



## Child-centred COVID-19 care

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### First the hard facts...

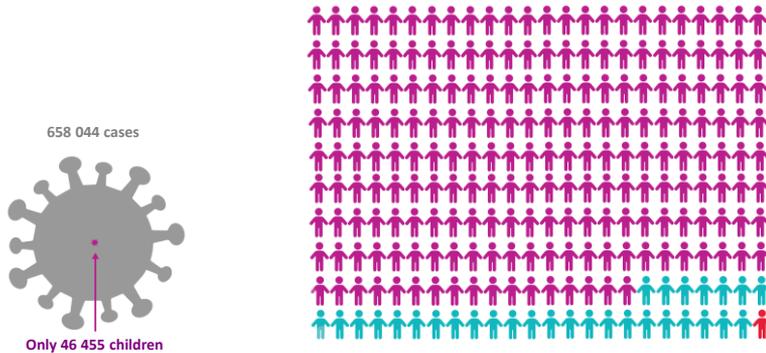


- In the first year of the pandemic there were over 284 000 cases of COVID-19 in the Western Cape, and 12 300 of these were children.<sup>1</sup>
- 1 500 children were admitted to hospital and 59 children died of COVID-19.<sup>1</sup>

1. Western Cape Provincial Health Data Centre

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## First the hard facts as far as 25 Feb 2022...



- Since the start of the pandemic there were over 658 044 cases of COVID-19 in the Western Cape, and 46 455 of these were children under 18.<sup>1</sup>
- 3 924 children were admitted to hospital and **123** children died of COVID-19.<sup>1</sup>

1. Western Cape Provincial Health Data Centre March 2020- 31 Oct 2021. Erna Morden

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## But...



- Thousands more children have been affected by the **illness, loss of income and death of family members**, with five million children around world estimated to have lost a primary caregiver from March 2020 to October 2021.<sup>1</sup>
- As health services prepared for the first wave, **children's needs were sidelined, resources were diverted** from paediatrics to adult COVID-19 care, and concerns around infection led to the **separation** of infants and children from much needed family support.
- Real risk of deaths from other **non-COVID-19 related** and preventable causes

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Then...

- Over time, child health specialists advocated for a more **child- and family-centred approach** to contact tracing and the care of neonates and children in hospital in order to minimise stress and improve patient outcomes.
- Paediatric guidelines were developed and synced with the national guidelines

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## Did the health system provide child-centred COVID-19 care?

- Quarantine and Isolation facilities were set up with adults in mind
- Children over 12 were put into single rooms without much support or supervision
- Intermediate care facilities for children were not an option as the risk of superspreading to other vulnerable children and staff was real
- Social workers working feverishly, were reluctant to place children without testing - so PHC facilities were capacitated to do this
- All hospitals with paediatric wards 'made a plan'



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## Did the health system provide child-centred COVID-19 care to newborns and their mothers?

- Available research indicated that transmission to newborns was rare
- **General preventive measures** with screening and targeted testing were put in place
- Spacing in KMC rooms was controlled
- **Breastfeeding continued to be promoted**
- COVID-19 positive mothers and baby **were kept together** if both well
- COVID-19 exposed and positive babies were managed in closed incubators
- **Mothers had 24/7 access**, and video-calls were encouraged for **fathers(excluded)**



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## Did the health system consider the needs of adolescents?

- Wave 1 and 2 were seemingly mild.
- The Delta variant was less sympathetic – a fair number of adolescents were admitted.
- Omicron – swept through catching all age groups – milder but not altogether mild
- Adolescents are too old to be admitted into paediatric wards, yet adult COVID-19 wards are scary - death, dying and critically ill all around...
- Need their own protected space – with adolescent-friendly ethos – family members in close contact – as they also have a right to family care and support



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## Multisystem inflammatory syndrome MIS-C

- In the first 10 months of the pandemic, Red Cross and Tygerberg Children's Hospitals saw about 70 children with MIS-C, of whom approximately 40% required ICU admission and blood pressure support.
- Mimics Kawasaki-disease features, MIS-C children are generally more ill, - heart muscle, gastro-intestinal tract, brain and kidneys.
- Frequently require intensive care and expensive special investigations and treatment – only available at tertiary centres (pandemic exposes local and global inequities)



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## Care and protection when caregivers are hospitalised

- Children are profoundly affected when their caregivers fall ill, or get admitted, or go into Q&I or worst still ... die
- They need intensive support during this period of anxiety, separation and bereavement
- Therefore we need to put systems in place to ask if there are children in need of support when adults are admitted with COVID



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*“Coronavirus sometimes make me scared cause sometimes I can cough or have heavy breathing and I’m not sure if it is Coronavirus or just my Asthma. And if something like that has to happen to me it would affect my chest even more because it will give me heavy breathing. And sometimes when I get to uhm frightened then, my chest sometimes turns tight and then it could affect my chest even more.”*

Usaamah (13 years old) March 2020



Children also need **information in child-friendly formats** – on COVID-19 prevention, signs and symptoms, treatments and prognosis ... and they need adults who **take time to listen to their fears and concerns, and answer their questions**



The only children’s radio station led by children providing a **safe platform to talk**



The appointment of Christina Nomdo as the Western Cape **Children's Commissioner** to promote, protect and support the rights of young people with their participation.

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## Long COVID-19 in children?

- Limited data available, uniform paediatric definition still awaited
- Emerging data suggest that some children, as with adults with long COVID, experience similar **lingering symptoms weeks to months after infection, including fatigue or insomnia, muscle and joint pain, headache and inability to concentrate, persistent nasal congestion and weight loss.**
- One Italian study reported that more than 40% of children had at least one problem >2 months after infection
- We need to raise awareness with families and colleagues as on-going supportive care is needed

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## Lessons learned and key recommendations

Provide access to child-friendly information and safe platforms to talk about experiences and express concerns

Provide care and protection to children when their caregivers are hospitalised with COVID-19

Each child admitted to hospital needs their bedside caregiver

Keep mother-infant/young child dyads together, and promote breast feeding

Advocate for affordable medicines and diagnostic tests for children

Protect resources and essential non-COVID-19 paediatric care

Ensure that there are child health reps supported by clinical governance teams to guide on national and provincial command structures

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