

## COVID-19 and Paediatric Neurology Services

(Updated 2<sup>nd</sup> December 2021)

The current COVID-19 pandemic poses significant concerns for the children we look after and their families, as well as many challenges for clinicians in continuing to deliver high quality care to patients. Many patients with neurological disorders appear currently to be at no greater risk from COVID-19 than the general population and, so far, from experience in the UK and other countries, children are in general not as severely affected as adults with many experiencing mild or asymptomatic disease. However, there are some alterations in the way in which we deliver care to patients during this pandemic and specific challenges and concerns for certain patient groups.

**It is essential that paediatric neurology services and clinical advice continue to be available to patients and their families during this period and that they are not in any way discouraged from seeking medical opinions.**

**It is particularly important that patients with disabilities know that they will have access to the care and support they need during this pandemic.**

**Healthcare advice continues to change rapidly as the pandemic develops and is different between the four UK nations. This document aims to be correct at the time of publication and links to the relevant resources, but any specific advice will inevitably become quickly outdated. All healthcare professionals are advised to keep up to date with the relevant local guidance.**

### Specific high-risk groups

Previous advice was based on identifying people who were judged to be clinically extremely vulnerable. In September 2021 the UK government sent a letter to all patients previously identified as medically vulnerable informing them that there will not be a return to shielding and no specific guidance will be targeted at this group.<sup>1</sup> Scotland, Wales and Northern Ireland continue to recognise some children as clinically extremely vulnerable.

Current advice summarised in the Green Book<sup>2</sup> identifies certain children (aged 12-15 years) with a higher risk of paediatric intensive care admission from COVID-19 as a clinical risk group. This includes children with “chronic neurological disease”, which they define as follows:

*This includes those with*

- *neurodisability and/or neuromuscular disease including cerebral palsy, autism, epilepsy and muscular dystrophy*
- *hereditary and degenerative disease of the nervous system or muscles, other conditions associated with hypoventilation*

<sup>1</sup> Department of Health and Social Care (17 September 2021): [Important information for you about COVID-19](#)

<sup>2</sup> [COVID-19: the green book, chapter 14a](#) (30 November 2021)

- *severe or profound and multiple learning disabilities (PMLD), Down's syndrome, those on the learning disability register*
- *neoplasm of the brain*

A further category of children identified who are sometimes cared for within paediatric neurology services are those with “*serious genetic abnormalities that affect a number of systems, including mitochondrial disease and chromosomal abnormalities*”.

Some patients being treated with immunosuppressant medication for their neurological condition may still be advised to reduce their social contact, or fully isolate, due to general higher risk of infection.

The decision on whether a child or young person should reduce their social contact or isolate should be made based on national guidelines after a discussion between the family and their treating clinicians.

For up-to-date guidance, please read these relevant resources by following the links below:

- [UK Government - Guidance on protecting people previously considered clinically extremely vulnerable from COVID-19](#)
- [COVID-19: the green book, chapter 14a](#)
- [Scottish Government - Coronavirus \(COVID-19\): advice for people at highest risk](#)
- [Welsh Government - People at increased risk from coronavirus](#)
- [Northern Ireland Government - Coronavirus \(COVID-19\): guidance for 'clinically extremely vulnerable' and 'vulnerable' people](#)

### Management of existing patients with neurological disorders during COVID-19 pandemic

It is important during the pandemic to rationalise and tailor hospital visits to balance the clinical need for face-to-face review whilst minimising risk of infection for patients, parents and staff. However, this is also a time during which patients and their families may be especially anxious. During this time, it will be essential to maintain contact with patients and their families through a mixture of face-to-face, video, and telephone consultations. We know from experiences in both the UK and other countries, that patients are less likely to present to hospital or contact neurology services, but it is important that this point of contact is available. There is a real risk that if patients do not seek advice when needed, this could lead to harm.

#### **As such we would advise the following:**

- Ensure families have a point of contact for advice and reinforce that they should make contact if they have concerns about their child's neurological condition.
- At present, the UK government is not advising shielding, as they did earlier in the pandemic. Decisions about individual risks and benefits should be taken by each family with the support of their school and medical team, based on what precautions they have in place locally. The potential benefits of school attendance for a child or young person need to also be carefully balanced and considered.
- Ensure patients have a regular supply of medications without stockpiling.

- Re-emphasise lifestyle issues e.g. the need for regular sleep, consistency of lifestyle routines, avoidance of recreational drugs and alcohol, and healthy eating and exercise.
- Timing of non-essential or non-urgent investigations that would necessitate visits to hospital should be considered within the context of local hospital pressures and individual patient and family needs.

### Management of new patients during the COVID-19 pandemic

In some cases, new patient consultations can be undertaken virtually. Some neurological conditions can be diagnosed on the basis of a thorough history and this can often be taken via video or telephone consultations. Videos taken by parents may be helpful in evaluating paroxysmal symptoms. Prescriptions of new medications should be made through primary care where possible, to avoid attendance at hospitals for this.

In some cases, face-to-face appointments remain essential and there should still be provision to offer these. In particular, it may be very difficult to determine the nature of some conditions, including movement disorders, complex developmental disorders or neuromuscular diseases without direct observation or physical examination of the child. It may also be essential to see some infants (<12 months of age) face-to-face, as well as those with safeguarding issues and families who need language interpretation.

### New COVID-19 variants

As the pandemic evolves, new variants of concern are being identified and have the potential to cause further waves of infection or changes to the disease. At the time of writing (December 2021), news is emerging about the Omicron variant.

Variants of Interest (VOI) and Variants of Concern (VOC) are designated by the WHO and can be tracked here:

- [World Health Organisation: Tracking SARS-CoV-2 variants](#)

### COVID-19 vaccines

We recommend that clinicians closely follow both government guidelines and the Green Book with regard to vaccination recommendations as they are rapidly.

In September 2021, the UK Chief Medical Officers recommended that all young people aged 12-15 years should be offered a first dose of COVID-19 vaccine. This is in addition to previous advice that young people aged 16-17 should be offered the first dose of the vaccine.

The Green Book further recommends that children and young people (12-17 years of age) who are in recognised risk groups (Table 4 in Green Book, Chapter 14a) should receive a second vaccine dose no sooner than eight weeks after the first.

Regarding vaccine type, the Green Book currently advises that the Pfizer BioNTech vaccine (Comirnaty®) is the preferred vaccine in children and young people, as it has approval from 12

years and has the most safety data in this group, with a lower reported rate of myocarditis than the also-approved Moderna vaccine (Spikevax®).

For up-to-date guidance, please read these relevant resources:

- [COVID-19: the Green Book, chapter 14a](#)
- [NHS Coronavirus vaccination information](#)

### Self-care

We recognise that working in Paediatric Neurology/Neurodisability can be challenging. The current pandemic adds to the stress of the job and life in general, and it is important to acknowledge this and use resources that will help build and maintain resilience. The BPNA mentorship programme and professional support is available to BPNA members – please contact us.

### Useful Resources

- [UK Government Coronavirus website](#)
- [Royal College of Paediatrics and Child Health COVID-19 resources](#)
- [COVID-19: the Green Book, chapter 14a](#)
- [European Paediatric Neurology Society COVID-19 page](#)