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Delayed Access and Uptake of Care for Children During Covid-19

C. Sloane, P. Mallett, K. Ferris, C. Bennison, P. Moriarty

Royal Belfast Hospital for Sick Children (RBHSC), Belfast, N. Ireland.

Dear Editor,

We are writing to discuss some anecdotal evidence that is emerging in Northern Ireland's paediatric population during the COVID-19 pandemic, regarding recognition of potentially delayed presentations of children to paediatric services.

To date, there has been over five million confirmed cases of SARS-CoV-2 globally, including nearly 350,000 deaths.[1] It has emerged that children have been significantly less affected, comprising <2% of all cases reported.[2] This is also illustrated in disease severity with small numbers of children requiring hospitalisation and critical illness reportedly occurring in <1% of all affected children.[2]

Northern Ireland has a population of almost 2 million people, with 20% aged under 16.[3] There were substantial concerns about our specific group of vulnerable patients including those with chronic cardio-respiratory conditions, neuro-disabilities and underlying genetic conditions. Particular concern was raised at extrapolating information from diverse paediatric patient populations from China and Italy, two of the country's initially most severely affected and where much of the initial evidence originated.

In response to this now global crisis, a UK-wide national lockdown, including school closures began on 23rd March 2020. Soon the UK government began disseminating the now well-recognised slogan of 'stay home, protect the NHS, save lives'. The Royal Belfast Hospital for Sick Children (RBHSC) had begun postponement of elective surgical procedures, and any routine outpatient clinics.

The marked decrease in the number of paediatric patients presenting to hospital began to raise concerns among paediatricians here. RBHSC emergency department attendances fell by over 30% in March, and over 50% in April compared to the corresponding periods of 2019. This prompted a Public Health Agency announcement on 15th April, urging parents to remain 'vigilant of other childhood illnesses', and to seek help if their 'child is unwell and needs medical attention'.[4]

We began to see some cases of children presenting, in our opinion, later than usual with a variety of treatable conditions. This includes infants and children with a number of medical and surgical conditions, both newly diagnosed and exacerbations of known chronic conditions. Our difficulty lies in accurately quantifying this; what constitutes a delayed presentation for each of these illnesses, how can direct case comparisons be made, how do we screen for delayed cases? There are also cases of delayed presentation to hospital that occur throughout the year, pandemic or not.

The perception amongst our group, discussed at regular clinical meetings, is that these included cases of late onset neonatal sepsis, new and known patients with diabetes mellitus presenting with severe diabetic ketoacidosis, some requiring prolonged intensive care stays. In addition, we have experienced infants and children with perceived delayed presentations of readily treatable surgical conditions such as pyloric stenosis and appendicitis; some of whom experienced significant derangement in electrolyte profiles, inflammatory markers, and clinical instability. These surgical presentations have particularly led to more complicated operative management, resulting in challenging post-operative sequalae and prolonged hospital admission.

After eight weeks of strict lockdown measures, the RBHSC has seen very few patients with COVID-19 related illness. As these measures have begun to gently ease, we are seeing increasing numbers of emergency department attendances and hospital admissions, and this is very reassuring. During this and the anticipated future phases, it is our collective role as healthcare professionals to actively encourage and promote parents and carers to seek healthcare appropriately.

Corresponding Author:
Dr Charlotte Sloane,
Royal Belfast Hospital for Sick Children (RBHSC),
Belfast,
N. Ireland.
E-mail charlotte.sloane@belfasttrust.hscni.net

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