Journals Pub

International Journal of
Pediatric Nursing

ISSN: 2455-6343
Volume 7, Issue 1, 2021
DOI (Journal): 10.37628/IJPN

http://nursing.journalspub.info/index.php?journal=IJPN&page=index

Research IJPN

Protection of Children during COVID-19

Julie Jadhav*

Abstract

Introduction: *Emerging evidence from China, Europe, and the USA has shown a consistently higher risk of severe COVID-19 in older individuals and those with underlying health conditions. Severe disease is defined by the World Health Organization (WHO) as "a patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, for example, cough, shortness of breath); and requiring hospitalization". In a recent report from the USA, underlying conditions were reported in 71% (732/1037) of individuals admitted to hospital with COVID-19 and in 94% (173/184) of deaths. The WHO, along with public health agencies in countries such as the UK and USA, have issued guidelines on who is considered to be at increased risk of severe COVID-19. About 34,396,222 confirmed cases of COVID-19, including 1,024,675 deaths were reported by the WHO with prevalence rate of 6,547,413 and death rate of 101,812 at globally. This includes individuals with cardiovascular disease, chronic kidney disease, diabetes, chronic respiratory disease and a range of other chronic conditions. Such conditions increase the risk of requiring hospital-based treatment such as oxygen supplementation. A large proportion of the additional healthcare burden of COVID-19 epidemics is likely to result from infection of those with underlying conditions.* ***Conclusion:*** *The present article suggests the necessary measures for children about prevention of COVID-19 and it teaches the children about how to take care during pandemic. Great effort is needed for the prevention of COVID-19 among children.*

Keywords: Children, COVID-19, prevention, severe acute respiratory illness, patients

INTRODUCTION

Before the pandemic, 250 million children under five years old in low- and middle-income countries were already at risk of not receiving the protection, nutrition, and stimulation they need for healthy brain development. Now, because of COVID-19, this number is rising [1]. Most experts and staff working at the Council of Europe have continued their work in favour of children's rights from their homes, using technology and new working methods to achieve their mission. This includes reviewing the measures taken by different countries to manage the COVID-19 pandemic and advising on how to mitigate the negative impact they may have on children generally and in vulnerable situations [2].

PREVENTION OF COVID-19 IN CHILDREN

- **Wash Hands:** Wash your hands with soap and water for 20 sec, and encourage your child to do the same. If soap and water are not available, use hand sanitizer that contains at least 60% alcohol. Teach your child to cover all surfaces of their hands with hand sanitizer and rub their hands together until they feel dry (Figure 1).
- **Wear a Mask:** Make sure everyone in your household wears a mask (if 2 years of age or older) when in public and when around people who don't live in your household. Ensure your child wears their masks correctly and safely.
- **Avoid Close Contact:** Make sure your child and everyone else in your household keep at least 6 feet distance from other people who don't live in your household and people who are sick (such as coughing and sneezing).

*Author for Correspondence
Julie Jadhav,

Principal, Department of Nursing, Vijaya College of Nursing, Belagavi, Karnataka, India

Received Date: October 10, 2020
Accepted Date: February 19, 2021
Published Date: April 15, 2021

Citation: Julie Jadhav. Protection of Children during COVID-19. International Journal of Pediatric Nursing. 2021; 7(1): 85–88p.

- **Cover Coughs and Sneezes:** When coughing or sneezing, cover your mouth and nose with a tissue; throw your tissue in closest garbage can, and wash your hands. Encourage your child and all household members to do the same [3].
- Social service workers should rethink case management approaches—evaluation, risk identification, support and follow up through regular phone or other virtual contact.
- Establish procedures for online and telephonic screening of referrals, assessment of necessity and suitability of care placement, authorization of placement and monitoring. Connect parents/caregivers and children known to be at risk with others through online platforms, WhatsApp discussion groups and other phone and virtual means. This can greatly reduce isolation.
- Referral options including mental health and psychosocial support and online resources should be revised. Strengthen capacities of Hotlines and child helplines for children, families and care facilities to report any case of abuse or neglect. Virtual recruitment strategies should be explored (that is, radio, online or TV) particularly targeting previously approved foster families who might not be currently engaged in the care system.
- Family connections and contact should be facilitated remotely. Every effort needs to be made to ensure modes of communication are accessible to children and caregivers with disabilities.
- New modes of engaging in education, recreational activities, maintaining health and fitness, achieving life skills and vocational goals and receiving services in the event of restrictions or lockdowns should be encouraged. Ensure safeguarding procedures are updated [4].

Figure 1. Wash Hands.

Protection of Street Children

- Provide shelter to street children.
- Provide food, water and sanitizer to children.
- Provide facemask and proper shelter.
- Provide nutritious food to children [5].

Protection of School Children

- Provide a safe space to support children dealing with the impacts of COVID-19 on their lives and address emerging issues such as social stigma and discrimination.
- Put mechanisms in place for students who require more specialized support as a result of the pandemic or due to preexisting conditions.
- Create a sense of normalcy and routine in the classroom to help children deal with the uncertainties surrounding them.
- If possible, caregivers should maintain school work, study or other routine activities that do not endanger children or go against health authorities. They can also help create new routines at home, including through learning, playing and relaxing [6].

Finding of the present study indicated that the two confirmed children only presented with mild respiratory or gastrointestinal symptoms. Both of them had normal chest computed tomography (CT) images. After general and symptomatic treatments, both the children recovered quickly. Both the

families had travel histories to Hubei Province [7]. After reviewing 159 published articles, five articles which were related to prevention in children were finally selected. Avoiding contact with high-risk communities and maintaining social distance is very effective in protecting children and infants from the disease. Personal hygiene, especially hand hygiene and eliminating potential environmental infections during an epidemic is very important points in protecting children and infants from COVID-19 [8].

Ludvigsson [9] described the clinical and laboratory characteristics of hospitalized children who met criteria for the pediatric inflammatory multisystem syndrome temporally associated with severe acute respiratory syndrome corona virus 2 (SARS-CoV-2) (PIMS-TS) and compared these characteristics with other pediatric inflammatory disorders. SARS-CoV-2 polymerase chain reaction tests were positive in 15 out of 58 patients (26%) and SARS-CoV-2 IgG test results were positive in 40 out of 46 (87%) patients. In total, 45 out of 58 patients (78%) had evidence of current or prior SARS-CoV-2 infection. All children presented with fever and nonspecific symptoms, including vomiting (26/58 [45%]), abdominal pain (31/58 [53%]) and diarrhoea (30/58 [52%]). Rash was present in 30 out of 58 (52%) patients; conjunctival infection was reported in 26 out of 58 (45%) cases [9].

The present study aims to analyze the different clinical characteristics between children and their families infected with SARS-CoV-2. Clinical data from nine children and their 14 families were collected, including general status, clinical, laboratory test and imaging characteristics. All the children were detected positive result after their families' onset. Three children had fever (22.2%) or cough (11.2%) symptoms and six (66.7%) children had no symptom. Among the 14 adult patients, the major symptoms include fever (57.1%), cough (35.7%), chest tightness/pain (21.4%), fatigue (21.4%) and sore throat (7.1%). Nearly 70% of the patients had normal (71.4%) or decreased (28.6%) white blood cell counts and 50% (7/14) had lymphocytopenia [10].

REFERENCES

1. World Health Organization. Global surveillance for COVID-19 caused by human infection with COVID-19 virus. WHO [Online]; 2020. Available from: https://www.who.int/publications/i/item/global-surveillance-for-covid-19-caused-by-human-infection-with-covid-19-virus-interim-guidance
2. World Health Organization. International guidelines for certification and classification (coding) of COVID-19 as a cause of death. WHO [Online]; 2020. Available from: https://www.who.int/classifications/icd/Guidelines_Cause_of_Death_COVID-19.pdf?ua=1
3. Ogino MT, Ben-Joseph EP. Corona virus (COVID-19): How to Protect Babies and Toddlers, Kids Health. Kids Health [Online]; 2020. Available from: https://kidshealth.org/en/parents/coronavirus-young-kids.html
4. UNICEF. UNICEF and WHO issue guidance to protect children and support safe school operations. UNICEF [Online]; 2020. Available from: https://www.unicef.org/press-releases/covid-19-ifrc-unicef-and-who-issue-guidance-protect-children-and-support-safe-school
5. Ji LN, Chao S, Wang YJ, Li XJ, Mu XD, Lin MG, Jiang RM. Clinical features of pediatric patients with COVID-19: a report of two family cluster cases. World J Pediatr. 2020; 16(3): 267–270p.
6. World Health Organization. Protection of children during COVID 19. WHO [Online]; 2020. Available from: https://www.who.int/pmnch/covid-19/toolkits/child/child-protection/en/
7. Li Q, Guan X, Wu P, Wang X, Zhou L, Tong Y, Ren R, Leung KSM, Lau EHY, Wong JY, et al. Early transmission dynamics in Wuhan, China, of novel coronavirus–infected pneumonia. New Engl J Med. 2020; 382: 1199–1207p.
8. Wang D, Hu B, Hu C, Zhu F, Liu X, Zhang J, Wang B, Xiang H, Cheng Z, Xiong Y, et al. Clinical characteristics of 138 hospitalized patients with 2019 novel coronavirus–infected pneumonia in Wuhan, China. JAMA. 2020; 323(11): 1061–1069p.
9. Ludvigsson JF. Systematic review of COVID-19 in children shows milder cases and a better prognosis than adults. Acta Paediatr. 2020; 109(6):1088–1095p.

10. Liang Su , Xiang Ma , Huafeng Y. The different clinical characteristics of corona virus disease cases between children and their families in China - the character of children with COVID-19. Emerg Microbes Infect. 2020; 9(1): 707–713p.

