

REPUBLIC OF KENYA



MINISTRY OF HEALTH

ADDENDUM OF HOME BASED ISOLATION AND CARE FOR CHILDREN WITH COVID-19

Most of the cases in children reported had exposure to household members with confirmed COVID-19. Children with asymptomatic or mild symptoms of COVID-19 should be cared for at home.

Clinical Presentation

Pediatric patients with COVID-19 may experience the following signs or symptoms over the course of the disease:

- ❖ Fever
- ❖ Nasal congestion or running nose
- ❖ Shortness of breath
- ❖ Nausea or vomiting
- ❖ Headache
- ❖ Poor feeding or poor appetite
- ❖ Cough
- ❖ Sore throat
- ❖ Diarrhea
- ❖ Fatigue
- ❖ Muscle pain

Danger signs in children under 5 years

There are eleven danger signs for which a child must be referred to a health facility for management, these are;

- 1) Cough for 14 days or more,
- 2) Diarrhoea for 14 days or more,
- 3) Diarrhoea with blood in the stool,
- 4) Fever for 7 days or more,
- 5) Convulsions,
- 6) Not able to drink or feed anything,
- 7) Vomits everything,
- 8) Chest in-drawing,
- 9) Unusually sleepy/lethargic or unconscious,
- 10) Check nutrition status of the child or
- 11) Swelling of both feet.

Clinical Course and Complications in Children¹

Illness severity ranges from asymptomatic to critical:

- Asymptomatic (no clinical signs or symptoms with normal chest movements with respiration):
- Mild (mild symptoms, including fever, fatigue, muscle pain, cough):
- Moderate (Pneumonia, fever, difficulty in breathing):
- Severe (Respiratory failure, fever, shock, and chest in-drawing):

Eligibility of Home-Based Isolation and Care for children

Infected Children who are assessed by a Health Care Worker and meet all the criteria below will be considered eligible for home-based isolation and care:

- Laboratory Confirmed COVID-19.
- Asymptomatic or children with mild symptoms of COVID-19 – as indicated above.
- Absence of co-morbidities like: - asthma, diabetes, immunosuppression, cancer, obesity, congenital heart disease sickle cell disease, chronic lung disease, epilepsy etc.

¹ <https://apps.who.int/iris/bitstream/handle/10665/331473/WHO-nCov-IPC-HomeCare-2020.3-eng.pdf?sequence=1&isAllowed=y>

Procedures for home-based care²

The procedures of home-based isolation and care remains the same as stipulated in the general guidelines.

Responsibilities of the caretaker³

- Keep the child away from uninfected members of the family e.g. grandparents, house-help, siblings
- When breastfeeding wear a surgical face mask
- Check on signs of pneumonia and any other symptom provided above and inform the HCW immediately.

NOTE:

- *Signs of pneumonia to look out for are: Cough; Chest in-drawing; Fast breathing (Count breaths over 1minute and note: infants 2months – 12 months more than 50breaths per minute, children 12months – 59 months more than 40breaths per minute)*
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- Continue with proper hygiene and health promoting behavior e.g.;
 - - create drawings to remember the prevention protocols like - coughing/sneezing etiquette, disposal methods of tissue if used for coughing/sneezing etc., as mentioned in the general guidelines;
 - wash hands, you may sing a song to make it easier and enjoyable for children like – “wash your hands x2 osha mikono”, twice)
- Remember to take the child on Scheduled sick visits (for children with comorbidities) and well-child visits
- Focus on supporting the child by encouraging questions and helping him/her understand the current situation.
- Encourage the child to express their feelings through drawing or other activities
- Clarify misinformation or misunderstandings about how the virus is spread
- Check back with your child on a regular basis or when the situation changes
- Help the child participate in electronic or technological learning that is offered by their school or other institutions/organizations.
- Help your child engage in fun and meaningful activities that is in line with COVID 19 prevention measures.

²Ministry of Health, Kenya. Home Based Isolation and Care for COVID 19 patients - 2020

³ Qiu H, Wu J, Hong L, Luo Y, Song Q, Chen D. Clinical and epidemiological features of 36 children with coronavirus disease 2019 (COVID-19) in Zhejiang, China: an observational cohort study. *Lancet Infect Dis*

Management of Children in Homes and other institutions

Things to note:

1. All child care institutions should have a separate room where any child diagnosed with COVID-19 will be kept;
2. The room should be well ventilated, with good light, handwashing facilities and washroom facilities;
3. The child/children isolated should be provided with adequate materials for play and recreation;
4. A caregiver trained on Infection Prevention and Control (IPC) to be assigned to care for the children isolated;
5. PPEs to be provided to caregivers, caring for the children in the isolation room;
6. The children should be allowed to play outdoors but under supervision and controlled (in turns) so that they don't mix and play with the other children;
7. The children isolated to be provided with nutritious meals and clean fluids and water;
8. Any child noted to be deteriorating should be taken to a facility without delay for review;
9. Child care institution/homes should regularly sanitize their facilities.

Home care of other age groups of children⁴

AGE GROUPS	SIGNS AND SYMPTOMS	HOW TO HELP
PRE-SCHOOL	Fear of being alone, bad dreams Speech difficulties Loss of bladder/bowel control, Constipation bed-wetting Change in appetite Increased temper tantrums, within, or clinging behaviors	Patience and tolerance Provide reassurance (verbal and physical) Encourage expression through play, reenactment, story-telling Allow short-term changes in sleep arrangements Plan calming, comforting activities before bedtime Maintain regular family routines Avoid media exposure
SCHOOL-AGE (ages 6-12)	Irritability, whining, aggressive behavior	Patience, tolerance, and reassurance

⁴ Qiu H, Wu J, Hong L, Luo Y, Song Q, Chen D. Clinical and epidemiological features of 36 children with coronavirus disease 2019 (COVID-19) in Zhejiang, China: an observational cohort study. *Lancet Infect Dis*

	<p>Clinging, nightmares</p> <p>Sleep/appetite disturbance</p> <p>Physical symptoms (headaches, stomachaches)</p> <p>Withdrawal from peers, loss of interest</p> <p>Competition for parents' attention</p> <p>Forgetfulness about chores and new information learned at school</p>	<p>Play sessions and staying in touch with friends through telephone and Internet</p> <p>Regular exercise and stretching</p> <p>Engage in educational activities (workbooks, educational games)</p> <p>Participate in structured household chores</p> <p>Set gentle but firm limits</p> <p>Discuss the current outbreak and encourage questions. Include what is being done in the family and community</p> <p>Encourage expression through play and conversation</p> <p>Help family create ideas for enhancing health promotion behaviors and maintaining family routines</p> <p>Limit media exposure, talking about what they have seen/heard including at school</p> <p>Address any stigma or discrimination occurring and clarify misinformation</p>
<p>ADOLESCENT (ages 13-18)</p>	<p>Physical symptoms (headaches, rashes etc.)</p> <p>Sleep/appetite disturbance</p> <p>Agitation or decrease in energy, apathy</p> <p>Ignoring health promotion behavior</p> <p>Isolating from peers and loved ones</p> <p>Concerns about stigma and injustice</p> <p>Avoiding/cutting school</p>	<p>Patience, tolerance, and reassurance</p> <p>Encourage continuation of routines</p> <p>Encourage discussion of outbreak experience with peers, family (but do not force)</p> <p>Stay in touch with friends through telephone, Internet, video games</p> <p>Participate in family routines, including chores, supporting younger siblings, and planning strategies to enhance health promotion behaviors</p> <p>Limit media exposure, talking about what they have seen/heard including at school</p> <p>Discuss and address stigma, prejudice and potential injustices occurring during outbreak</p>