

COVID 19 SWAB TESTING ADVICE

This letter has been written by paediatricians for parents to share with professionals who may be involved in helping to look after their children, eg at NHS Track & Trace. Always discuss your child's specific medical care with their paediatrician.

COVID-19 is a newly identified disease caused by a type of Coronavirus not previously seen in humans. It primarily affects the respiratory system. Information gathered within UK and internationally shows that COVID-19 is generally mild in children compared with adults . An infected child will often present with mild symptoms or be asymptomatic, and will only very rarely develop severe disease.

There is no evidence at the moment that **children** who have Down syndrome are at particular increased risk from this Coronavirus, although children with Down syndrome may be at increased risk of respiratory infections in general. Evidence published in October 2020 suggests that **adults** with Down syndrome may be at increased risk of severe disease with COVID-19 infection and, as of 4th November 2020, adults with Down syndrome are included on the list of those considered extremely clinically vulnerable from COVID-19.

The data on children and young people is still limited, but suggests that children with Down syndrome are not at the same increased risk as older adults , and should not be included in the clinically extremely vulnerable list , except for a very small number who may be included because of an associated medical condition, eg immunosuppression.

Please discuss any specific health issues/requirements with your local paediatric team or GP.

As the pandemic develops we will develop a greater understanding of how disease affects different groups of people including those with other health conditions and those who have Down syndrome.

The T21 research society is undertaking an international study looking at the effects of COVID-19 in people with Down syndrome. The Down syndrome Medical Information group is supporting this study.

Families and children should follow guidance on avoiding exposure to infection as for the general population which include hand washing, use a face mask, avoiding exposure to those known to be infected and social distancing.

It is also important to maximise other measures recommended to minimise the risk of infections including routine and additional immunisations such as yearly flu vaccine , and treatment of other medical problems that may predispose to infection.

As children return to school after the prolonged break we expect colds and similar viral infections to circulate. School and parents should be aware of when children need testing and when to be kept at home .The guidance available should also help with decisions around exposure to unnecessary testing and school attendance .

Evidence regarding transmission in school is reassuring. Nursery and Primary age children are half as likely to be infected compared to adults and also transmit virus less readily. There are very few reports of outbreaks in schools in countries that opened early in the peak of pandemic or did not shut at all. Teachers in those schools did not have higher rates than general population.

From this available evidence professionals believe a child with simple cold symptoms such as coryzal symptoms (runny noses) or sore throats without fever who would normally have attended school any other time should not be tested for COVID-19.

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There is agreement with current PHE guidance for deciding when to test for Covid 19

These symptoms are :

New continuous cough

Fever/high temperature

Loss of, or change in, sense of smell or taste

Testing can be arranged via the UK government website. Salivary testing is being looked into at the moment but it is not yet routinely available, so there is no alternative to swab testing at present.

Children may find Covid swab testing distressing...

However, they do not need a deep nasal swab, just a few cm into the nose and a mouth swab. Mouth should be easier than throat. This is different to how adults are tested. If the throat is not possible then as far into the mouth as possible without distressing the child. If mouth swab is completely impossible then the nose should be swabbed (both nostrils with the same swab).

Use of social stories is encouraged and there are many available on the internet so that parents can prepare their child to understand what testing entails.

This letter has been written using information taken from the Royal college of Paediatrics and Child Health (last updated 18 September 2020) and Down Syndrome Medical Interest Group and discussion with medical colleagues in Infectious diseases.

Please refer to the NHS website <https://www.nhs.uk/conditions/coronavirus-covid-19/> and UK government website <https://www.gov.uk/coronavirus> as information is updated regularly and may not be contained in this correspondence.

There is useful information on the website of the [Down's Syndrome Association](#) (DSA) which includes an [easy read guide](#) about coronavirus , and advice on hand washing.

There are two recent DSA Journal articles [Preventing infection in children with Down's syndrome and Recognition of Serious Illness in Children with Down's syndrome.](#)

General information about Coronavirus for parents can be found [here](#)