated that the **risk of teachers to get COVID-19 is comparable to other professions**. So far it looks like this will also be the case for the new variants.

- **What are the current numbers in schools?**

The numbers in [French speaking schools](#) and [Flemish schools](#) are publicly available. Despite a small increase in the reported cases in primary as well secondary schools, the numbers of infections currently remain well under the population average.

- **Do the new 'variants' change the fact that children are 'not the motor'?**

There is currently no evidence for this. A new [study](#) found that the British variant (B.1.1.7) leads to higher secondary infection rates. Also children appear to be more infectious when infected with the new variant, but still less than adults are currently when infected with the "normal" variants.

**CLB/PSE and VAZG (Flanders) / AVIQ (Wallonia) / COCOM (Brussels)** decide together when a **school outbreak investigation** is required: they can decide to start a 'cluster investigation'. School directors and mayors should always consult both institutions before they close a school.

Schools remain a factor in the epidemic, but the Paediatric Task Force cannot accept that schools would close if there is no complete lockdown. **It would unacceptable that the right on 'shopping' would be more important than the right on education.**



- **Did the Task Force change its position on masks for the >10 years old?**

The Task Force was involved in the 'Risk Assessment Group' ([RAG](#)) report that recommended masks for children > 10 years if the epidemiological situation would worsen again (scenario B), but not when they are sitting quietly in a well ventilated classroom. However, the Flemish Ministry of Education decided, together with the education stakeholders, that pupils in the **5th and 6th year of primary school should temporarily (14 days) wear a mask when a child in their class/year gets diagnosed with COVID or had a high-risk contact (= has to be quarantined).**

- **Does anything else change in schools?**

If a child in **primary school** is the index case, children of the same class group have until now been considered to be **low-risk contacts** (based on lower susceptibility of children and reduced risk of onwards spread). However, as it has been shown that transmission can occur at every age and **in light of increased transmissibility of the new variant (for all ages)**, the [RAG](#) has now advised that **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.** Sciensano procedures will be updated as soon as this is validated.

The Ministries of Education have communicated that they will promote a rapid test on D1 for high risk contacts in case of a cluster at school and a PCR test on day 7 to stop the quarantine. More info on distance education for secondary schools in the week before the upcoming vacation etc. will be communicated by the Ministries of Education.

- **What about afterschool activities?**

The Task Force has published an [advice](#) that will hopefully be followed by the Ministries. **Again, in light of increased transmissibility of the new variant (for all ages)**, we can understand that indoor activities will not be feasible currently, but do ask to that outdoor activities will be possible for ALL children < 18 years. But please follow the updates by the respective Governments for the actual decision.

- **The number of children that are severely ill is small, but the Task Force is continuously updating the treatment protocol for children with COVID-19 or MIS-C (also called PIMS-TS).** You can still find it on the Sciensano website in [FR](#) and in [NL](#). A recent update esp. paid attention to a cautious stepdown of ASA and corticoids (follow inflammatory parameters well, also after discharge!). Check regularly for updates!



- What is the current advice for vaccination in pregnancy and lactating women?**  
 The 'Hoge Gezondheidsraad' / 'Conseil Supérieur de la Santé' has published a report in [NL](#) and [FR](#) stating vaccination is not systematically recommended in pregnancy (but can be considered). For women who want to become pregnant, vaccination is possible if pregnancy cannot be postponed until after the second dose. Vaccination during lactation is possible since the possibility of a negative effect on the newborn is extremely small.
- Has the isolation period also changed for children?**  
 Yes. There are currently no clear indications that the contagious period would be longer for the British variant. Seven days were however always a short period of isolation and [infectivity is possible up to 10 days for all variants](#). Therefore the 'overlegcomité' / 'comité de concertation' has decided that, at this 'tricky' moment in the epidemic, it will follow the [WHO recommendation](#) and that **10 days of isolation** are currently advised for proven infections in all age groups, so also for children, independently of the variant.
- As usual we end with an update on the quarantine strategy for children.**  
**Most of it is unchanged, besides the fact that the isolation period changed:**  
 'High risk' contacts should be tested (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 could be tested in order to reduce the quarantine period with their family** (i.e. if they get tested: 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. Vs. 20 days of quarantine if they don't get tested. If there is a cluster in a collectivity, testing can however be indicated. More info can be found in [NL](#) and in [FR](#). The [CLB algorithms](#) are up to date. There is also an adapted [ONE and PSE procedure](#).
- Info and FAQ's on COVID-19 and children.**  
 You can find all procedures in [NL](#) and in [FR](#).  
 All FAQ's can still be found here: [Dutch](#) and [French](#).  
  
 New questions are still welcome on [covidpediatrie@gmail.com](mailto:covidpediatrie@gmail.com)

