

COVID-19 Management For 1 Month - 19 Years Old: Statement by Indian Academy of Pediatrics (April 2021)



When to suspect COVID-19?*

- Fever, headache, myalgia, fatigue, tiredness, coryza, cough, sore throat, rapid breathing (anyone) OR
- Diarrhea, vomiting, abdominal pain OR
- Poor feeding in an infant, loss of taste or smell (>8 year) OR
- Rash, conjunctival congestion, mucositis, shock OR
- Asymptomatic but has a close/household contact with a COVID-19 case

* Symptoms and signs of COVID-19 are nonspecific and mimic any viral illness.

Whom to test?

- Testing is recommended ideally for all the suspect cases (to avoid transmission to other household members)
- Prior to any procedure/ hospitalization
- However, if resources are scarce, then testing may be deferred for both asymptomatic contacts and children with mild symptoms AND no comorbidities# AND a known positive family member (Should be isolated)
- Such children may be presumed to be COVID-19 infected and be managed as per the guidelines in this document

#Chronic kidney disease/congenital heart disease/chronic liver disease/neurodisability/morbid obesity/severe malnutrition/current malignancy/immunocompromised state/diabetes

Which tests?

- Testing should be done as soon as possible after onset of symptoms
- Rapid Antigen Test (RAT) in nasopharyngeal swabs (low sensitivity, so if negative, RT-PCR should be done)
- RT-PCR in nasopharyngeal ± oropharyngeal swabs (Xpert SARS-CoV-2 and Truenat give faster results)
- SARS-CoV-2 antibodies also, if features of MIS-C

Children with symptoms suggestive of COVID-19 but negative RT-PCR test, should undergo repeat RT-PCR and evaluated for other illnesses. If symptoms are protracted and RT-PCR is negative, CT chest may be done. If no alternative diagnosis, treat as per COVID-19

CLASSIFICATION OF DISEASE SEVERITY*

Mild Disease

- Fever, sore throat, rhinorrhea, cough, diarrhea, vomiting AND
- No fast breathing (age-based)

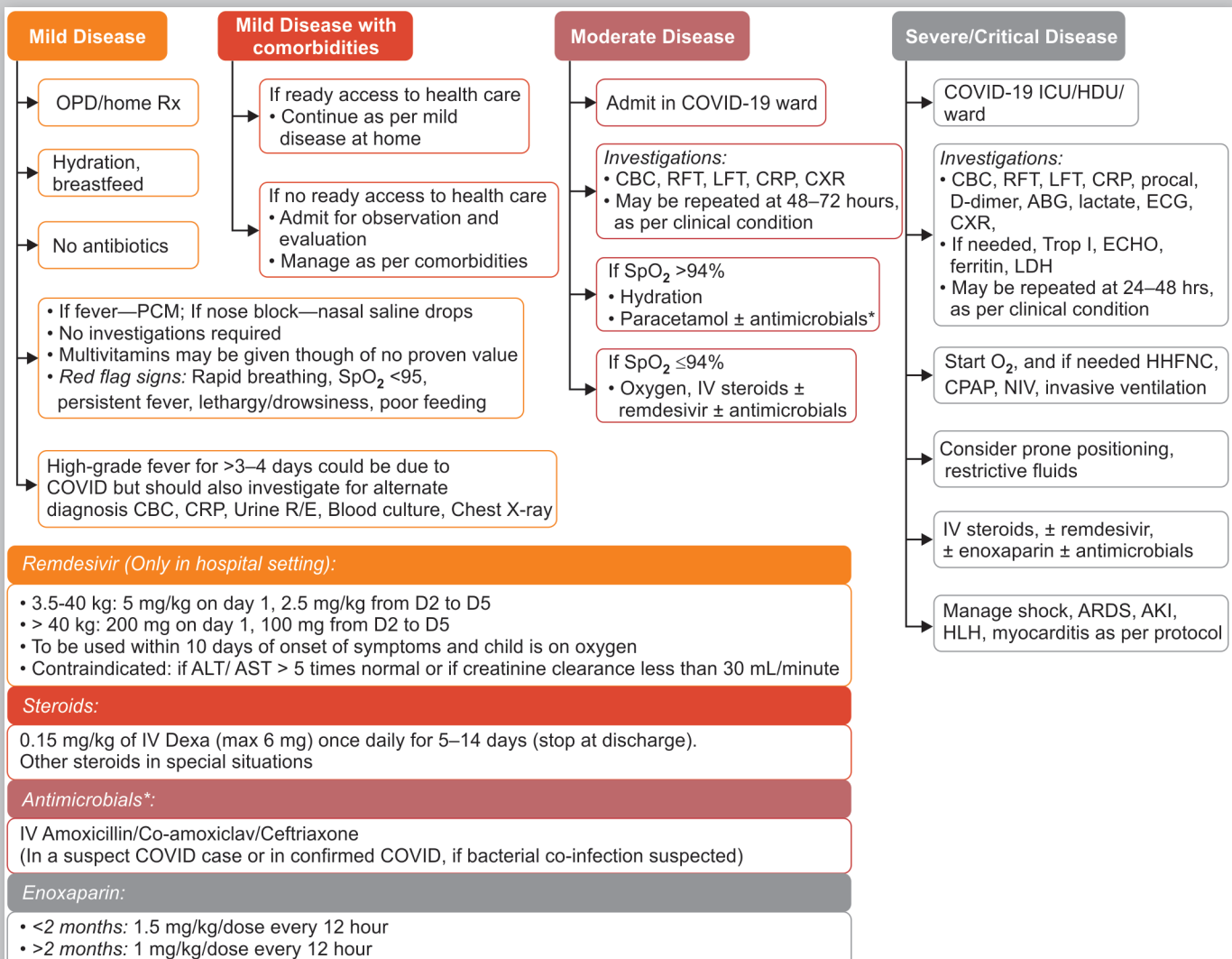
Moderate Disease

- Fast breathing (age-based) OR Presence of hypoxia (SpO₂ 90–94% on room air) AND
- No signs of severe disease

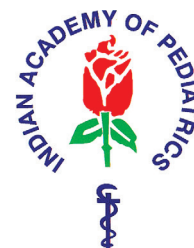
Severe Disease

- Pneumonia with any of these:
 - <90%
 - Increased respiratory effort
 - Grunting, severe retractions
- Lethargy, seizures, and somnolence
- Severe diarrhea, vomiting, and abdominal pain
- Critical disease (a subset of severe disease) is defined, if any of these is present:
 - ARDS
 - Shock
 - Multiorgan dysfunction syndrome
 - Acute thrombosis

* Including children who have high index of suspicion because of a family member testing positive; but child's test result is awaited.



Multi-system Inflammatory Syndrome in Children (MIS-C): Statement by Indian Academy of Pediatrics (April 2021)



DEFINITION OF MIS-C (WHO)

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0–19-years-old child with fever >3 days

AND—Two of the following:

- Rash or bilateral non-purulent conjunctivitis or muco-cutaneous inflammation signs (oral, hands or feet).
- Hypotension or shock
- Features of myocardial dysfunction, pericarditis, valvulitis, or coronary abnormalities (including ECHO findings or elevated Troponin/NT-proBNP)
- Evidence of coagulopathy (by PT, PTT, elevated d-Dimers)
- Acute gastrointestinal problems (diarrhea, vomiting, or abdominal pain)

AND

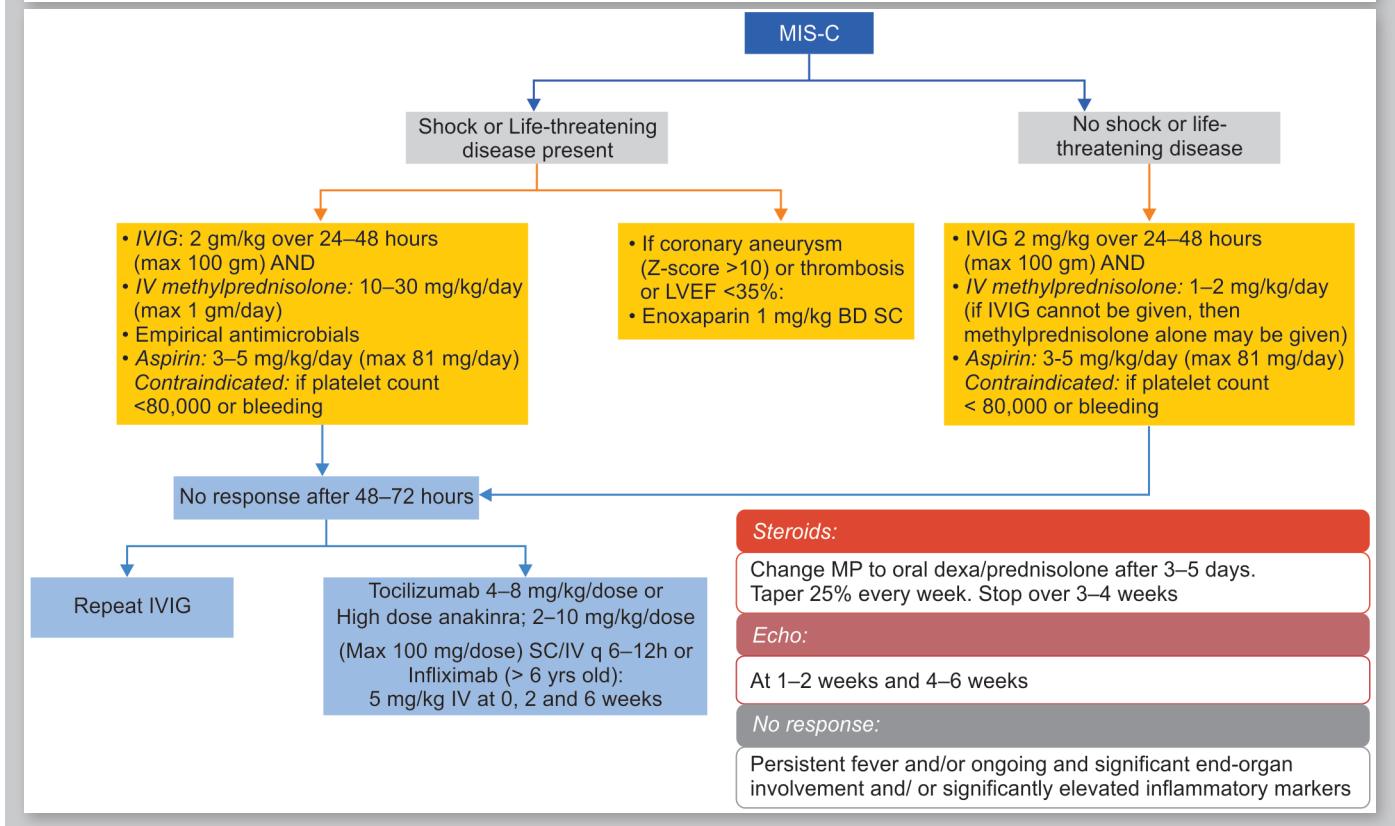
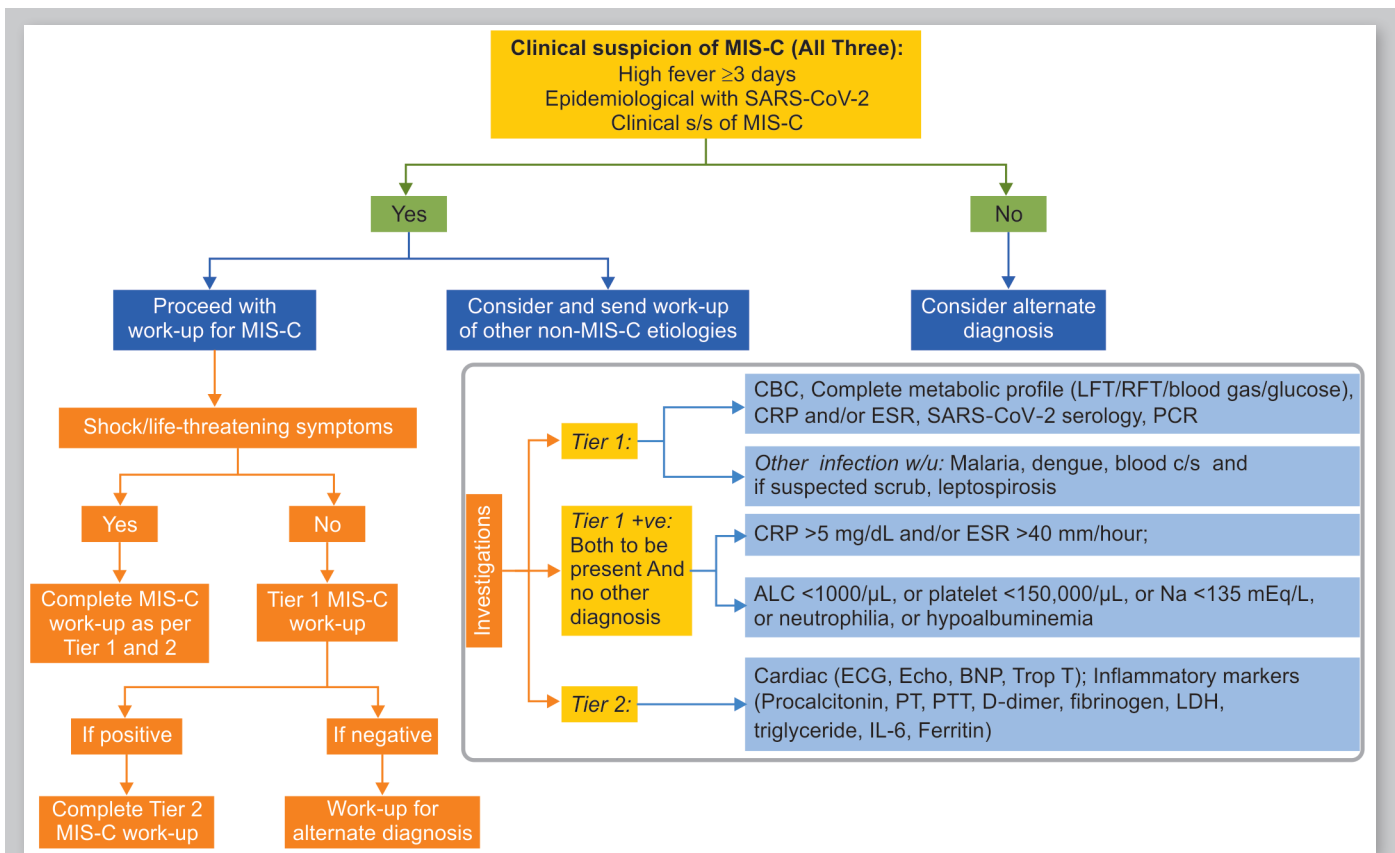
Elevated ESR, C-reactive protein, or procalcitonin

AND

No other obvious microbial cause of inflammation, including bacterial sepsis, staphylococcal or streptococcal shock syndromes.

AND

Evidence of COVID-19 (RT-PCR, antigen test or serology positive), or likely contact with patients with COVID-19



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