



OFFICIAL PUBLICATION OF THE  
PHILIPPINE PEDIATRIC SOCIETY

# **A Parent's Guide on Covid-19 Infection in Children**

**HOW TO PREVENT COVID-19 INFECTION  
AND WHAT TO DO IF YOUR CHILD GETS  
INFECTED**

**Updated Mar 2022**

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## FOREWORD

Approximately 12% of Covid-19 cases are seen in the pediatric age group. Although majority of cases are mild and manageable, the parent's anxiety is not diminished by this fact. The pediatrician-parent dynamic is tested as the latter seeks answers to the multitude of queries, concerns and perceived anxieties regarding the Coronavirus.

In view of these concerns, the Philippine Pediatric Society [PPS] launches its newest handbook, A Parent's Guide on Covid-19 Infection in Children-How to Prevent Covid-19 Infections and What to Do If Your Child Gets Infected. This contains four chapters of the most relevant information regarding Covid-19, from its causes and symptoms to its prevention and cure, as well as advice on home care, and some related concerns on breastfeeding.

The PPS Committee on Public Health Education collated the latest scientific literature from reliable sources that were peer reviewed by foremost pediatric infectious disease specialists in the country. The Committee will update this guide every 2 to 3 months to incorporate the latest data and recommendations on Covid-19. The handbook offers clear and easily understandable facts and concepts that parents will find very useful.

I offer my heartfelt appreciation and gratitude to all the PPS members who took part in the preparation of this handbook, in particular, the PPS Committee on Public Health Education, led by Dr Maribel C. Urtula, with her co-chair Dr. Olivia de Jesus, and members Dr. Eva I. Bautista, Dr. Irish Senen B. Chang-Arellano, Dr. Tricia May C. Viernes-Geli, Dr. Edna S. Mallorca, Dr. Delfin B. Santos, and Dr. Jennifer T. So. You have been tireless in your efforts to curtail the spread of the Covid-19, particularly in children. Truly, keeping parents and other family members well-informed is one of the most effective ways to enable them during this pandemic.

With all my best wishes for our good health, good luck and may God bless us all.

Joselyn A. Eusebio, MD, FPPS, FPSDBP  
President, Philippine Pediatric Society

## TABLE OF CONTENTS

|  |           |
|--|-----------|
| <b>CHAPTER 1</b> .....   | <b>1</b>  |
| PREVENTION OF COVID-19 IN CHILDREN .....                             | 1         |
| A. Mask .....  | 2         |
| B. Face shield .....   | 2         |
| C. Physical Distancing .....   | 2         |
| D. Ventilation .....   | 2         |
| E. Cough and sneezing etiquette .....                                | 2         |
| F. Hand Hygiene .....  | 3         |
| G. Vaccination .....   | 3         |
| H. Multivitamins .....   | 3         |
| I. UV Sterilizers .....  | 3         |
| J. Disinfectants .....   | 4         |
| K. School opening .....  | 4         |
| L. Food delivery .....   | 7         |
| M. Repairs done at home .....  | 7         |
| N. Parents / guardians who bring children out of the house .....     | 7         |
| O. Transportation .....  | 7         |
| P. Playing and sports .....  | 8         |
| Q. Promotion of scientifically proven preventive practices .....     | 8         |
| <b>CHAPTER 2</b> .....   | <b>9</b>  |
| CLINICAL SYMPTOMS AND DIAGNOSTIC TESTING IN PEDIATRIC COVID-19 ..... | 9         |
| <b>CHAPTER 3</b> .....   | <b>12</b> |
| HOME CARE FOR CHILDREN DURING THIS PANDEMIC .....                    | 12        |
| <b>CHAPTER 4</b> .....   | <b>16</b> |
| BREASTFEEDING AND COVID-19 .....                                     | 16        |
| <b>REFERENCES</b> .....  | <b>17</b> |

## **CHAPTER 1 PREVENTION OF COVID-19 IN CHILDREN**

When parents practice proper protective measures against the COVID-19 infection, then children who just stay home will also be protected.

Good hygiene practices such as hand washing, cough etiquette, disinfection of surfaces and social distancing represent the major weapons that we have against COVID-19, especially in the unvaccinated pediatric population <sup>1</sup>.

### **A. Masks**

The use of face masks is associated with the reduction of COVID-19 virus transmission <sup>5</sup>. Masks, when worn over the face and mouth and fit snugly against the sides of the face, are shown to reduce the risk of infection by nearly 70%. Wearing face masks also traps the droplets breathed out by an infected person from landing on surfaces hence further decreasing transmission <sup>12</sup>.

Everyone aged 2 years and older should wear a mask:

- Outside the home
- Around people who live outside of the household
- If taking medications that weaken the immune system, whether vaccinated or not

Who should NOT wear a mask?

- Younger than 2 years old due to the risk of suffocation
- With breathing difficulties when wearing a mask
- With cognitive impairment and cannot tolerate wearing a mask
- If wearing a mask causes the child to touch the face more frequently <sup>13</sup>

Cloth masks generally have lower filtration effectiveness compared to medical masks and respirators, but may provide some protection if well designed and used correctly <sup>14</sup>. Cloth face masks have moderate efficacy in preventing transmission of the virus. Low coverage cloth face masks made of 100% cotton, scarves, pillowcases, silk, linen, tea towel or vacuum bags have marginal protection, while high coverage cloth masks provide high protection <sup>15</sup>. Multilayer cloth masks, designed to fit around the face and made of water-resistant fabric with a high number of threads and finer weave, may provide reasonable protection <sup>12</sup>. Surgical N95 respirators should be prioritized for healthcare personnel <sup>16</sup>.

Disposable surgical masks should be thrown away after wearing it once, while reusable masks should be washed at least once a day or changed if visibly soiled <sup>10</sup>.

To remove the mask, only the ear loops or ties should be handled, putting the loops/ties together, then thrown away or washed if reusable. Reusable masks may be washed with the regular laundry,

by washing machine or by hand using regular laundry detergent or soap. These should then be dried completely <sup>10</sup>.

Wash hands completely after holding the mask. When eating or drinking outside of your home, the mask can be put in a paper bag, then worn back on with the same side facing out <sup>10</sup>.

## **B. Face shields**

Face shields decrease the contamination of the face by capturing body fluid splatters before they land on the eyes, nose and mouth. Crown and chin protection is recommended with the shield width reaching at least to the point of the ear to reduce the splash going around the eyes. Face shields may add another layer of protection although studies are limited to anecdotal reports, modelling and simulation <sup>17</sup>.

As the number of COVID cases decrease, face shields may be eliminated from the health preventive protocols, and its use may be limited to hospitals, clinics and other healthcare facilities.

## **C. Physical Distancing**

The CDC and WHO recommendation is to keep at least 6 feet or 2 meters of space between individuals <sup>20</sup>. Coughing and sneezing will produce droplets that can reach as far as 2 meters from the source.

## **D. Ventilation**

Good ventilation is effective in removing viral particles. Bring as much fresh air into your home with the following strategies:

- If safe, open all doors and windows to bring in outdoor air.
- Use fans directed to an open window and/or exhaust fans to improve ventilation.
- Fans should not be directed towards people <sup>9</sup>.

However, in areas where good ventilation is not possible, air purifiers can be used. Recent evidence shows that SARS-COV-2 virus can remain airborne longer and travel farther than anticipated, although concentrations and viability may be decreased over time.

Removing particles that could carry the virus from the air is possible using air filtration with efficient particulate air (EPA) filters and high efficiency particulate air (HEPA) filters. They are the most effective filters available for trapping particles from breathing, talking or singing. Choosing the right air purifier for the room intended is important. Filters should be changed regularly depending on the manufacturer's recommendation <sup>10,11</sup>.

## **E. Cough and Sneezing Etiquette**

The COVID-19 virus spreads through coughing, sneezing, talking, singing, and even through regular breathing. Those who are closer than 6 feet from the infected person will probably get the virus if these viral particles land directly on the eyes, nose or mouth. These particles can also land on objects, and when infants and children touch them and subsequently rub their eyes, nose or mouth, they can get infected <sup>2,3</sup>.

Avoid talking and singing when not wearing a mask to decrease viral transmission <sup>3</sup>.

Parents should teach their children:

- To cover the nose and mouth while coughing or sneezing with a tissue paper or, if unavailable, with the upper arm or elbow.
- Frequent proper hand hygiene using 70% alcohol, or soap and water especially if hands are visibly dirty <sup>2</sup>.

## **F. Hand Hygiene**

Teach the child proper hand washing at home with soap and water for at least 20 seconds, especially before and after eating, coughing/sneezing, and when touching or adjusting a face mask. It is advised to wash hands while singing the "Happy Birthday" song twice. When handwashing facilities are not available, teach the child to use an alcohol-based hand sanitizer that contains at least 60% alcohol. Parents should explain that the child should avoid touching the eyes, nose, and mouth <sup>20, 24</sup>.

## **G. Vaccination**

Vaccination is the leading public health prevention strategy to end the COVID-19 pandemic. Currently, vaccination against COVID-19 for children 5 to 17 years of age is given for 2 doses at 3 weeks interval.

## **H. Multivitamins**

Immunity should be optimized with proper nutrition to reduce the risk and severity of any infection. Supplementation of nutrients such as vitamin C, vitamin D, folate and omega fatty acids may be beneficial to overall health but are not completely validated as preventive or therapeutic medications<sup>18,19</sup>.

## **I. UV Sterilizers**

Ultraviolet (UV) light kills bacteria and viruses by destroying their nucleic acid. Once exposed to the UV, bacteria and viruses are killed and are no longer infectious, but their particles are still suspended in the air <sup>7</sup>.

Direct exposure to UV may increase the risk for cancer, and cause UV-induced skin redness and keratoconjunctivitis. UV-C is known to generate ozone, which can be irritating to the airways. Furthermore, it is also known to damage plants <sup>19</sup>.

For these reasons, the use of UV sterilizers is only recommended in healthcare facilities and not in homes. The use of portable UV sterilizers is currently not supported by evidence <sup>8</sup>.

## **J. Disinfectants**

Surfaces, especially those that are visibly dirty, should be cleaned with household cleaners that contain soap or detergent to reduce the amount of germs and decrease the risk for contamination of the hands <sup>4</sup>.

Disinfection is recommended when someone is sick or if someone who has COVID has been in your home within the last 24 hours <sup>4</sup>. The surfaces that were frequently touched by those infected with COVID or documented to be highly positive for the virus, should be cleaned with household cleaners then disinfected <sup>5</sup>.

Disinfectants, such as sodium hypochlorite (household bleach), hydrogen peroxide > 0.5% and 70-90% ethyl/isopropyl alcohol, kill viruses and bacteria on surfaces using chemicals. Some disinfectants may damage surfaces and may be more toxic to household members than others so choose the appropriate disinfectant. Make sure to follow product precautions and directions, such as contact time, to ensure proper disinfection. Also, check the label to find out if gloves, glasses or goggles are necessary when using the disinfectant. Keep these disinfectants out of the reach of children <sup>5</sup>.

Mixing products or chemicals may be dangerous and should be avoided. Do not eat, drink, breathe or apply directly on the skin of humans or animals <sup>5,6</sup>.

Ensure adequate ventilation while using disinfectant by opening doors and windows and using fans. Wash hands with soap and water for 20 seconds after disinfecting <sup>5</sup>.

High-touch surfaces should be cleaned at least once a day and after visitors leave your home. These high-touch surfaces include doorknobs, tables, handles, light switches, and countertops, among others <sup>5,6</sup>.

## **K. School Opening**

School and public health authorities have started face to face schooling in some areas and it is just a matter of time before we see either a mixture of face to face and virtual classes or full face to face resumption of classes.

Proper planning should be seriously considered, which will be dependent on the current health situation.

As of February 18, 2022, the Department of Health recommends universal indoor masking for students, teachers, and staff regardless of vaccination status. Should your child attend face to face schooling, it would be better to develop daily routines before and after school to foster



healthy habits, like packing a back-up face mask and hand sanitizer before going to school in the morning and washing their hands as soon as they come home. The following are suggested measures to limit spread and exposure in school settings <sup>20, 24</sup>.

## **1. Physical Distancing**

The CDC and WHO recommendation is to keep at least 6 feet or 2 meters of space between students, although there might be some difficulties with younger children. During face-to-face classes, the following measures may be done to encourage social distancing:

- Decrease the number of students in each class to limit the number of students, teachers, and staff who come in contact with each other, especially when it is challenging to maintain physical distance.
- Properly space the desks and have them all face in the same direction.
- Choose outdoor spaces, when possible, for instruction, meals and recess.
- Minimize use of lockers to avoid crowding of students
- Apply a one-way traffic in school hallways.
- Decrease the number of children in school buses <sup>20,24</sup>.

## **2. Use of face mask**

The CDC and WHO recommendation is to wear face masks in indoor public spaces

- The type of face mask worn by the student is not that important as long as the student is wearing the mask properly. For parents, it would be better to talk to the child about the importance of wearing a face mask and to show how it is worn. Demonstrate the proper way to put on the mask. It is important to emphasize that when the mask is removed, hold on to the ear loops only, and avoid touching the face.
- Provide your child with extra clean masks to use for the day and as back-up and place them in resealable bags. If in case the child has to remove the mask, instruct him to place the mask in their own separate resealable bags when they can't wear it, such as when eating.
- Label your child's mask clearly so it's not confused with another child's mask.
- Instruct your child to clean their hands with soap and water or hand sanitizer before and after touching the mask.
- Instruct your child never to share or trade masks with others.
- Schools should provide masks for students who forget to bring masks or whose families are unable to afford them <sup>20, 24</sup>.

## **3. Keep hands clean**

School authorities should encourage frequent handwashing and making alcohol and hand sanitizers available within the school grounds <sup>20, 24</sup>.

#### **4. Clean and disinfect**

It should be a practice for the school to clean and disinfect frequently touched surfaces to help reduce the transmission of the virus and the risk of illness. These include doorknobs, desks, faucets, books and bookshelves, toys and playgrounds <sup>20, 24</sup>.

#### **5. Stay home if sick**

Parents should let their children stay home when they are sick, even if the signs and symptoms are mild. Parents should inform the teachers when their children have signs of any illness. They should consult a healthcare provider for testing and care, and for clearance prior to going back to school <sup>20, 24</sup>.

#### **6. Vaccination**

Promoting vaccination can help schools safely return to face-to-face learning and even sports and extracurricular activities. Schools should require all teachers and staff, if possible and depending on vaccine availability, to be fully vaccinated <sup>20, 23, 24</sup>.

All students who are eligible for COVID-19 vaccination under DOH guidelines, should also be encouraged to be vaccinated.

#### **7. Screening / testing**

When it is not possible to maintain a physical distance of at least 6 feet, it is especially important to add multiple layers of prevention strategies, such as antigen screening and RT-PCR testing. Schools should require quarantine for 7 to 14 days depending on the vaccination status, testing or screening of teachers, staff, or children in the presence of close contacts/exposure to possible Covid patients. There should be confidentiality of results to maintain privacy <sup>23</sup>.

#### **8. Others**

- If safe, keep the classroom windows open
- Parents should make sure that children bring their own food for lunch and recess, including their own utensils

## **L. Food delivery**

COVID-19 is primarily transmitted through droplets containing the virus, or through viral particles that float in the air. There is no current evidence that COVID-19 is transmitted through food, food packaging or deliveries, hence, disinfectants on cardboard or other food items is not recommended. Furthermore, the disinfectants are only recommended for hard surfaces. Since the food packages are made of porous materials which may absorb the disinfectants, this may lead to some form of toxicity. If take out containers are a concern, transfer the food to your own serving dishes and wash hands after handling these containers <sup>23</sup>.

## **M. Repairs done at home**

If home repairs are needed, ensure that the workers coming into your house have been tested or fully vaccinated. Make sure that workers wear masks at all times, even if the homeowner is not in the room. Keep windows open and use a fan to direct air out to help decrease the amount of virus droplets that may stay confined in a room. Ask them to wash their hands regularly and provide hand sanitizers if they don't bring any. After the contractor or workers leave, wipe down any surfaces that they've touched with disinfectant. Homeowners should interact with the contractors or workers only when required, maintaining the 6 feet distance and preferably outside of the house <sup>22, 25</sup>.

## **N. Parents / guardians who bring children out of the house**

The Philippine Pediatric Society and the Pediatric Infectious Disease Society of the Philippines discourage parents and guardians of young children from bringing them to public enclosed or crowded places <sup>21</sup>.

If going out is unavoidable, it would be better to bring children in open spaces/outdoors. The basic health standards like wearing masks, physical distancing, washing hands and/or using alcohol/hand sanitizers frequently, should still be followed. Wash hands as soon as you get home. In between, avoid touching your face, especially the mouth, nose and ears <sup>21</sup>.

## **O. Transportation**

CDC recommends delaying travel until one is fully vaccinated. However, if you are traveling with children who cannot get vaccinated at this time, follow recommendations for people who are not fully vaccinated and choose the safer travel options <sup>21</sup>.

During car travel, stopping along the way for gas, food, or bathroom breaks can put you and your traveling companions in close contact with other people and frequently-touched surfaces. It is advised that you take short road trips with members of your household or fully vaccinated people with few stops along the way for food or bathroom breaks <sup>21</sup>.

## **P. Playing and Sports**

Play is an integral part of a child's life. If outdoor play is not possible (depending on the alert level), playing indoors is still possible. Pull out board games, get a book to read, do some arts and crafts with the children, or improve their singing, dancing and instrument playing skills <sup>22</sup>.

When possible, get the children outside for walks or a backyard game. However, it is not advisable to invite the neighborhood kids over to play. Avoid crowded places <sup>22</sup>.

For older children, take long walks or run outside maintaining at least 6 feet between you and the non-family members when outside. Going to the gym is only allowed for fully vaccinated adolescents 12 years and above, aside from adults. Follow government regulation regarding the maximum number of clients. Wear a mask, disinfect surfaces and maintain physical distancing to prevent the spread of the virus <sup>22</sup>.

## **Q. Promotion of scientifically-proven preventive practices (Stay away from “fake news” and unproven/harmful “remedies”)**

Public anxiety and distress may come from misinformation from the news and the internet. It may inadvertently spread panic among the general population. In order to address this, public health education must be based on unbiased scientific evidence to adequately inform the public of the current situation. Epidemiological findings should be reported promptly to ensure accurate assessment and interpretation <sup>26</sup>.

The reliable sources that you may access for more information are the following:

- Department of Health website (Facebook, Viber, twitter, Instagram)
- Philippine Pediatric Society website (pps.org.ph Parents' Corner, Facebook)
- Pediatric Infectious Disease Society of the Philippines website
- Center for Disease Control website (Facebook, Instagram, twitter, Viber)
- World Health Organization website (Facebook, Instagram, twitter, Viber)
- UNICEF COVID-19 Information Centre website (Facebook, Twitter, Instagram)

## CHAPTER 2 CLINICAL SYMPTOMS AND DIAGNOSTIC TESTING IN PEDIATRIC COVID-19 SYMPTOMS

Approximately 12% of COVID-19 cases are seen in the pediatric age group <sup>26</sup>. Infants and children infected with COVID-19 can be asymptomatic in 17.1% of cases, mild (41.9%), moderate (24.5%), or severe/critical (15.2%). Symptoms include fever, cough, colds/nasal stuffiness, decreased appetite, difficulty in breathing, vomiting, watery stools, abdominal pain, sore throat, muscle pain, loss of smell, loss of taste, headache, rashes, and seizure. But, the three most common symptoms are fever, cough and colds <sup>27</sup>.

### DISEASE SEVERITY CLASSIFICATION

***Mild infection in children*** presents with any of the above-mentioned symptoms with no evidence of pneumonia.

***Moderate infection in children*** presents with pneumonia manifesting as cough or difficulty in breathing with fast breathing and/or chest indrawing.

\*Fast breathing (breaths/min):

< 2 months:  $\geq 60$ ;

2–11 months:  $\geq 50$ ;

1–5 years:  $\geq 35$

***Moderate infection in adolescents*** manifests with clinical signs of pneumonia (fever, cough, difficulty breathing, fast breathing), but no signs of severe pneumonia, and with oxygen level greater than or equal to 94% on room air.

***Severe infection in children*** manifests with signs of moderate infection plus at least one of the following:

- a) Generalized darkening or bluish discoloration of the child or oxygen level below 94% on room air;
- b) Grunting and very severe chest indrawing;
- c) Inability to breastfeed or drink, lethargy, unconsciousness or convulsions.

***Severe infection in adolescents*** presents with clinical signs of moderate infection plus one of the following:

- a) Respiratory rate of greater than 20 breaths/min
- b) Grunting, and very severe chest indrawing
- c) Oxygen level below 94% on room air

Some patients with severe infection may have further progression of the condition and develop shock, acute stroke, and a complication known as ***MIS-C or Multisystem Inflammatory Syndrome in Children***. MIS-C presents with fever for 3 days or more, rash, conjunctivitis, skin and oral lesions, sudden onset of diarrhea, vomiting or abdominal pain, low blood pressure or shock - weak pulses, cold, clammy extremities <sup>28</sup>.

## **WHO NEEDS TO BE TESTED?**

1. Anyone who has symptoms of COVID-19 regardless of vaccination status or prior infection <sup>29</sup>.
2. Close contact with suspect, probable or positive COVID-19 patients whether from home or travel exposure. Close contact is defined by the WHO as a person who has experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case <sup>30</sup>.
  - a. Face to face contact with a probable or confirmed case within 1 to 2 meters for at least 15 minutes or a cumulative total of 15 minutes or more in 24 hours <sup>6</sup>. Testing for active COVID-19 infection may be considered for exposures of shorter duration or greater distance on a case-by-case basis <sup>31</sup>.
  - b. Direct care for a patient with a probable or confirmed COVID-19 disease without using personal protective equipment OR <sup>30</sup>.
  - c. Other situations as indicated by local risk assessments <sup>30</sup>.
3. Infants born to suspected or confirmed COVID-19 positive mothers <sup>32</sup>.

## **WHO WILL NOT REQUIRE TESTING?**

Indirect exposure does not require testing. Close contact with someone exposed to another child with COVID-19, but not to the infected child himself/herself need not be tested unless the child contact later tests positive for COVID-19 or develops symptoms <sup>33</sup>.

## **WHEN TO TEST?**

1. If your child has symptoms consistent with COVID-19, especially if he/she had a close contact with a COVID-19 positive person, testing should be done right away regardless of vaccination status <sup>30</sup>.
2. If your child is asymptomatic and had a close contact with a COVID-19 positive person, the best time to test is 5 to 7 days after the last exposure <sup>34</sup>. Exposed children should be quarantined for 14 days if the test result is negative <sup>35</sup>. If the RT-PCR is positive and your child remains asymptomatic, isolation should also be for 14 days but the first day of isolation is the day the test was taken. If symptoms develop, they should be isolated and tested immediately.

## WHICH TESTS TO USE?

**RT-PCR** is the most accurate test for COVID-19 infection. It is the gold standard for testing a child with an acute infection <sup>36</sup>. The test will indicate the presence of the virus regardless of the presence or absence of symptoms. It involves either a nose/throat swab or saliva for testing, although the nose/throat swab is the preferred test over saliva. Results are approximately available in 1 day. One disadvantage of the RT-PCR test aside from being more costly is that the result may still be positive several weeks after an infection and may not reflect active shedding of infectious virus at later time points <sup>37</sup>.

**Antigen tests** are best used in patients with symptoms who are living in mass housing such as in orphanages and convents, where immediate testing is important to have a better chance of containing the disease <sup>38</sup>.

Antigen tests may indicate if the virus is present but will not be as accurate as the RT-PCR and can sometimes give you a negative result even if you really have the infection. Hence, it is not the best option.

The antigen test also makes use of a nose/throat swab or saliva as a specimen and is best used in the first 7 days of symptoms <sup>39</sup>. The results are available within 30 minutes when using the point of care kits.

## CHAPTER 3 HOME CARE FOR CHILDREN DURING THIS PANDEMIC

COVID 19 infection usually presents with mild illness in children, though some may develop more severe symptoms requiring hospitalization. Children with neurologic and developmental disorders, chronic kidney, heart and lung diseases and those who are obese, are among those that may develop more severe infection <sup>40</sup>.

### A. Home care may be recommended in the following situations.

1. If your child is diagnosed with mild COVID-19 infection with any of the following symptoms:

- Fever of less than or equal to 38°C
- Cough
- Colds
- Diarrhea
- Sore throat
- Headache
- Loss of smell or taste
- Decrease in appetite <sup>41, 42, 43</sup>

2. If your child was tested for COVID-19 due to exposure to a confirmed or probable COVID-19 patient and is waiting for the results

3. If your child has flu-like symptoms, such as fever, cough, and sore throat, and no test has been done yet. Even if you are not sure that your child has COVID-19, he/she should stay home unless medical care is needed. This will prevent the infection from spreading to other people <sup>42</sup>.

### B. What is the difference between quarantine and isolation?

**Quarantine** is used for anyone who is a close contact of a person with COVID-19. Quarantine means that you remain separated from others because you have been exposed to the virus and you may be infected but may not have symptoms yet. This can take place in a designated facility or at home.

**Isolation** is used for people with or without symptoms who have tested positive for COVID-19 or with COVID-19 symptoms awaiting RT-PCR result. Being in isolation means being separated from others, ideally in a medical facility where you can receive clinical care. If isolation in a medical facility is not possible and you are not in a high-risk group of developing severe disease, isolation can take place at home in a separate room with its own bathroom <sup>41</sup>.



### **C. What should I do at home?**

1. Monitor:

- Temperature every 4 hours
- Oxygen level every 6 hours using a pulse oximeter. If not available, monitor for changes in the breathing pattern of the patient.
- Frequency, volume and color of your child's urine/urination.

2. Encourage your child to rest.

3. Keep your child hydrated by giving plenty of fluids/water.

4. Use fever-reducing medications if your child has a fever.

5. Give age-appropriate healthy foods <sup>42, 44</sup>. Continue breastfeeding <sup>45</sup>. Offer soft, varied foods that are easy to chew and swallow.

### **D. When should I call my child's pediatrician?**

Inform your child's pediatrician if he/she has any of the following symptoms:

- persistent fever or fever of 38.1°C and above
- refuses to drink or eat
- ear pain or with fluid coming out of the ear
- runny or stuffy nose for 2 weeks or longer
- bad cough or chest pain
- persistent headache
- diarrhea
- breathing problems
- abdominal pain
- is getting sicker <sup>42</sup>

### **E. When should I bring my child to the emergency room?**

Bring your child to the emergency room if he/she:

- appears dehydrated; the signs include dizziness, drowsiness, a dry or sticky mouth, sunken eyes, crying with few or no tears, peeing less often or has fewer wet diapers
- is unable to drink or talk
- is confused or drowsy
- has trouble breathing, is breathing fast, or looks pale or blue around the lips <sup>41, 44</sup>
- has oxygen levels of less than 95% if using a pulse oximeter <sup>46</sup>

## **F. How can I protect other household members?**

1. Keep your sick child away from other people and pets in your home.
2. Your child should stay in a bedroom and use a bathroom separate from other people in the home or be at least 6 feet (2 meters) away from other people and pets <sup>44</sup>.
3. Designate only one person, if possible, to care for the sick child so others are not exposed. Choose a healthy family member to care for your child <sup>41</sup>.
4. Your child should wear a mask if with other household members <sup>41</sup>. Choose a well-fitting and comfortable mask, the size of which should fit over the child's nose and under the chin but does not impair vision. A poorly fitting or uncomfortable mask might be worn incorrectly or removed often, which would reduce its intended benefits. Masks should not be worn by children younger than 2 years old or anyone who has trouble breathing or has severe mental disability. If they can't wear a facemask, you or the designated caregiver should wear one while in the same room with the child.
5. Everyone in the house should wash their hands often with soap and water for at least 20 seconds, especially after contact with your child or if visibly dirty. You can also use an alcohol-based hand sanitizer that is at least 60% alcohol to clean your hands if soap and water aren't available <sup>41, 44</sup>.
6. Everyone in the house should avoid touching their eyes, nose or mouth unless they have just cleaned their hands <sup>41</sup>.
7. Teach the child to cover his/her nose and mouth with a tissue when coughing and sneezing, throw the tissue away, and wash hands right away <sup>41</sup>.
8. Use separate dishes, glasses, cups, and eating utensils and do not share these with other household members. After use, wear gloves and wash utensils with hot soapy water <sup>41</sup>.
9. Use separate beddings and towels <sup>41</sup>.
10. Wash the sick child's clothing, bedding, and towels with detergent separately using hot water. If possible, wear gloves when handling their laundry. Wash your hands well after handling the laundry (even if you wore gloves).
11. Make sure shared spaces in the home have good air flow. You can open a window or turn on an air filter or air conditioner.
12. Do not allow visitors into your home. These include children and adults.
13. Every day, use a household cleaner or household bleach 1:100 dilution or (follow product recommendation, concentrations vary according to brand) to clean things that get touched a lot. These include doorknobs, light switches, toys, remote controls, sink handles, counters, refrigerator handles, phones and gadgets. Keep a sick child's toys separate from other toys, if possible.

## **G. How to protect others in your community:**

1. All household members should also stay home and isolate/quarantine until after the criteria for stopping home isolation/quarantine are met.
2. Your sick child should stay home unless he/she needs to be brought to the hospital <sup>41</sup>.
3. It is best that you inform your barangay for contact tracing and to help your household with basic needs such as groceries and food as well as medical needs.

4. Follow instructions from your doctor or local health care worker about who should stay home and for how long.
5. If a hospital visit is needed:
  - Everyone should wear a mask and face shield.
  - Keep tissues handy in case they need to cough or sneeze.

## **H. When can we stop home isolation?**

For children with mild symptoms and has clinically recovered you can stop home isolation 7 days after symptom onset <sup>47</sup>.

## **I. How and when should we be disinfecting the isolation room once an infected child no longer needs to be separated from other household members?**

Wait several hours before going inside the room to clean and disinfect.

If you need to clean the room less than 24 hours from the time an infected child has vacated it, clean as if he/she is still using the room for isolation. Wear a face mask when entering the room. Increase airflow by opening the windows and turning on the fan. Clean and disinfect the surfaces that he/she touched with a household cleaner or bleach.

If you will clean the room after 24 hours but less than 3 days from the time an infected child has left the room, clean the surfaces in the areas that he/she used. Disinfection is not needed <sup>48</sup>.

If you will enter the room after 3 days, no additional cleaning aside from routine cleaning is needed.

## **J. What else should I know?**

If you are caring for a child who has COVID-19 or who has symptoms, keep taking these precautions until your doctor or local health worker says it's safe to stop doing so. Inform other people who may have been in close contact with the child with COVID-19. They can speak with their doctor or local health care worker about the need for testing or quarantine/isolation.

For those who had recent infection, COVID vaccine may be given as soon as the patient recovers from illness and has completed isolation.

For all children, update immunization after recovery.

## **CHAPTER 4 BREASTFEEDING AND COVID-19**

Current evidence suggests that breast milk is not likely to spread the virus to babies.

**Mothers, who have recently delivered and who are suspected to have COVID-19 or have COVID-19, are advised to do the following:**

- Initiate or continue breastfeeding, since the benefits of breastfeeding substantially outweigh the potential risks for transmission of the virus.
- Remain together while rooming-in throughout the day and night. They should practice skin-to-skin contact, including kangaroo mother care, especially immediately after birth and during establishment of breastfeeding, whether they or their infants have suspected or confirmed COVID-19 49.
- Wash hands before breastfeeding.
- Always wear a mask preferably N95 or KN95

**If the mother has COVID-19 and chooses to express breast milk:**

- Use her own breast pump and not share with others, if possible.
- Wear a mask as breast milk is expressed.
- Wash hands with soap and water for at least 20 seconds before touching any pump or bottle parts, and before expressing breast milk.
- Properly clean pump after each use.
- Store milk safely. Cap milk collection bottle or seal milk collection bag, label with date and time, and immediately place in a refrigerator, freezer, or cooler bag with ice packs.
- If a caregiver will feed the expressed breast milk to the baby, choose a healthy caregiver who has received at least one dose of a single-dose vaccine or two doses of a two-dose vaccine with the last dose given at least two weeks prior. He or she should not be at increased risk for severe illness from COVID-19. A caregiver feeding the baby should wear a mask when caring for the baby for the entire time. Quarantine and isolation precautions should be followed <sup>50</sup>.

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