

COVID-19 (novel coronavirus)

Guidance for children and young people undergoing cancer treatment

COVID-19 (novel coronavirus) is a new strain of coronavirus affecting humans. Some coronaviruses can cause illness like the common cold and others can cause more serious diseases such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). This novel coronavirus is still new and as such we are still learning more about it.

Symptoms

Symptoms reported in identified cases of COVID-19 novel coronavirus include:

- fever
- a cough
- sore throat
- fatigue
- shortness of breath.

There is no specific treatment for COVID-19 infection. Antibiotics are not effective against viral infections. However, most of the symptoms can be treated with general medical care. There is currently no vaccine for COVID-19 novel coronavirus, but there is considerable work under way across the world.

For the latest information about COVID-19 and service updates for the Queensland Children's Hospital, visit:

www.childrens.health.qld.gov.au/covid-19/

This is a rapidly evolving situation which is being monitored carefully. This fact sheet provides information based on the current evidence for families of children or young people who are undergoing or have undergone treatment for cancer.

Frequently asked questions

How is the virus spread?

The virus is thought to spread mainly from person to person through droplet transmission. These respiratory droplets are produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby (within about 1.5 metres). It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose or possibly eyes but this is not thought to be the main way that the virus spreads. This is why washing hands frequently is so important.

Is my child at increased risk of more severe infection with COVID-19?

Information currently available shows that the infection is milder in children than in adults. However, children with a compromised immune system are likely to have a higher risk of more severe infection. Most children receiving chemotherapy do not have life-threatening disease when they have other respiratory viruses such as influenza. We hope that this is also the case with COVID-19 but at this stage we do not have enough information to quantify the extent of the risk. Given this uncertainty we believe that it is very important to take extra precautions (outlined below) to protect your child from COVID-19.

Should my child attend school?

We currently recommend not sending your child to school if:

- they are currently receiving treatment, or
- are less than two months since completing therapy, or
- less than 12 months from the time of BMT,
- or continuing to receive treatment for GVHD.



However, it should be noted that the risks related to going to school are no more and in fact, may be less than attending shopping centres, going to the movies, attending gatherings with groups of more than a few people. Therefore, in making the recommendation to remove your child from school we are in fact recommending that you should institute these other strict social isolation precautions. Removing your child from school without instituting these other isolation precautions will only provide marginal benefit. It should also be noted that it is likely that these precautions will be required for several months. This advice is like advice that may be offered to other high-risk populations such as the elderly.

Should my child's siblings attend school?

At this stage we are recommending that your child's siblings continue to attend school. Of course, this means that there is a risk of a sibling or a parent transmitting the infection within the home. The risk of this can only be removed by the entire family self-isolating, which is not practical for most families. This recommendation may change as the situation evolves. More strict isolation may be mandated by the government if the number of cases escalates rapidly.

Should my child wear a mask?

There is very little evidence that face masks will reduce the risk of infection. Masks need to be worn correctly, changed frequently, removed properly and disposed of safely in order to be effective. Therefore, we are not recommending routine use of face masks.

Masks can be useful to prevent the spread of the virus if you are infected. If you have symptoms of a respiratory tract infection and it is essential for you to attend hospital, please wear a mask, or ask for one when you arrive.

What else can we do to avoid infection?

Basic and respiratory hygiene measures remain the most important measure for preventing infection. These include:

1. Wash your hands with soap and water or alcohol-based hand rubs regularly.
2. Cover your nose and mouth with a tissue or flexed elbow when you cough or sneeze and be sure to dispose of the tissues
3. Avoid contact with anyone who has flu-like symptoms
4. Try to stay at least 1.5 metres away from people who are coughing or sneezing
5. If possible, avoid close contact with family members with flu-like illnesses
6. Avoid touching your face

Will the supply of my child's medications be affected by COVID-19?

We are closely monitoring issues related to drug supply and, at present, do not anticipate any problems. Currently, there are no shortages linked to COVID-19.

Should I attend my child's follow up appointments at the hospital?

We plan to minimise the number of people required to visit the hospital. This will provide increased protection to children who are receiving treatment and the staff required to look after them. Therefore, we plan to conduct many routine follow-up appointments by telephone or videoconference.

If you or your child are unwell with flu-like symptoms, please phone ahead for advice as to whether you should attend your appointment.

Will my child's chemotherapy treatment be interrupted?

Every effort will be made to ensure that your child receives their treatment as planned. We are not planning to modify treatment plans at this stage.

Will there be any other changes to my child's treatment?

It is possible that there may be shortages of blood products such as packed red blood cells and platelets. We may need to change our thresholds for transfusion of these products.

Are there any restrictions on visitors to the hospital?

It is very important that any visitors who are unwell or who have symptoms of illness should not visit your child in hospital.

Visitors restrictions have been introduced at the Queensland Children's Hospital to keep patients and staff safe.

During the COVID-19 pandemic period, visitation will be limited to:

- up to two visitors (parents/carers) per inpatient during a 24-hour period
- one parent/carer accompanying a patient to all QCH outpatient appointments.

We acknowledge there may be situations when individual consideration for relaxations to visitation restrictions may be required for some children. These instances will be approved if deemed appropriate by the Nursing Director responsible for Oncology.

What should I do if my child develops a fever or other symptoms?

The process of initial assessment with regard to fevers has not currently changed. During working hours, you should ring 5c (07 3068 2060) and after hours, ward 11b (07 3068 2010), if your child has fever or other symptoms that you are concerned about. You are likely to be requested to present to the Emergency Department as is the current practice. In the Emergency Department processes are in place to isolate febrile oncology patients from other patients with symptoms of coronavirus for their assessment.

My child has flu like symptoms. Should they be tested for COVID-19?

Currently testing is only recommended for patients who have a history of overseas travel, a contact with a known or suspected case of COVID-19 or a severe case of pneumonia. This is likely to change in the future but at present these are the accepted indications for testing.

My child has completed their cancer treatment. Are they at increased risk?

The vast majority of children with cancer who have completed their planned treatment should have a relatively normal immune system within 2-3 months of completing therapy and are unlikely to be at increased risk of severe infection. We are not advising any special precautions for this patient population.

Should my child and family have the flu vaccination?

Flu vaccination is recommended for all family members when it becomes available in April and for your child when recommended by their oncologist. Flu vaccinations will not protect against COVID-19.

This information contained in this fact sheet was correct at time of distribution.

Updated: 17/03/2020