

# NEWSLETTER

Belgian Paediatric COVID-19 Task Force

17/12/2021

**Disclaimer:**

*The Belgian Paediatric COVID-19 Task Force (PTF) critically reviews the most recent scientific literature.*

*Advices and guidelines reflect the state of the art at a particular time.*

*They can be updated based developments. Implementation is at your own responsibility.*

- **Did anything change in the Task Force's position on children and schools?**

In light of the increased transmissibility of the delta-, and more recently the omicron-variant, we can understand the decision to temporarily ask children from the age of 6 to **wear an adapted mask** in public places (including schools), if associated with other significant measures in the society. The Task Force insists that this measure should be the first to be released as soon as the pressure on the health care system becomes bearable again. Face masks make communication more difficult which can be challenging for young children learning a language. We ask for **patience and benevolence** when young children are not yet able to wear their mask correctly all the time, but we also ask for understanding from parents for this measure.

We more than ever also endorse the importance of **proper ventilation and CO<sub>2</sub> meters as a tool to ascertain this**; not only in schools, but also in other public spaces.

- **Are there Face Mask exemptions for children for medical reasons?**

For most patients, including children with asthma, the **benefit of a face mask for patients and/or society outweighs possible negative side effects**. Wearing a mask does not reduce a person's oxygen supply or cause a build-up of carbon dioxide. But sometimes face coverings can make breathing feel uncomfortable. This is mostly because of 'trapping heat'. Children can try different models to see which one feels better for them. **Mask exemptions need a medical certificate** in Belgium and can **only be written in very rare and specific neuropsychiatric conditions**. In some children with anxiety, breathing exercises can help. The Paediatric Task Force insists that face masks should be affordable and free for the most vulnerable in our society.

- **The Task Force welcomes vaccination of children between 5 – 11 years.**

Vaccinating children has been a topic of debate recently. The Task Force has in July contributed to a very nuanced HGR/CSS advice for vaccination of children 12 - 15. The experience was very good and the uptake of vaccination was high. Side effects like myocarditis/pericarditis have been reported, but were rare and treatable. The Pfizer vaccine for children 5-11 years old is a paediatric vaccine that has been [reported to have even less side effects](#); we consider it to be safe.



A [HGR/CSS report on vaccination 5 - 11 y](#) has now been published, with input from the Paediatric Task Force. More than because of herd immunity and the severity of disease (including the rare MIS-C syndrome), children could be vaccinated (according to the 'opting in' principle) **to avoid the negative impact of possible new measures affecting children (school closures, distance education measures, restriction of youth activities...)** and to **avoid the infection of vulnerable people around them**. The paediatric Pfizer vaccines should be available in Belgium in the beginning of next year. Children with specific conditions (neuromuscular diseases, CP, certain immune deficiencies...) could be prioritized and should contact their paediatric hospital subspecialists on an individual basis.

Even if we don't know a lot about omicron yet, the scientific literature suggests that [hybrid protection \(vaccine after infection\) protects better](#) against disease (and probably against transmission) than infection alone. So **also children who already had the disease could benefit from the vaccine** (min. 2 weeks after the natural infection).

**To help controlling the COVID-19 pandemic, a combination of actions and tools is required.** The current COVID-19 vaccines are highly effective. However, no single vaccine protects 100%. Therefore all of the well-known Non-Pharmaceutical Interventions will still be needed for a while.

- **How will young children be vaccinated?**

The Task Force strongly feels that young children should be vaccinated in **'child friendly' spaces** by people who have paediatric experience. We want to stress that we **do not want to put pressure on children and parents** (so no Covid Safe Ticket for children etc), but we recommend **'shared decision making'** (between physician and parents, but also between parents and children). The message should be that vaccinating is **safe and wise**.

- **A webinar on vaccination of children 5-11y is coming up.**

On Monday Dec 20<sup>th</sup> from 8.30 pm to 10 pm a webinar about the COVID-19 vaccination of children is organized for GPs, paediatricians, CLBs, Kind&Gezin/ONE and the vaccination centers. During this webinar, various medical aspects as well as operational aspects are discussed. You can participate through this [link](#).

- **Info and FAQ's on COVID-19 and children are continuously reviewed by Sciensano.**

You can still find all procedures, including the ones on [treatment of COVID-19 in children and MIS-C](#), on the website of [Sciensano](#).



Also supported by BVN/GBN

**Coordinators (for VBS/GBS and SBP/BVK):**

Tyl Jonckheer & Marc Raes

**Coordinator Wellbeing group:**

Delphine Jacobs

**Newsletter and FAQ:**

Dimitri Van der Linden (FR), Daan Van Brusselen (NL)

**Members of the scientific committee:**

Petra Schelstraete, Julie Frère, Koen Vanden Driessche, Anne Tilmanne, Siel Daelemans, François Vermeulen, Marc Hainaut, Annick Covents, Olga Chatzis, Hilde Van Hautthem, Nicolas Delvaux, Benoit Brasseur, David Tuerlinck, Joanna Merckx, Dimitri Van der Linden, Daan Van Brusselen.

**European and Belgian Academy of Pediatrics:**

Ann De Guchtenaere

**VVK:**

An Bael

**GBPF:**

Marianne Michel

**European Academy of Pediatrics:**

Ann De Guchtenaere

**Universities:**

Stephane Moniotte, Sabine Van Daele, Gunnar Buyse, Pierre Smeesters, Marie-Christine Seghayé, Inge Gies, Stijn Verhulst.

**Neonatologists:**

Luc Cornette

**Pediatric Intensivists:**

Els Duval

**Observers:**

Kind en Gezin: Bart Van Overmeire  
Vlaamse Wetenschappelijke Vereniging voor Jeugdgezondheidszorg, CLB: Anouk Vanlander  
PSE: Laetitia De Crombrughe  
ONE: Jacques Lombet  
Sciensano: Laura Cornelissen  
Flemish society of paediatric nurses: Jeroen Verlinden  
French speaking society pediatric nurses: Jordaan Pollet  
Associations Child Psychiatrists & psychologists: Sofie Crommen, Delphine Jacobs, Alexander Allaert  
Belgian Pediatric Residents Association: Levi Hoste, Siel Daelemans  
GP organisations: Jean Luc Belche, Nicolas Delvaux, Greet Van Kersschaever, Dirk Scheveneels  
Flemish Ministry of Education: Katrien Bonneux, Inge Van Trimpont  
Epidemiologist: Geert Molenberghs

**Spokesperson NL:** Petra Schelstraete

**Spokesperson FR:** Dimitri Van der Linden

**Secretaries (VBS/GBS):** Fanny Vandamme, Raf Denayer, Aurélie François

