

'No evidence that third wave will affect kids more, but check obesity'

There is no clear evidence that a third wave will affect children more, but it is better to tread with caution, says senior paediatrician **Dr S Balasubramanian**, one of the experts on *The Lancet India Task Force* that produced a paper outlining the state of paediatric Covid-19 in India, emerging lessons, protocols for clinical care, and recommendations for policy makers. In an interview to **Pushpa Narayan**, he says he's more worried about growing obesity among children and wants parents to ensure they stay healthy. Excerpts:

■ Many experts warn of a third wave. Does your study indicate if more children will be affected?

Less than 4% of the population affected by Covid-19 were children below 10 years in India. It goes up to 12% if we look at people below 20 years. Data from other countries also show a similar trend. For instance, in the USA, 12.4% of children below 18 years were affected and data from 30 European countries showed that 9% of children below 15 years were affected. In Europe, there was a marginal increase in the percentage of children affected between the first and second waves. Yet, there is no substantial evidence to suggest the third wave will affect children more. Research has so far indicated that healthy children have milder disease, better prognosis, and low mortality in comparison to adults. But that said, we must tread with caution because we don't have adequate information on the impact of the new variant on children. We also don't know the consequences of increased adult vaccination rates in children.

■ Should the government now set aside paediatric

beds and ventilators in anticipation of a third wave?

There was no significant difference in the number of children affected and the intensity of the disease in the first and second waves. In absolute numbers, however, there were more children in the second wave because the number of people affected was also more. This may happen in the third wave too. Even if children are affected, only a minority may require clinical care. The government must focus on prevention. To avoid mistakes

made in the first and second waves, home isolation protocols must be strengthened. Vigilance around children, particularly those with comorbid conditions, must be strengthened to prevent illness. Nearly 40% of children who died of Covid-19 had comorbid conditions. The state should work on a comprehensive, integrated and standardised paediatric registry so they can all be monitored. There should also be an online registry for paediatric Covid-19 cases, so we have a collaborative network of regional centres channelling data to a national repository. This will help both, effective and dynamic case management, and effective policy formulation across the health systems.

■ What factors increase risk of death among children infected by Covid-19?

There are certain defined conditions such as preterm birth, diseases of the lung, digestive system, metabolic conditions, diabetes and cancer. In addition to these, there is a growing problem. As most children are at home, they don't have a healthy diet or active lifestyle.

There is a rapid increase in obesity, which is directly associated with disease severity and treatment

outcomes. We must create awareness and encourage parents to help children stay healthy. Besides this, the state should ensure immunisation and routine checks are adhered to. Public health strategies should be evolved to reduce psychosocial health problems.

■ What are your recommendations to bring down the developmental and psychological impact of the pandemic?

We must establish paediatric counselling through teleconsultations with licensed counsellors to deal with children who are directly and indirectly affected by the virus. Some children orphaned by the disease may need long-term economic and educational support. We have also asked paediatricians to assess mental health issues with children during routine health check-ups. More importantly, as cases decline, schools must be opened in a phased manner without compromising on precautions. The state must ensure an investment in appropriate safeguards in all schools before re-opening.

■ Does the study recommend vaccination for children before they start attending school?

Many countries such as the US have started vaccinating children between 12 and 18 years. We must do so too. But when the government, after detailed clinical trials, decides to start vaccinating kids, it should be based on priority. Children with high risk must get the vaccine first, followed by a group at lesser risk but a significant contributor to transmission of infection followed by the low-risk group. This will need detailed discussions and brainstorming.

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to southpole.toi@timesgroup.com



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Dr S Balasubramanian | EXPERT,
THE LANCET INDIA TASK FORCE

