

### **Post COVID syndrome (PCS) in children and young people – briefing July 2021**

We now know that children can develop post COVID syndrome even if they were asymptomatic during the acute phase of the infection.

The prevalence of this condition in children, however, is not yet confirmed and estimates have varied widely. We currently do not know how many children in the South West may have PCS, but we can be re-assured that our rates of infection have remained some of the lowest in the country throughout the waves so far.

The purpose of this briefing is to provide you with:

1. Information about the presentation of PCS in children
2. Advice regarding how these children can be managed in primary care
3. Information about the SW pathway for children with PCS
4. Safety-netting
5. Managing patient expectations
6. Coding

#### **1. Presentation of children with PCS**

From the evidence available so far, we know that the main symptoms with which children are presenting are:

- Fatigue / sleep disturbance
- Headache
- Insomnia
- Palpitations
- Nasal congestion
- Concentration difficulties
- Weight loss
- Persistent cough
- Skin rashes
- Altered smell
- Constipation or diarrhoea
- Chest pain
- Daytime sleepiness
- Abdominal pain
- Persistent fever
- General malaise
- Muscle and joint pain
- Depression and anxiety

Primary care plays a key role in the care of patients with Post COVID. *It is recommended that if the parent or patient thinks they have had COVID infection, been in contact with someone who has had it, or had a positive test and has ongoing symptoms the diagnosis of Post COVID should be considered.*

We are aware that these symptoms are consistent with a number of other conditions and some may reflect the impact of the pandemic on children. To help you to distinguish between children with suspected post covid and those with other conditions we recommend you consider *if there been a step-wise /quantum change in the patient's behaviour or symptomatology realistically chronologically related to COVID contact or illness?*

12 weeks of persistent symptoms is the typical point of referral for adults. Children may be referred earlier than this, between 4-12 weeks, if the GP is concerned. Should this be considered necessary the GP is advised to discuss via phone with a local paediatrician initially.

Red flags for referral include missing school despite the introduction of simple measures.

The following information is a guide for primary care professionals assessing CYP with suspected Post COVID. It is not prescriptive or exhaustive:

#### History

- Confirm if/when the patient is believed to have had COVID-19
- Include fluctuation of symptoms and trends, social needs, impact of condition on family, education etc
- Gain an understanding of the patient's functional baseline prior to contracting COVID-19

#### Examination and Observations

- Pulse, oxygen saturation, Blood pressure, Urinalysis, blood glucose

#### Laboratory Tests may be considered

- e.g. FBC+film, U+E, creatinine, LFT, TFT, ESR or PV, CRP, Blood glucose, Coeliac Screen, CK, Ferritin (these should be tailored dependant on symptoms)

## **2. Advice about how children with PCS can be managed in primary care**

Although the condition can be debilitating and worrying for the child and their family, it is anticipated that the vast majority of children will go on to make a full recovery.

Most children with PCS can be managed in primary care through simple interventions such as:

- Regular bedtime and morning routines including, or separate from, siblings as households can manage.
- Temporary reduction in out of school activities.
- Communication with teachers, heads of year, SENCOs as appropriate to make the most of school time.
- Sharing information and concerns with local and national NHS and voluntary groups.
- Appropriate use of symptomatically targeted medication e.g. antacids, moisturisers, allergy and asthma medications.

Resources specific to Children and Young People are being developed for NHSE. [Your COVID Recovery | Supporting your recovery after COVID-19](#) has an adult focus and may or may not be helpful for individual children and young people.

## **3. SW regional pathway for children and young people with PCS**

The pathway has been developed to provide care close to home as much as possible.

The first step in the pathway is presentation to the GP for simple interventions

*If there are concerns about acute, serious illness or despite simple measures, or there is still a significant impact on quality of life/school/home then refer using normal pathways.*

Secondary care clinicians will only refer the child onto the tertiary care Hub or virtual MDT if the child requires more specialist input eg for organ impairment.

*Only a small number of children will require specialist intervention by the tertiary centre. GPs are asked to refer **only** to their usual paediatric team.*

#### **4. Safety-netting advice**

Send sick children to ED / children's assessment unit as you always do according to the traffic light system. If in doubt discuss with secondary care (be prepared with a set of obs and your reasons for being uneasy)

Other red flag symptoms: unexplained breathlessness, uncharacteristic chest pain or heartbeat sensations, rapid weight loss or gain

#### **5. Managing patient expectations**

The existence of PCS in children has been widely reported in the press and social media in recent weeks. The evidence so far is the younger the child the milder the disease and the swifter the recovery but be prepared for the marmalade to hit the carpet!

The investment into PCS services is primarily for assessment and not treatment. Patients (adults and children) will therefore be routinely referred into existing treatment or rehab pathways. As you are aware, there are now long waiting lists across the NHS so the patient may need to be made aware that they could be waiting some time.

#### **6. Coding**

GPs should code for all of the following data categories (the 'minimum dataset'), if applicable, when delivering post COVID care

- COVID-19 diagnosis
- Post-COVID syndrome diagnosis
- Red flag symptoms/signs
- Diagnostics/investigations
- Management/referrals
- Outcomes

Patients do not need to have had a positive SARS-CoV-2 test (PCR, antigen or antibody) or a previous COVID-19 diagnosis code, for the Post-COVID syndrome codes to be used.

For further information about the local PCS services please contact your commissioner.

#### **Prepared by:**

**Dr Robert Gardner** (Clinical Lead for Cornwall PCAS and Clinical Lead for Post Covid in CYP SW CVDRD Networks NHSEI)

**Dr Richard Tozer** (Consultant Paediatrician, Torbay Hospital and Clinical Lead for Post Covid SW CVDRD Networks NHSEI) – July 2021

