

NEWSLETTER

Belgian Paediatric COVID-19 Task Force

19/1/2022

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.

- **I can't follow the (ever changing) rules about isolation and quarantine for children anymore. What is it now?**

We understand. It has been difficult for us as well.

a) **The same measures apply for children < 12 years as for unvaccinated [adults](#).**

b) **Children <12 years follow the following measures in [NL](#) / [FR](#):**

- **if there is exposure within the household:** children must be **quarantined for ten days** (UNLESS they have had COVID in the last 5 months). They are allowed to leave the house from day 7 if they perform a negative self-test every day and if they always wear a mouth mask in indoor areas (> 6 years).

Only **children who have also had the virus in the past five months should not be quarantined**. They must take special precautions, such as 'strictly wearing a mouth mask in indoor areas (for children from 6 years old) and limiting contacts, especially with risk groups.

- **if exposure outside the household (crèche/school/other):**

Children are **low-risk contacts** (unless in case of an outbreak: then there is the 'emergency break procedure': [NL](#) / [FR](#)) and therefore there is **no quarantine (but caution)**.

Testing is only indicated if the child has symptoms. Positive cases have to [isolate](#).

The Ministry of Education has however asked to do a 'self test' on a weekly basis.

- **There is current underregistration of paediatric COVID-19 hospitalisations.**

It is still necessary to **continue to register every patient (also children!) hospitalized with corona:**

Please use the login code of your hospital for Sciensano registration. A first form is used to confirm the [diagnosis](#). And a second form needs to be filled in on [discharge/death](#).



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- **The Task Force still welcomes vaccination of children between 5 – 11 years.**

As you know, the Task Force has contributed to a very nuanced HGR/CSS advice for vaccination of children, taking into account that a very limited number of myocarditis/pericarditis has been reported, but also taking into account that we could see more MIS-C, since more children are getting infected because of omikron. The [HGR/CSS report on vaccination 5 - 11 y](#) states that more than because of herd immunity and the severity of disease (including the rare MIS-C syndrome), children can be vaccinated (according to the 'opting in' principle) **to reduce the negative impact of possible new measures affecting children (school closures, distance education measures, restriction of youth activities...)** and **to reduce the infection of vulnerable people around them.** The Paediatric Pfizer vaccine is AVAILABLE for healthy children and RECOMMENDED for children with comorbidities (who have a 12x higher chance of hospitalisation and 19x higher chance of PICU admission). Newer evidence also suggests that the [MIS-C incidence is >90% lower in adolescents who are vaccinated](#). The **Government Commissioner on Corona** has also shared the following communication lines with all info on paediatric vaccination in [NL](#) and in [FR](#). **Parents** can now review a [webinar in Dutch with the FAQ](#) on the Paediatric COVID-19 vaccine.

- **Can children who had MIS-C be vaccinated?**

Previously it was not recommended to vaccinate children who had MIS-C before. New data suggest that the benefits of COVID-19 vaccination for children and adolescents with a history of MIS-C are likely to outweigh a theoretical risk of an MIS-like illness or the known risks of COVID-19 vaccination for people who meet certain criteria.

Based on the CDC criteria and the most recent literature, the Paediatric Task Force, BPIDG and Belgian Pediatric Rheumatology Society now propose **COVID-19 vaccination in patients following MIS-C if:**

- Patient is fully recovered from MIS-C with normal cardiac function
- At least 6 months after acute MIS-C episode when treated with IVIG
- At least 3 months after acute episode of MIS-C if IVIG was not given

We recommend only 1 vaccination in these patients.

(since myocarditis occurs more frequent after 2nd dose – we can currently not exclude that MIS-C patients have no more risk for myocarditis although cardiac function is normalized)

For children who had MIS-C following Covid vaccine (this is very rare), it is recommended to withhold further vaccination.

- **Info and FAQ's on COVID-19 and children are continuously reviewed by Sciensano.**

You can still find all procedures, including the [guidelines for treatment of COVID-19 and MIS-C](#) on the website of [Sciensano](#). Please note that the MIS-C treatment is currently under review – according to newer evidence – and will be slightly changed in the coming weeks.



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