Caring for kids with COVID

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TACKLING COVID-19 TOGETHER

Most important – when your child has a positive COVID test:

Don't panic. The vast majority of COVID cases in children are mild and resolve quickly, especially with Omicron. In NSW in the last week of February 2022, of 9318 cases in the 0-9 year age group, 30 (0.3% of cases) were admitted to hospital and none required intensive care[1].

Isolate. The household are now all close contacts of a case, and need to follow WA Health isolation rules.

Most children with COVID can be cared for at home by their parents. Some children will be eligible to register for *COVID Care @ Home*, a WA Health program providing telehealth monitoring for people with COVID who are at higher risk or who need extra support. Children with specific risk factors will be offered closer follow-up with the SPARC Program at Perth Childrens Hospital.

What is COVID disease like in children? What symptoms will they get?

Most children, even babies under 1 year of age, are only mildly unwell with COVID; some have no symptoms at all[2-4].

The most common symptoms are[5,6]:

Fever

Upper respiratory tract symptoms (cough, runny nose, sore throat)

Gastrointestinal symptoms (diarrhea)

Tiredness

Occasionally, a child may have tummy pain, chest pain, headache, body aches, breathing difficulties or a loss of taste or smell.

Overall, Omicron infections cause similar symptoms to previous COVID variants, and similar to other common viral infections.

COVID symptoms can resolve as quickly as 2 days after they start, though **usually take 5-6 days** to resolve[7].

How to provide care for your child with COVID at home

- Give plenty of fluids to drink, even if they may not feel like drinking much. Warm drinks can ease a sore throat and dry mouth.
- Don't force your child to eat. Drinking is more important than eating. Your child might not be hungry, and their appetite will improve as they start to feel better.

- Encourage your child to take things easy, but there's no need for them to stay in bed. Let your child decide how active they want to be.
- Use paracetamol (Panadol) or ibuprofen (Nurofen) if your child is in pain or appears uncomfortable with a fever – follow instructions on the label.
- Dress your child in comfortable clothing so they are not sweating or shivering.

You should **avoid:**

- Cough medicines – your child is coughing because their airways are irritated or has a lot of mucus. Cough medicines won't help with either of these issues, and might stop them from effectively clearing mucus.
- Decongestants like Benadryl, Bisolvon, Demazin, Dimetapp, Duro-tuss, Logicin, Robitussin and Sudafed – these don't help with COVID-19. They also have side effects like rapid heart rate, jitteriness and insomnia.
- Aspirin – high doses of aspirin can be dangerous in children, with the potential to cause a rare but serious condition called Reye's syndrome.

What if my child gets sicker?

You're not alone – contact your GP if you're worried. You know your child better than anyone else. Always trust your instincts and seek medical advice if you have any concerns.

Rarely, a child will need to go to see a GP or go to hospital because of COVID-19. ***You should seek help if your child has any of the following:***

- Fever for more than 5 days.
- Difficulty breathing or chest pain.
- Severe tummy pain.
- Frequent vomiting and/or diarrhoea.
- Intake of fluids or amount of urine (or number of wet nappies) less than half the usual amount.
- Significant drowsiness, sleepiness or irritability.
- Your child is unwell and less than 3 months of age.
- If you're worried.

Your child is more at risk of needing medical care if they have other health conditions such as asthma, obesity, diabetes or if they are immuno-compromised or take immunocompromising medications. Children at higher risk of severe COVID disease will be offered more individualised care after registering for COVID Care @ Home, through the SPARC program, which is run by Perth Childrens Hospital.

Children who have COVID can get sick for reasons other than COVID at the same time – if your child develops new or unexpected symptoms, then do seek medical help.

Similarly, if your child is injured while isolating and needs medical attention, this needs to occur as you would usually do when they were not isolating for COVID.

Coping with isolation

Isolation can be the hardest part of helping your child recover from COVID-19. ***Try these tips to help manage this time:***

- Maintain a daily routine as much as possible.
- Help your child enjoy some physical activity each day.
- Encourage your child to talk to you about COVID-19 and share any concerns.
- If your child is anxious or worried, encourage them to take some time for mindfulness and relaxation – there are some good online resources for this.
- Make time for fun activities eg board games, telling jokes.
- Stay in touch with friends and family via phone or video-conferencing (FaceTime, Zoom etc) to reduce the feeling of social isolation.

Will the rest of the family catch COVID?

COVID, particularly the Omicron variant, is very transmissible, so the household is at high risk of infection. **Transmission within the household occurs in about 50% of cases**[8], so although common, it is not absolute that all the household will be infected. Transmission risk was lowest in households where everyone was fully vaccinated.

When possible, the child with COVID should isolate from other family members within the house. This is more likely to be possible for older children and when there is enough space in the house. **It isn't practical or safe for younger children**. Isolating at home involves:

- Staying in a separate bedroom with the door closed as much as they can.
- Avoiding shared areas (kitchen, living room) as much as possible.
- Using a separate bathroom, or cleaning surfaces after use (normal cleaning products are fine) after use.
- Use a separate hand towel.

Even if your child can't isolate within the home, you can minimize the spread of COVID by doing the following:

- Mask wearing indoors for you as well as your child (if possible), especially when your child is in shared household areas.
- Ventilation – infectious particles hang suspended in the air. Open windows to the outside if you can.
- Frequent hand hygiene.
- Clean high touch surfaces (doorknobs, benchtops, switches and taps) regularly.
- Reminding your children about "catching" their coughs and sneezes in a tissue or elbow.

How long will my child be infectious for? When can they go back to school or daycare?

People with COVID are at their most contagious around the time their symptoms start (including just before they develop symptoms). After these first few days, infectivity then starts to decline. How long patients are infectious for varies between individuals.

Studies have looked at the duration that an infected person sheds living virus. Studies tracing contacts of known cases have been assessed see how long they remain infectious for. Both of these types of studies indicate that ***most people who contract COVID aren't infectious beyond 7 days*** after symptom onset, and most infection spread occurs before 5 days after symptoms start[9,10].

Neither symptoms nor RAT tests are a very reliable way of knowing whether someone with COVID is still infectious or not, though a negative RAT test indicates a lower likelihood that the person tested is shedding live virus (that can infect others)[11-13].

Follow guidance from WA Health and your child's school to find out when they can go back to school or daycare – usually this will be after 7 days of isolation as long as symptoms have resolved.

Following a confirmed infection, they do not have to isolate again for a COVID exposure for the next 2 months, even if someone else in the family tests positive.

If they have not yet received two doses of the vaccine, it is safe to give the second dose about 4 weeks after they recover from all symptoms (or later if it is not due yet), and it is still recommended for them to complete their COVID vaccinations.

For children <5 years who have recovered from COVID, if a vaccine becomes available in Australia for this age group, there will be advice on what to do.

How can our household be prepared?

Making sure that ***everyone in your house who is eligible is fully vaccinated*** (including boosters) is one of the most effective ways to minimise the chances of severe disease, and lower the chances of transmission within the household[8].

As soon as your child tests positive to COVID, the whole family needs to isolate – state specific rules on this do change, so check the WA Health website for the most up to date information. You won't be able to go to the shops, so **having some basic provisions at home can be helpful:**

Hydralyte or another oral rehydration solution (important if your child has vomiting or diarrhea)

Paracetamol or ibuprofen

RAT tests (the WA government is providing free RAT tests now)

Some favourite toys, books and games ready to keep your child entertained in their own bedroom.

Masks

Hand sanitiser and soap

It's best to have a discussion with kids before anyone in your house gets sick about how you're all going to stay safe and well if someone in the house has COVID.

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[1]*NSW COVID-19 Weekly Data Overview. Epidemiological week 8, ending 26 February 2022.* 2022.
[2]UK, S.A.G.f.E.-. *CO-CIN: Child admissions and severity by epoch CO-CIN update January 2022, 6 January 2022.* 2022, UK Government.
[3]Wang, L., et al., *COVID infection severity in children under 5 years old before and after Omicron emergence in the US.* medRxiv : the preprint server for health sciences, 2022: p. 2022.01.12.22269179.
[4]Wang, L., et al., *COVID infection rates, clinical outcomes, and racial/ethnic and gender disparities before and after Omicron emerged in the US.* medRxiv, 2022.
[5]Williams, P., et al., *COVID-19 in children in NSW, Australia, during the 2021 Delta outbreak: Severity and Disease spectrum.* medRxiv, 2021: p. 2021.12.27.21268348.
[6]Mantovani, A., et al., *Coronavirus disease 2019 (COVID-19) in children and/or adolescents: a meta-analysis.* Pediatr Res, 2021. 89(4): p. 733-737.
[7]Molteni, E., et al., *Illness duration and symptom profile in symptomatic UK school-aged children tested for SARS-CoV-2.* The Lancet Child & Adolescent Health, 2021. 5(10): p. 708-718.
[8]Baker, J.M., et al., *SARS-CoV-2 B.1.1.529 (Omicron) Variant Transmission Within Households - Four U.S. Jurisdictions, November 2021-February 2022.* MMWR Morb Mortal Wkly Rep, 2022. 71(9): p. 341-346.
[9]Boucau, J., et al., *Duration of viable virus shedding in SARS-CoV-2 omicron variant infection.* medRxiv, 2022: p. 2022.03.01.22271582.
[10]Rhee, C., et al., *Duration of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Infectivity: When Is It Safe to Discontinue Isolation?* Clin Infect Dis, 2021. 72(8): p. 1467-1474.
[11]Albert, E., et al., *Field evaluation of a rapid antigen test (Panbio™ COVID-19 Ag Rapid Test Device) for COVID-19 diagnosis in primary healthcare centres.* Clin Microbiol Infect, 2021. 27(3): p. 472.e7-472.e10.
[12]Kohmer, N., et al., *The Comparative Clinical Performance of Four SARS-CoV-2 Rapid Antigen Tests and Their Correlation to Infectivity In Vitro.* J Clin Med, 2021. 10(2).
[13]Korenkov, M., et al., *Evaluation of a Rapid Antigen Test To Detect SARS-CoV-2 Infection and Identify Potentially Infectious Individuals.* J Clin Microbiol, 2021. 59(9): p. e0089621.

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