



Updated BPRS COVID-19 Guidance 12th January 2021

This document has been produced in collaboration between BPRS, Cystic Fibrosis Medical Association and the UK Long Term Ventilation Group.

Having seen reduced numbers of adults and children with COVID-19 infection during the summer of 2020, the autumn and winter of 2020-21 has seen a sharp rise in infections. Most children returned to school in the autumn term of 2020. The large increase in rate of COVID infections has been associated with the emergence of a new strain of COVID-19 which is believed to be more transmissible between individuals than the original strain. This rising incidence has caused the UK Government to impose a third national lockdown starting on Tuesday January 5th 2021 with guidance on permitted reasons to leave home. Primary and secondary schools have been closed for the majority of children from January 5th. The government has indicated that these measures will be in place until at least 'the middle of February 2021' though an exact date has not been specified.

Guidance on shielding children with respiratory conditions

The Royal College of Paediatrics and Child Health has worked with all specialities to produce guidance on shielding, most recently updated on 21st December 2020 (full reference below). The majority of children that were placed on the CEV register in the Spring of 2020 were removed from this list during 2020 as it became clear that COVID-19 was not causing significant infection in the majority of children and in order to allow these children to return safely to school.

The new UK lockdown has not significantly altered existing advice on shielding.

All families need to remember to:

- Remain vigilant about handwashing
- Wear a face mask
- Maintain appropriate social distancing
- Seek a COVID-19 test in the presence of symptoms of infection:
 - A new and persistent dry cough
 - Altered sense of taste and/or smell
 - A high temperature

COVID-19 vaccinations

Details relating to COVID-19 vaccinations for all age groups are updated regularly by the Joint Committee on Vaccination and Immunisation (JCVI) and can be read in full

in Chapter 14a (reference below). Priority groups for vaccination have been developed by JCVI and are reproduced below (Table 2 refers to numbering from the JCVI document).

Table 2 – Priority groups for vaccination advised by the Joint Committee on Vaccination and Immunisation

Priority group	Risk group
1	Residents in a care home for older adults Staff working in care homes for older adults
2	All those 80 years of age and over Frontline Health and social care workers
3	All those 75 years of age and over
4	All those 70 years of age and over Clinically extremely vulnerable individuals (not including pregnant women and those under 16 years of age)
5	All those 65 years of age and over
6	Adults aged 16 to 65 years in an at-risk group (Table 3)
7	All those 60 years of age and over
8	All those 55 years of age and over
9	All those 50 years of age and over

JCVI state that ‘SARS-CoV-2 vaccine trials have only just begun in children and there are, therefore, very limited data on safety and immunogenicity in this group. Children and young people have a very low risk of COVID-19, severe disease or death due to SARS-CoV-2 compared to adults and so COVID-19 vaccines are not routinely recommended for children and young people under 16 years of age.’

Vaccination with the Pfizer vaccine should be available for CEV children beyond their 16th birthday as part of Priority group 4.

‘Vaccination will be considered (as a part of Priority Group 6) for:

- Individuals with a severe lung condition, including those with asthma that requires continuous or repeated use of systemic steroids or with previous exacerbations requiring hospital admission, and chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).
- Children aged 16 yrs and older with serious neuro-disabilities who spend regular time in specialised residential care settings for children with complex needs’

JCVI will produce further recommendations on vaccinating children after the initial roll-out phase in adults. Please note that currently the Pfizer-BioNTech vaccine is authorised in those aged 16 years and over. The AstraZeneca vaccine is only authorised for use in those aged 18 years and over.

Vaccination against seasonal flu

There is evidence of greater impact of COVID-19 infection on individuals with coexistent influenza infection. It is important to recommend annual seasonal influenza vaccination to all vulnerable children.

Clinic and Hospital Appointments

Many hospital appointments over the last few months have been electronic, either through a videoconferencing platform or by telephone calls. Children and families should attend face to face appointments where their clinical teams feel that it is important to see the child and family face to face. Planned investigations and treatments in hospital should also continue to take place as needed. Remote consultations should continue if there is no important advantage in a face to face consultation.

Local arrangements will need to be in place to ensure safe social distancing within the hospital environment.

References:

RCPCH Guidance on CEV children and young people:

<https://www.rcpch.ac.uk/resources/covid-19-guidance-clinically-extremely-vulnerable-children-young-people>

JCVI Chapter 14a: COVID-19 – SARS-CoV-2 vaccination

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/948757/Greenbook_chapter_14a_v4.pdf

<https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020/joint-committee-on-vaccination-and-immunisation-advice-on-priority-groups-for-covid-19-vaccination-30-december-2020>

Advice about attending hospital if unwell

As previously, children who have an acute deterioration in respiratory symptoms such as a significant increase in underlying respiratory symptoms, asthma or croup attack or development of acute cough and/or breathlessness must seek medical advice and if necessary should attend the local hospital Emergency Department. It could be dangerous for a child with significantly deteriorating symptoms to be managed without appropriate professional assessment.

Guidance produced by BPRS Executive Committee and with input from UK CF Trust and Paediatric Long Term Ventilation group. Please address comments to simon.langtonhewer@bristol.ac.uk