

“Executive Summary

This document was developed by a group of clinicians at the request of the Chief Clinical Officer. It includes expertise from public health, paediatrics, microbiology and general practice. It is written to address the expected surge in viral illnesses which occurs every winter amongst children, and which are clinically indistinguishable from presentations of Covid-19.

While the emerging evidence suggests that children have less severe disease with Covid-19, and are often asymptomatic, Covid-19 does occur in children. Similarly, there is evidence of lower transmission of the disease by children than adults, nevertheless appropriate infection prevention and control measures and public health measures are required which need to be balanced against the negative impact of such measures on children, their families and wider society.

Since Covid-19 is clinically indistinguishable from other viral infections, testing is required in order to ensure that the vast majority of symptomatic children, who do not have Covid-19, along with their families, are not subjected unnecessarily to periods of isolation and restricted movements respectively. We recommend that children who fulfil the case definition for Covid and without a definitive alternative diagnosis should be tested, and can also be tested if their clinician considers there is a clinical indication outside of the case definition.

Public Health guidance should be followed at all times in the event of a positive test or where Covid-19 cannot be excluded. Children with a firm non-Covid diagnosis, or who test "not detected" can usually return to their childcare or educational setting 48 hours after their symptoms have resolved. Alternatives to nasopharyngeal sampling may be more acceptable to children, families and clinicians and may facilitate concordance.

Where children develop a post immunisation fever, testing is not required unless the fever persists for 48 hours or the doctor considers it appropriate.

The greatest direct risk to children in this context is that other serious illnesses such as meningitis or septicaemia will initially go unrecognised because of an excessive focus on Covid 19 as a diagnosis. The guidance is written from the approach of assessing the degree of illness of the child in the first instance. in order to ensure that an appropriate response occurs to a likely alternative diagnosis. The document gives detailed guidance on the management of children from three months to an age corresponding to completion of primary school, taking into account the severity of the presenting illness and other epidemiological considerations. The choice of age cut-off is a pragmatic one in order to ensure consistency across a school and class cohort.

Recognising the particular risks to infants under 90 days, separate guidance is provided for this group.

Similarly it is recognised that the lower severity and transmission rates in young children becomes less pronounced as children get older. Accordingly, the group recommends that children and adolescents in secondary school age group should be treated in line with adult guidance.

As with all guidance at this time, it is subject to change with national and international guidance, emerging evidence, and developments in the epidemiology.”