

SUPPORT TO MANAGE RISK FOR CHILDREN AND YOUNG PEOPLE LIVING WITH DIABETES FROM COVID-19

Position statement (July 2020)

Key Points

- Children and young people (defined in this position statement as under the age of 19) living with diabetes are at very low risk of becoming seriously ill with Covid-19. No children with diabetes in England, Scotland or Northern Ireland have died from coronavirus (this data is not available in Wales)ⁱⁱⁱ. However, we understand why children and young people and their parents and carers may be concerned about their coronavirus-associated risk and the return to school.
- Governments across the four UK nations must provide schools with clear guidance on the provision expected for children and young people with medical conditions, like diabetes, when they return to school.

- Schools should have an up-to-date *Medical Conditions Policy*, which has been updated to reflect issues surrounding the coronavirus, and every pupil with diabetes should have an *Individual Healthcare Plan* (IHP).
- Paediatric and adolescent diabetes teams should continue to provide care to children and young people with diabetes and should be available to discuss any concerns they or their parents and carers have about their Covid-19-related risk and the safety of returning to school.

Why have we produced this position statement?

Since mid-March 2020 lockdown measures were introduced across the UK to prevent the spread of Covid-19. People living with diabetes have been defined as “clinically vulnerable” in relation to coronavirus (Covid-19) and have been advised to practice stringent social distancing. For some people with diabetes, this has been a worrying, confusing and frustrating time, with many left feeling particularly vulnerable. Data published surrounding the increased risk for some people with diabetes becoming seriously ill and dying with the virus has understandably not helped to alleviate these concerns.

As measures were introduced to restrict the transmission of Covid-19, schools across the UK were closed. For parents this has been a very difficult time, juggling home-schooling with other obligations, like paid work, and for the parents of children with diabetes there has been added concern around their vulnerability to becoming seriously ill with coronavirus. For children and young people with diabetes, who have experienced significant upheaval, this will have been a particularly difficult time and some may feel anxious about their eventual return to school. Some children and young people with diabetes have seen significant changes to their routine, such as no longer being able to attend sports clubs and staggered or different lunch times, which may have caused difficulties in their diabetes management.

In April 2020 a number of children in the UK were admitted to hospital with a multisystem inflammatory syndrome which has symptoms resembling toxic shock syndrome and Kawasaki disease. When tested, about half the children admitted to hospital with these symptoms were

found to have Covid-19. A link was reported between this unknown inflammatory syndrome and the coronavirus, but there is currently no evidence to support this. However, the emergence of this syndrome has been understandably concerning for children and young people and their parents and carers, in particular for those with health conditions like diabetes.

Diabetes UK has seen a large volume of calls and emails from parents who are concerned about the above-mentioned issues and, in particular, about the safe return to school for their children. We have also had young people, schools, local authorities and school nurses contact us regarding uncertainty about how to ensure safety as pupils return to school.

In addition, a recent survey we conducted highlighted further concerns from parents and carers of children with diabetes about the impact of lockdown on their child's health. This has included: appointments being cancelled; lack of exercise resulting in high blood sugar levels; guidance only being available for adults; whether or not they should go to work outside the home and; the emotional impact of the pandemic on their children.

We have developed this position statement to provide advice and support on Covid-19 and its risk to children and young people with diabetes. This position statement will provide recommendations to support children and young people with diabetes, their parents or carers, their healthcare professionals, their schools and all other interested parties.

How did we develop this position?

We have reviewed recently published literature on Covid-19 in children and young people, data published by the NHS and an extensive literature review conducted by the Royal College of Paediatric and Child Health.

We have reviewed calls to our helpline and emails to our supporter care team to identify key concerns people have. We have also consulted responses to a recent survey we conducted for people living with and affected by diabetes about their experiences surrounding coronavirus. The survey had over 5000 responses, more than 300 of which were from the parents and carers of children and young people with diabetes.

We have sought the views of people living with and affected by diabetes and healthcare professionals through our Council of People with Diabetes (CPD), our Council of Healthcare Professionals (CHP) and our Young Adults Panel.

What are we saying?

Children and young people with diabetes are at very low risk of becoming seriously ill with coronavirus.

- No children or young people with diabetes under the age of 20 have died from coronavirus in England, Scotland and Northern Ireland. This data is not currently available in Wales.
- There is limited data on children with underlying health conditions and coronavirus, but the literature that has been published suggests that the comorbidities that increase risk of severe illness in adults may not be the same in childrenⁱⁱ. While children with underlying health conditions are over-represented globally in Covid-19 related hospital admissions, most have had mild symptoms.
- A study in America revealed one child was admitted to a Paediatric Intensive Care Unit with diabetes, but this was because they had presented with Diabetic Ketoacidosis (DKA)^{iv}. This is something we have heard anecdotally in the UK, although the DKA has been associated with late presentation rather than Covid-19 specifically.

While the risk of becoming seriously ill with coronavirus is low for children with diabetes, we still have a number of recommendations designed to ensure their safety, reduce their risk and maintain a high quality level of diabetes support and management.

Recommendations:

1. Where possible, children with diabetes should be supported and encouraged to minimise close contact with people outside their household and wash hands regularly

- Children, particularly young children, may be more at risk of contracting Covid-19 because they are less able to maintain social distancing. Small children may not

understand what social distancing means and why it is important. When children with diabetes do contract coronavirus, they are unlikely to become seriously ill.

- Washing hands and maintaining social distancing can help to stop the spread of the virus.
- Where children are outside of the home, for example at school or nursery, parents should be aware of the social distancing measures in place. Parents should seek to find out what plan the school or nursery has in place to minimise close contact, including in the playground and at lunch time.

2. Any child or young person with symptoms of Covid-19 should be supported to follow the Sick Day Rules

- Keep taking diabetes medication, like insulin.
- Test your blood sugar every 4 hours, even during the night.
- Stay hydrated – drink plenty of unsweetened drinks and eat, little and often.
- Check for ketones if your blood sugar is above 15mmol/l (or 13 mmol/l if you use an insulin pump). If ketones are present, contact your diabetes team.
- Keep eating and drinking – if you can't keep food down try snacks or drinks with carbohydrates in to give you energy. If you're vomiting and not able to keep fluids down, seek medical advice as soon as possible.
- The symptoms of Covid-19 include:
 - High temperature: meaning you feel hot to touch on your back or chest
 - A new, continuous cough: meaning coughing a lot for an hour or more, or having 3 or more coughing episodes in a day
 - Loss or change to your sense of smell and/or taste: meaning you've noticed that you can't smell or taste anything, or that things smell or taste different to normal
- If a child has symptoms of Kawasaki disease, which are similar to those of the new Paediatric Inflammatory Syndrome associated with Covid-19, they should also follow sick day rules. The symptoms of Kawasaki disease are a high temperature that lasts for 5 days or more and:
 - A rash
 - Swollen glands in the neck
 - Dry, cracked lips
 - Red fingers or toes

- Red eyes

3. Governments across the four UK nations should provide clear and accessible advice to schools about the return to school for pupils with underlying health conditions, like diabetes

- Governments should recognise the importance of publishing and effectively communicating guidance that schools can use to inform their approach to ensuring the safety of and reducing the coronavirus-related risk for children with diabetes.
- Government guidance on the return to school should include specific advice on managing the return to school of children with underlying health conditions, like diabetes, who do not necessarily have an Education Health and Care Plan (EHCP).
- Guidance should include advice on how schools should manage the administering of medicines, like insulin, and first aid. This would include for children with diabetes who are experiencing hypoglycaemia and require Glucagon injections.
- Schools should be made aware of any legal obligations they have to support children with medical conditions. ^{vi, vii, viii, ix.}

4. Every school should have an up-to-date medical conditions policy, easily accessible to parents and pupils

- Schools should conduct a risk assessment which minimises the risk to children with underlying health conditions like diabetes.
- Every school should have a medical conditions policy^x, which details how the schools will care for any children with health conditions, the procedures for getting the right care and training in place and who is responsible for making sure the policy is carried out. For schools that already have a medical conditions policy, this policy should be updated in light of Covid-19.
- Medical conditions policies should be published on schools website, so parents are able to easily access and review them.
- Every child with diabetes in school should have an Individual Healthcare Plan (IHP) – an agreement between the child with diabetes, their parents/guardians, the schools and healthcare professionals about what care a child needs and how it will be carried out. School leadership have a responsibility to ensure IHPs are being carried out. IHPs

should be updated in light of Covid-19. New school starters who have diabetes should also have an IHP.

- All school staff caring for children with diabetes must receive suitable specialist training, be signed off as competent and receive additional training as appropriate to meet a child's changing needs.
- Schools should refer to Diabetes UK's Good Practice Checklist, which will help them ensure children with diabetes are given the care they are entitled to in school.

5. Children and young people must be able to access healthcare and support

- Children and young people who are diagnosed with diabetes whilst measures to control COVID-19 are in place, and their parents or guardians, are likely to feel very vulnerable and may be at risk of developing an adverse long-term relationship with their condition. They should be identified by services and proactively offered additional support.
- Local diabetes services should ensure annual reviews are prioritised for those who have not achieved treatment target for HbA1c and those who did not attend their last scheduled annual review.
- Children and young people with diabetes should feel safe when accessing care. Annual reviews should be delivered in a way that minimises face to face contact and the risk of spreading COVID19 (e.g. through the use of technology, COVID minimal practices or other local arrangements which minimise contact, such as one stop shops).
- Children and young people should be offered the option of virtual consultations, where appropriate. This can be particularly effective in transition services.
- If urgent health care appointments cannot be provided through a remote consultation, people with diabetes may need access to patient transport, provided through the NHS or voluntary responder schemes, in order that they can reduce their contact whilst travelling.
- Children and young people living with diabetes should have access to emotional and psychological support. This may be particularly important for those who are shielding, although we do not expect this to be a large number of children and young people with diabetes. Where diabetes psychology staff have been redeployed to other areas of work (e.g. staff support), they should be deployed back to their original area of work.

6. More research should be conducted into the impact of Covid-19 on children and young people and the inflammatory syndrome reported to be connected to it

- Very little is known about the impact of coronavirus on children and young people. However, the Royal College of Paediatric and Child Health has produced an evidence summary that comprehensively details what is currently known about the virus and its effect on children and young people^{xi}.
- Diabetes UK supports the collection of data relating to Covid-19 and children and young people^{xii}, including the collection of data by Public Health England which is following-up on lab-confirmed cases of coronavirus in children^{xiii}.
- Diabetes UK welcomes the British Paediatric Surveillance Unit's study^{xiv} into the multisystem inflammatory syndrome that has been reported in children, some of whom have tested positive for coronavirus. We encourage paediatricians to engage in this study and report any cases of toxic shock syndrome or Kawasaki disease to the study authors.

Evidence and analysis

The novel nature of Covid-19 means very limited research has been conducted into its impact on people with diabetes, in the context of the NHS. This is particularly the case for research into the effects of Covid-19 on children and young people with diabetes.

Our [position statement on support to manage risk for adults living with diabetes from covid-19](#) offers a review of the available evidence and concludes that age is the main risk factor, with people aged over 70 being at higher risk and those aged over 80 at considerably higher risk.

The position highlights a number of other potential risk factors in adults including HbA1c, ethnicity and sex. It is important to note, however, that there is no clear evidence to suggest these risk factors are the same in children.

While there is limited evidence around Covid-19 related risk in children with diabetes, the Royal College of Paediatric and Child Health (RCPCH) has conducted a comprehensive evidence review. The RCPCH evidence review includes a [summary or the evidence](#) surrounding 'at-risk groups' which concludes that while children with co-morbidities may be at

increased risk of hospitalisation with Covid-19, their symptoms remains mild. For children with diabetes, the increased risk of hospitalisation from Covid-19 is often associated with how being ill increases the risk of diabetic ketoacidosis (DKA).

What parents and carers of children with diabetes have told us:

Over 300 parents and carers of people living with diabetes responded to our survey asking about experiences and concerns surrounding Covid-19. We have also received nearly 100 enquiries made to our helpline.

A key theme from both the survey and our helpline was concerns about keeping children and young people safe and the Covid-19 associated risk to children with diabetes. As this position makes clear, the risk of serious illness from coronavirus in children and young people is very low, including for those who have diabetes. However, parents and carers have told us that the official advice has been unclear and therefore some people have experienced significant stress. For those who are key workers, there has been extensive uncertainty about the safety of them going to work when their child has diabetes.

Another key theme has been issues accessing diabetes services. This includes structured education courses, psychological support and contact with diabetes specialists or diabetes specialist nurses. For some this translated into further concerns around their child's health deteriorating.

“Restrictions on movement... has an impact on blood sugar levels and insulin requirements”

“Should a child with type 1 be going out for exercise?”

Access to medicines were also a common theme, with parents and carers concerned that they may put their child at risk if they go to the pharmacist to collect prescriptions. The same issue has emerged with accessing healthy food, with people expressing concern that going to a supermarket may compromise their child's safety.

“Struggling to get a delivery slot so I'm having to go out more and risk bringing this virus home”

Finally, the most dominant theme in the communication we are getting from the parents and carers of children with diabetes is around the return to school. Parents have been unclear about whether going to school is safe for their children, whether schools can practically be made safe for their children and whether, for those who are key workers, it is acceptable for their child with diabetes to attend school while they remain closed to most pupils.

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- ⁱ <https://www.england.nhs.uk/publication/type-1-and-type-2-diabetes-and-covid-19-related-mortality-in-england/>
- ⁱⁱ <https://files.nisra.gov.uk/Deaths/Weekly-Deaths-Dashboard.html>
- ⁱⁱⁱ <https://www.rcpch.ac.uk/resources/covid-19-research-evidence-summaries#at-risk-groups>
- ^{iv} <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2766037>
- ^v <https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/>
- ^{vi} <http://www.legislation.gov.uk/ukpga/2014/6/part/5/crossheading/pupils-with-medical-conditions/enacted>
- ^{vii} <https://hwb.gov.wales/learning-wales-information-has-moved/>
- ^{viii} <https://www.education-ni.gov.uk/articles/support-pupils-medication-needs>
- ^{ix} <https://www.gov.scot/publications/supporting-children-young-people-healthcare-needs-schools/pages/2/>
- ^x <http://medicalconditionsatschool.org.uk/documents/Medical-Conditions-Policy.pdf>
- ^{xi} https://www.rcpch.ac.uk/resources/covid-19-research-evidence-summaries#footnote101_u09worx
- ^{xii} <https://www.rcpch.ac.uk/resources/covid-19-data-collection>
- ^{xiii} <https://www.gov.uk/guidance/covid-19-paediatric-surveillance>
- ^{xiv} <https://www.rcpch.ac.uk/work-we-do/bpsu/study-multisystem-inflammatory-syndrome-kawasaki-disease-toxic-shock-syndrome>