

Frequently Asked Questions – COVID-19 advice for Heart families

***with update on COVID vaccination and return to school advice**

As we learn more about COVID-19 guidance is changing around who should take extra steps to protect themselves and what those steps should be.

1. *Is my child vulnerable to COVID-19?*

- a. Currently the literature suggests that children make up a small population of those infected and that the disease is less severe.
- b. These groups of children may be considered more vulnerable to becoming unwell with respiratory infections including COVID-19, although there is very little information suggesting that this level of vulnerability is high:
 - i. Children with functionally univentricular circulation (single ventricle) such as HLHS (Hypoplastic Left Heart Syndrome) and those with Fontan circulation
 - ii. Children under 1 year of age who have not had their heart defect repaired but surgery or catheterisation is planned (doesn't apply to those with small septal defects (VSD or ASD) that are expected to close without treatment)
 - iii. Children whose oxygen saturation (level of oxygen in the blood) is less than 85% for the most of the time – chronic cyanosis
 - iv. Children taking medication to improve their heart function (enalapril, captopril, lisinopril, losartan and digoxin). This includes those with cardiomyopathy. It does not include those taking medicine for a dilated aorta
 - v. Children with pulmonary hypertension who are taking medication to manage it
 - vi. Children who have had a heart transplant
 - vii. Children with other underlying conditions as well as a congenital heart condition such as chronic kidney disease or chronic lung disease
 - viii. If the child has reduced immunity or is taking antibiotics long term to prevent infection – the family should follow the guidance on physical distancing unless advised otherwise

2. *Should I bring my child to their clinic appointment/procedure/surgical appointment?*

- a. Your hospital will be continuously monitoring the situation and adjusting clinics as needed, in line with their hospital's urgent patient needs, staffing and bed capacity. If community COVID-19 rates are high enough to pose significant risk, visits to hospital and/or clinics for investigations, assessments or procedures if deemed non-urgent are likely to be delayed. Exploring the option of telehealth or videoconferencing may be sufficient for stable patients. Your hospital will let you know if there is a change to your child's appointment or procedure
- b. If the risk of delaying access to medical treatment, investigations or procedures outweighs the risk of potential exposure to COVID-19 then your hospital is likely to do everything they can to ensure this goes ahead on time.

3. Will my child require increased surveillance in the community?

- a. Some children waiting and/or deferred for investigation and treatment would benefit from increased frequent review in the community (home care nurse, paediatrician, GP).
- b. Where possible, patients with congenital heart disease or childhood heart disease should receive usual care, in particular those who live remotely or are socially disadvantaged.

4. How will my child's safety be addressed

- a. Patients and families are currently being screened, using the Auckland DHB screening tool, prior to Starship Hospital clinic appointments and admissions as well as on entering the hospital.
- b. Staff, patients over 5 years of age and families are being asked to wear face masks within the hospital to stop the very small risk of asymptomatic spread.
- c. We have reduced the number of clinic appointments to enable physical social distancing, we have screens at our reception and where physical distancing cannot be maintained, appropriate PPE will be worn. We encourage the on-going measures of hand hygiene, respiratory hygiene and on-going physical distancing.
- d. In the ward during Alert Level 3 and 4 as above and additionally:
 - i. Visiting is restricted with one care giver able to stay with their child and 1 other nominated visitor who is able to swap with caregiver staying on 23b
 - ii. All visitors are being screened at the hospital entrances and we are providing to the screeners the names of the nominated caregiver and visitor
 - iii. We are unable to have visitors under the age of 14
 - iv. Exceptions on compassionate grounds for visiting will be considered especially for reasons such as procedural consents, or changes in patients' conditions

5. Should my child still receive their IM Benzathine penicillin (Rheumatic Fever Prevention)?

- a. Absolutely! Yes, if this has not been happening or there is a delay, please contact the team that would usually administer your child's injection

6. Should my child and or family members get their flu vaccine?

- a. Appropriately timed flu vaccination as per the NZ immunisation schedule is important during COVID-19 as co-infection may increase the risk for serious respiratory complications. Patients and family members over the age of 6 months should be encouraged to be vaccinated unless they have a contraindication.
- b. Yes, if they have not received their vaccine yet please seek advice from your local general practitioner (GP).

7. Can my heart kid go to school/educational facility once these become open to the public?

- a. Outbreaks in schools can occur, however the spread of the virus within school settings is usually lower than levels of community spread when prevention strategies are in place in schools.
- b. Most children with heart conditions don't seem to be at high risk of becoming seriously sick from COVID-19 infection. There are some heart kids who may be more vulnerable, but overall the risk is usually low, and this includes children with:
 - Single ventricle arrangement (including those who have had a Fontan operation)
 - Chronic cyanosis (oxygen saturations below 85%)
 - Active heart failure (such as from cardiomyopathy)
 - Pulmonary hypertension
 - Heart transplant recipients
 - Co-existing medical conditions (such as liver or kidney disease)
- c. Because the overall risk is still usually low, we would support families in allowing children to attend school/early childhood education centres when these facilities are open to the public. We recognise it is important that children attend school for their education, wellbeing and development.
- d. Schools should have protective measures in place to reduce the risk to staff, students and their families. These measures include physical distancing, enhanced cleaning, regular hand-washing, use of face coverings, and keeping children in smaller groups/bubbles. You may want to contact their educational facility to discuss the specific protective measures they are taking.
- e. As an extra layer of protection, we strongly encourage those children who are eligible (currently 12 years and over – will include 5-11 year olds from mid-January 2022) **and** their eligible household members/whānau are vaccinated against COVID-19. Vaccinating eligible whānau is particularly important for families with at-risk children under 12 years of age who are currently not able to receive the vaccine.

8. As an essential worker how can I keep my vulnerable child safe?

- a. Practice good hand hygiene both at work and home and encourage other family members to do the same.
- b. Wear a face mask when physical distancing is not able to be maintained.
- c. If possible remove work clothes on entering the home, place into washing machine or a designated bag left outside and shower before contact with your family.

9. Should I use the NZ COVID-19 tracer app?

- a. The NZ COVID tracer app helps protect yourself, your family and your community by enabling faster contact tracing.
- b. We strongly recommend making use of the app or keeping a diary of your movements.

10. Is it safe for my child (5 years and over) with a heart condition to receive the COVID-19 Vaccine?

- a. The Starship Clinical Guidelines team have published guidelines on the use of COVID-19 vaccination in children, including information about side effects related to the Pfizer mRNA vaccine.

(<https://starship.org.nz/guidelines/covid-19-vaccination-in-children>)

- b. Most people with pre-existing heart conditions should have the vaccine. This is especially important as they may be at greater risk from COVID-19 infection. One of the rare side effects of the vaccine is heart inflammation (myocarditis). Because of this, people who have active heart inflammation (active myocarditis, pericarditis, endocarditis or acute rheumatic fever) or are admitted to hospital (or recently discharged from hospital) with severe heart failure, should consult with their doctor to decide the best time to have the vaccination.
- c. Vaccination for younger children (5 years and over) will be made available in New Zealand from mid-January 2022. Children aged between 5 and 11 years will receive a smaller dose (around one-third the adult dose) with the recommendation for the second dose to be given 8 weeks after the first dose.