

POSITION STATEMENT ON CHILDREN WITH TYPE 1 DIABETES MELLITUS RETURNING TO SCHOOL

Summary:

All children should return to school in accordance with government guidelines. Type 1 diabetes mellitus (T1DM) does not seem to increase the risk of acquiring infection or of having Covid-19 severe disease in children and adolescents. Our position is that children and adolescents with T1DM should not be prevented from returning to school.

Background:

The pandemic of infection with Corona virus (SARS-Cov-2), which has caused Corona Virus Disease since 2019 (Covid-19) has affected all aspects of life throughout the world. South Africa has not been spared and we are now in the early stages of this epidemic. The carefully considered and courageous decision by government to call for a lockdown was timely and necessary as is the easing to level 4. As part of this change, it has been recommended that children and adolescents begin returning to school. Considering concerns raised by numerous people, PAEDS-SA is presenting our position on this aspect of the epidemic. What do we know about children and infection with Corona virus (SARS-Cov-2)? What we do know comes from very limited information from other countries and from limited local experience.

1. In many countries, children make up a small fraction of all the people with infection. Thus, it seems that Children and young people do not contract Covid-19 at the same rate as adults. In China and Italy, children less than 10 years of age were only ~1% of all cases and those between 10 and 19 years of age were 1.2% of all cases. In the USA, children and adolescents (under 18 years of age) were 1.7% of all cases reported^{1,2,3}.
2. Children do not seem to get severe infection very commonly. This may be the reason why children make up such a small fraction of people with infection, because in most countries, people are only tested when they are ill. It is thought that most children get infected but do not have symptoms. Children rarely require hospitalisation or have severe disease⁴. (1.1% of cases are critical, 2.2% of cases are severe)⁵ (5.7% of children hospitalised US³)
3. Very few children have been seriously ill or have died from this condition. To date, it is thought that ~30 children have died from Covid-19.
4. Children do not seem to be responsible for the major spread of infection to others. Most children are infected by adults rather than from each other
5. It is not clear that children have the same risk factors as adults for serious illness e.g. hypertension, lung disease, type 2 diabetes, etc. From reports from colleagues suggest that Children with T1DM do not contract Corona virus infection more frequently than other children² and do not have more severe forms of Covid 19 disease than other children. In China and Italy, no-one under 25 with T1DM landed up in hospital or with severe disease (needing ICU)²
6. In South Africa, we are starting to see a few children with COVID-19 disease and the pattern does not seem to have changed from the rest of the world
7. We are seeing increasing numbers of children with stress, anxiety and other psychological, social and emotional issues as a result of the lockdown.

Conclusion

We, therefore, have taken the position that children and adolescents with T1DM should not be treated any differently from other children in terms of going back to school.

All usual advice for the care of children and young people with T1DM remains valid:

- better control means better health, particularly in winter when everyone gets sick.
- children with T1DM should have a flu vaccine
- any illness will affect glucose control, which then needs extra attention.
 - if children are ill, they or their caregivers should not delay in contacting their health care provider
- because they are afraid of COVID “unmanaged DKA is far more dangerous.

- hypoglycaemia remains the most urgent problem that must be treated immediately, including at school.

We will continue to monitor reports from international organizations (WHO, ISPAD, ADA), colleagues and from across the world and update this statement promptly as new information becomes available.

References:

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